

MassHealth Corrective Mobility System Repair Add-on Payment Performance Metric Report

Performance Metric Report (PMR)

Providers are required to submit the PMR quarterly. Providers must provide the first PMR report within 30 days of the closing of the first full state fiscal year quarter. The data below should be inclusive of all corrective mobility system repairs performed.

Select the reporting period (state fiscal year quarter and state fiscal year) for this PMR submission. 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)		

Use the median function in Excel when analyzing your data to determine the median (middle number) = MEDIAN (cell range)

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)		

Use the median function in Excel when analyzing your data to determine the median (middle number) = MEDIAN (cell range)

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)		

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 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: