



# MassHealth Corrective Mobility System Repair Add-on Payments Reporting and Attestation Form

MassHealth Durable Medical Equipment (DME) Mobility Providers must submit the Corrective Mobility System Repair Add-on Payment Report and Attestation Form before billing the add-on payment for timely corrective mobility system repair. Completed forms should be submitted to MassHealth through [support@masshealthtss.com](mailto:support@masshealthtss.com). The subject line must include “Corrective Mobility System Repair Add-on Reporting.”

## Eligibility

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By completing this form, you are hereby certifying that your organization is a MassHealth-enrolled DME mobility provider or contracted with one of the MassHealth Managed Care Entities and will be submitting claims (K0739U3) for corrective mobility system repair add-on payments. You are also certifying that 80% of all add-on payment funds received will be reinvested to promote shorter turnaround times for repairs across the corrective mobility repair system in the Commonwealth. These funds may go toward funding to retain existing staff, hire additional staff, purchase additional vehicles for home and community repairs, increase the range and amount of stocked corrective mobility system repair parts, expand business hours to evenings and weekends, implement innovative technologies to support repair efficiencies, and more.

Providers should submit one report that covers funding received from MassHealth fee-for-service and the MassHealth Managed Care Entity(ies). Providers may be subject to financial sanctions or penalties if they demonstrate funds were spent on ineligible activities or fail to comply with MassHealth-established reinvestment and reporting requirements.

## Reporting Requirements

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- (1) Baseline Report and Attestation: due to MassHealth before submitting claims for corrective mobility system repair add-on payments;
- (2) Performance Metric Report: due to MassHealth within 30 days of the closing of the first full quarter following the submission of the baseline report to continue to submit claims for corrective mobility repair add-on payments;
- (3) Investment Impact Report: due to MassHealth within 60 days of December 31, 2025. Through this report Providers will be required to demonstrate how funds were reinvested; and
- (4) Other reporting or information necessary to demonstrate compliance with conditions of payment, reporting requirements, reinvestment requirement and recordkeeping requirements upon EOHHS request.

## Provider and Signatory Information

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Business name

Address

City/Town

State

ZIP code

DBA

EIN

NPI

MH Provider ID(s)

Vendor code

## Authorized Signatory (Contact Person) Information

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Business name

First name

Last name

Job title

Email

Phone number

## Attestation and Signature

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Through this attestation form, DME mobility providers attest that at least 80% of the funds associated with the timely corrective repair add-on payment established under 101 CMR 322.00: Rates for Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment will be reinvested back into the corrective mobility repair process and system in Massachusetts.

I, the named authorized signatory identified in this reporting and attestation form, hereby certify under the pains and penalties of perjury that I am the administrator or other duly authorized officer or representative of the official business name identified in this form, located at the official business address identified in this form, and that the information provided in this attestation and reporting form is true and accurate.

☐ I acknowledge that by signing this attestation, I am certifying to MassHealth and the Commonwealth of Massachusetts that the foregoing information is true, accurate, and complete. I attest that I have read the document, confirm my organization's intent to use the funding for the purposes indicated above, and will comply with all monitoring and reporting requests. I understand that by electronically signing and submitting this attestation, I am providing the legal equivalent of my handwritten signature on the submitted attestation.

The attestation can either be signed traditionally and then scanned, or it can be signed electronically using DocuSign or Adobe Sign. For electronic signatures, the signer can upload a picture of their wet signature. The typed text of a signature is not an acceptable form of an electronic signature.

Authorized signatory signature:

Date: