

MassHealth Corrective Mobility System Repair Add-on Payment Investment Impact Report

Total Corrective Mobility System Repair Add-on Payments Received

Please report the total amount of corrective mobility system repair add-on payments received for dates of service October 1, 2024, through December 31, 2025.

Enter the total amount of corrective mobility system repair add-on payments received from MassHealth fee-for-service (FFS)

Enter the total amount of corrective mobility system repair add-on payments received from MassHealth managed care entities (MCOs)

Total Corrective Mobility System Repair Add-on Payments Reinvestment

Enter the total amount of funds reinvested to promote shorter repair turnaround across the corrective mobility system repair system in Massachusetts as of December 31, 2025

Staffing Information

Enter 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 December 31, 2025.

If applicable, provide a detailed description of how the funding was reinvested in staff that work directly with corrective mobility users in Massachusetts

Enter the total amount of funding, if any, reinvested in staff that work directly with corrective mobility users in Massachusetts

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 wheelchair users via telephone

Enter total number of subcontracted corrective mobility system repair technicians

Enter total number of subcontracted customer service agents assisting wheelchair users via telephone

Is there any additional information you would like to add related to the number of staff that work directly with corrective mobility users in Massachusetts?

Massachusetts Service Locations and Hours of Operation

Please report the following as of December 31, 2025.

Enter the total amount of funding, if any, reinvested in expanding services locations and/or hours of operation

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 system repair evaluations

Is there any additional information you would like to add related to the services locations and hours of operation in Massachusetts?

Massachusetts Corrective Mobility system repair Vehicles and Stocked Corrective Mobility system repair Parts

Please report current investment in vehicles used for home and community corrective mobility system repairs and stocked parts as of December 31, 2025.

Enter the total amount of funding, if any, reinvested in vehicles and stocked parts

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

Is there any additional information you would like to add related to the current investment in vehicles and stocked parts in Massachusetts?

Technologies Designed to Enhance Corrective Mobility system repair Process

Please report investments in technologies or systems designed to enhance the corrective mobility system repair process as of December 31, 2025, in Massachusetts.

If applicable, provide a detailed description of how the funding was reinvested in technologies/systems designed to enhance the corrective mobility system repair process

Enter the total amount of funding, if any, reinvested in technologies/systems designed to enhance the corrective mobility system repair process

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/systems to enhance the corrective mobility system repair process in Massachusetts

If applicable, please explain investments in other technologies and systems

Is there any additional information you would like to add related to the current investment in technologies/systems designed to enhance the corrective mobility system repair process in Massachusetts?

Other

Please use this section to add any additional information related to your investment in the corrective mobility repair system in Massachusetts

Authorized Signatory (Contact Person) Information

Business name

First name

Last name

Job title

Email

Phone number

Attestation and Signature

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 system 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: