Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth

MassHealth
Transmittal Letter NF-62
October 2015

TO: Nursing Facilities Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: *Nursing Facility Manual* (Revised Appendix D)

This letter transmits a revised Appendix D for the *Nursing Facility Manual*. Appendix D contains specifications for the electronic submission of initial and semiannual Management Minutes Questionnaires (MMQs).

The revised appendix eliminates the reference to software offered by MassHealth for the creation of MMQ information.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL
   (The pages listed here contain new or revised language.)

   Nursing Facility Manual

      Pages D-1 through D-29

OBSOLETE MATERIAL
   (The pages listed here are no longer in effect.)

   Nursing Facility Manual

      Pages D-1 through D-28 — transmitted by Transmittal Letter NF-58

Specifications for Electronic Submittal of the Management Minutes Questionnaires (MMQs) by Nursing Facilities

MassHealth has developed specifications for the electronic submission of initial and semiannual MMQs.

General Instructions

- All MMQ data submitted electronically must conform, in all aspects, to the requirements in Appendix E of the *Nursing Facility Manual*.

- All MMQ data and documentation must be available on paper as requested by MassHealth for audits.

- The nursing facility is responsible for ensuring that the MMQ data is accurate, complete, and in compliance with all pertinent regulations and requirements.

- Providers are required to submit a signed certification form with their first electronic submission. The certification forms are not required for subsequent submissions. See form MMQ Cert-1, Electronic MMQ Submission Agreement and Certification Statement, at www.mass.gov/eohhs/gov/laws-regs/masshealth/provider-library/masshealth-provider-forms.html.

- MMQ information, except for submission purposes, must be sent to the following address.
    MassHealth
    Casemix Unit
    100 Hancock Street, 6th Floor
    Quincy, MA 02171

- Providers or other entities authorized to use the MMQ batch submission function must log on to the MMIS Provider Online Service Center (POSC) using a valid user ID and password.

- On the left side of the page under Provider Services, select the "Manage Members" hyperlink and the "Long Term Care" link below. Then select "Upload Batch MMQ Files," and follow the instructions on the web page.

- Submitters will receive an acknowledgement from the POSC that their batch has been submitted successfully.

- Submitters must log on to the POSC on the following business day to receive responses to their MMQ submission. The response will include the total number of MMQ records that were processed by MMIS and the number of MMQ records that were accepted, rejected, or pended. If a record is rejected or pended, detailed information will be provided in the response to identify the MMQ records and the reasons why the records were rejected or pended.

Time Frames

- Initial MMQs must be submitted for each new MassHealth member within 30 days from the date of admission or conversion from private or Medicare coverage to MassHealth coverage.

- Semiannual MMQs must be submitted no later than the fifteenth of the month. For example, if a nursing facility's semiannual submission date is January 1, 2009, the nursing facility must transmit the MMQTD submission no later than January 15, 2009.

Identifying Information for Patient

- Reason for Submission: Acceptable reason codes are 1, 2, 3, 4, 5, or D.

- Member ID must be 12 digits.

Service Information

The table below describes the fields on the questionnaire, and what each code and score mean.

Item	Code	Score	Description/Comments
1. Dispense Medications and Chart	Always 1	Always 30	-
2. Skilled Observations	1 2	0 15	-
3. Personal Hygiene	1 2 3	0 18 20	Score equals higher of bathing or grooming
4. Dressing	1 2 3 4 5	0 30 30 0 0	-
5. Mobility	1 2 3 4 5	0 0 32 32 0	-
6. Eating	1 2 3 4 5 6 7 8	0 20 45 90 90 110 135 135	-

Service Information (cont.)

Item	Code	Score	Description/Comments
7. Continence/Catheter	1 2 3 4 5 6	0 0 48 48 20 (Bladder only) 18	Score equals higher of bladder or bowel code, unless bladder is code 5 and bowel is code 3 or 4, in which case the score = 38
8. Bladder/Bowel Retraining	1 2 3 4	0 50 18 68	If bladder code in 7 equals 3, 4, or 5, and the code in 8 equals 2 or 4, the default in 8 is: code = 1, score = 0. If bowel code in 7 equals 3, 4, or 6, and the code in 8 equals 3 or 4, the default in 8 is: code = 1, score = 0.
9. Positioning	1 2	0 36	-
10. Pressure Ulcer Prevention	1 2	0 10	-
11. Skilled Procedure Daily/Pressure Ulcer	0 1–9	0 10 times the frequency; maximum of 90	-
12. Skilled Procedure Daily/Other	0 01–14	0 10 times the frequency; maximum of 90	If the frequency code is 1-–9, there must be an entry in the procedure type. If only one procedure type is listed, and it is 02, 07, 10, or 12, the frequency code cannot exceed 3.
13. Special Attention	A = 0, 1 B = 0, 1 C = 0-3 D = 0, 1		If A-–D contains all zeros, score = 0. If A-–D contains at least one 1, score = 10% (x) subtotal.

Service Information (cont.)

Item	Code	Score	Description/Comments
14. Restorative Nursing	0 1–7	0 30 (See comment in next column)	Code 1--7: Score = 30 except as follows. If 3 (personal hygiene) is coded 2 or 3, code 2 for this service must default to 0. If 4 (dressing) is coded 2 or 3, code 1 for this service must default to 0. If 5 (mobility) is coded 3 or 4, code 6 for this service must default to 0. If 6 (eating) is coded 2-–8, code 3 for this service must default to 0. A maximum of 30 can be coded.
Grand Total - Total of scores for services 1-–14. This number should be left justified.			

Service Information (cont.)

Item	Code	Score	Description/Comments
Range of minutes for MMQ categories (Effective January 1, 2000)			
H	30		
J	30.1 – 85.0		
K	85.1 – 110.0		
L	110.1 – 140.0		
M	140.1 – 170.0		
N	170.1 – 200.0		
P	200.1 – 225.0		
R	225.1 – 245.0		
S	245.1 – 270.0		
T	270.1 +		
15. Toilet Use	Must be 1, 2, 3, or 4	N/A	-
16. Transfer	Must be 1, 2, 3, or 4	N/A	-
17. Mental Status	Must be 1, 2, or 3	N/A	-
18. Restraint	Must be 1, 2, or 3	N/A	-
19. Activities Participation	Must be 1, 2, 3, or 8	N/A	-
20. Consultations	00–12 88	N/A	Code 00 enter: Type = 00, Freq = 0 Code 88 enter: Type = 88, Freq = 0 Otherwise: Type = 01–12, Freq = 1–6
21. Medications	Codes 0–8; Frequency: 0-3	N/A	-
22. Accidents/Contracture/Weight Change	1 or 2	N/A	Make entries for all three fields A, C, and WC
23. Primary Diagnosis	Use ICD-9 codes	N/A	Must be left justified; Length may be 3-5 bytes
24. Secondary Diagnosis(es)	Use ICD-9 codes	N/A	Must be left justified
25. RN Evaluator	N/A	N/A	Name of the evaluator

Service Information (cont.)

Item	Code	Score	Description/Comments
26. Eval Date	N/A	N/A	Date the MMQ is completed
27. Name of Administrator	N/A	N/A	Name of the administrator
28. Affiliation	1	N/A	Code 1 = Nursing facility staff
	2		Code 2 = MassHealth staff
	3		Code 3 = RN contractor
29. Discharge Code – if applicable	01 to 14	N/A	-
30. Discharge Date – if applicable	N/A	N/A	Date the resident is discharged

MMQ Batch Submission Requirements

The schema developed to process MMQ data is used by both the Direct Data Entry (DDE) function and the MMQ batch function on the Provider Online Service Center (POSC). Batch submitters should be aware that some attributes in the schema that are populated by the DDE function are not required to be submitted in an MMQ batch.

Please note the following.

- The submission data must be encoded in Extensible Markup Language (XML) and conform to the detailed specifications that appear on the following pages.

- Attributes used by the DDE function that are not required for batch submissions are identified in the detailed specifications below.

- An XML Schema Definition (XSD) document for batch MMQ submissions will be made available upon request.

- A sample of an MMQ XML batch submission is provided at the end of this section.

- All MMQ batch submissions must include the following wrapper node: submitMemberMMQRequests.

- The MMQ_ACTION_IND for all MMQ submissions must be "PROC_MMQ."

- All dates must be in YYYYMMDD format.

- If there is no data in the Secondary Diagnosis field, do not send the node for that field.

Note: If you have any questions about the information in this appendix, please contact the MassHealth Customer Service Center at 1-800-841-2900 or by e-mail at providersupport@mahealth.net.

MMQ Batch Input File Specifications

When the vendor submits MMQ data to MassHealth, it must be submitted in the following format.

MMQ Action Indicator – Required Segment

Detail Field	Required?	Description
MMQ_ACTION_IND	Y	Must equal "PROC_MMQ" for batch submission

Personal Information – Required Segment

This segment will contain all the personal information for the MMQ submitted by the provider for the member. The key elements are provider ID/service location and member ID.

Only one personal information segment can be sent per member.

Detail Field	Data Type	Length	Required?	Description
PROVIDER ID	String	9	Y	The provider ID submitting the MMQ
SERVICE_LOCATION	String	1	Y	The service location for the provider ID submitting the MMQ
MEMBER ID	String	12	Y	This is the member ID for the MMQ being submitted by the provider.
FACILITY NAME	-	-	-	***Field should be empty for batch submission.***
DTE_ADMIT	Date	8	Y	This is the date the member was admitted. Date format is YYYYMMDD.
LAST_NAME	String	20	Y	This is the member's last name on the MMQ submitted by the provider.
FIRST_NAME	String	15	Y	This is the member's first name on the MMQ submitted by the provider. At least the first initial of the first name must be populated.
BIRTH_DTE	Date	8	Y	This is the member's date of birth on the MMQ. Date format is YYYYMMDD.
GENDER	-	-	-	***Field should be empty for batch submission.***
RACE	-	-	-	***Field should be empty for batch submission.***
DTE_EFF	Date	8	Y	This is the effective date of the MMQ. Date format is YYYYMMDD.

Detail Field	Data Type	Length	Required?	Description
SUBMIT_REASON	String	1	Y	The reason for submitting the MMQ Valid values are: 1 = Admission 2 = Conversion 3 = Semiannual or significant change 4 = Semiannual category and score change 5 = Semiannual no change D = Discharge

Service Section 1 – Required Segment

This segment contains all of Service Section 1 information (Questions 1–12) for the MMQ submitted by the provider for the member. Only one Service Section 1 segment can be sent per member.

Detail Field	Data Type	Length	Required?	Description
DISP_MED_SCORE	-	-	-	***Field should be empty for batch submission.***
SKILLED_OBSERV_DAILIY_CODE	String	1	Y	Service code for the skilled observation daily service Valid values are: 1 = No observation 2 = Daily observation
SKILLED_OBSERV_DAILIY_SCORE	-	-	-	***Field should be empty for batch submission.***
PERS_HYG_BATH_CODE	String	1	Y	Service code for bathing service Valid values are: 1 = Independent/restorative program 2 = Assist 3 = Totally dependent
PERS_HYG_BATH_SCORE	-	-	-	***Field should be empty for batch submission.***
PERS_HYG_GROOM_CODE	String	1	Y	Service code for grooming service Valid values are: 1 = Independent/restorative program 2 = Assist 3 = Totally dependent

Detail Field	Data Type	Length	Required?	Description
PERS_HYG_GROOM_SCORE	-	-	-	***Field should be empty for batch submission.***
DRESSING_CODE	String	1	Y	Service code for the dressing service Valid values are: 1 = Independent/restorative program 2 = Assist 3 = Totally dependent 4 = Socks and shoes only 5 = Not Dressed
DRESSING_SCORE	-	-	-	***Field should be empty for batch submission.***

Service Section 1 – Required Segment (cont.)

Detail Field	Data Type	Length	Required?	Description
MOBILITY_CODE	String	1	Y	Service code for the mobility service Valid values are: 1 = Independent/restorative program 2 = Independent w/wheelchair 3 = Walks with assist 4 = Wheelchair with assist 5 = Nonambulatory
MOBILITY_SCORE	-	-	-	***Field should be empty for batch submission.***
EATING_CODE	String	1	Y	Service code for the eating service Valid values are: 1 = Independent/restorative program 2 = Assist 3 = Totally dependent 4 = Tube fed 5 = I.V. 6 = Tube fed and assist 7 = Tube fed and totally dependent 8 = Tube fed and I.V.

Detail Field	Data Type	Length	Required?	Description
EATING_SCORE	-	-	-	***Field should be empty for batch submission.***
CONT_CATH_BLAD_CODE	String	1	Y	Service code for the continence/catheter - bladder service Valid values are: 1 = Continent 2 = Incontinent occasionally 3 = Incontinent and toileted 4 = Incontinent 5 = Indwelling catheter 6 = Bowel incontinent and bladder training
CONT_CATH_BLAD_SCORE	-	-	-	***Field should be empty for batch submission.***

Service Section 1 – Required Segment (cont.)

Detail Field	Data Type	Length	Required?	Description
CONT_CATH_BOWEL_CODE	String	1	Y	Service code for the continence/catheter – bowel service Valid values are: 1 = Continent 2 = Incontinent occasionally 3 = Incontinent and toileted 4 = Incontinent 6 = Bowel incontinent and bladder training
CONT_CATH_BOWEL_SCORE	-	-	-	***Field should be empty for batch submission***
BLAD_BOWEL_RETRAIN_CODE	String	1	Y	Service code for the bladder / bowel retraining service Valid values are: 1 = No retraining received 2 = Bladder retraining 3 = Bowel retraining 4 = Bladder and bowel retraining
BLAD_BOWEL_RETRAIN_SCORE	-	-	-	***Field should be empty for batch submission.***

Detail Field	Data Type	Length	Required?	Description
POSITIONING_CODE	String	1	Y	Service code for the positioning service Valid values are: 1 = Independent 2 = Assist
POSITIONING_SCORE	-	-	-	***Field should be empty for batch submission.***
PRES_ULCER_PREV_CODE	String	1	Y	Service code for the pressure ulcer prevention service Valid values are: 1 = No preventive measures 2 = Preventive measures
PRES_ULCER_PREV_SCORE	-	-	-	***Field should be empty for batch submission.***
SPROC_DAILY_PRES_ULCER_FREQ	String	1	Y	Frequency for the skilled procedure daily/pressure ulcer services Valid values are "0" through "9."
SPROC_DAILY_PRES_ULCER_SCORE	-	-	-	***Field should be empty for batch submission.***

Service Section 1 – Required Segment (cont.)

Detail Field	Data Type	Length	Required?	Description
SPD_PU_STG1_CODE	String	1	Y	Service code for the skilled procedure daily/pressure ulcer, stage 1 service Valid values are "0" through "9."
SPD_PU_STG2_CODE	String	1	Y	Service code for the skilled procedure daily/pressure ulcer, stage 2 service Valid values are "0" through "9."
SPD_PU_STG3_CODE	String	1	Y	Service code for the skilled procedure daily/pressure ulcer, stage 3 service Valid values are "0" through "9."
SPD_PU_STG4_CODE	String	1	Y	Service code for the skilled procedure daily/pressure ulcer, stage 4 service Valid values are "0" through "9."

Detail Field	Data Type	Length	Required?	Description
SPTD_OTHER_FREQ	String	1	Y	Frequency for the skilled procedure type daily/other services Valid values are "0" through "9."
SPTD_OTHER_SCORE	-	-	-	***Field should be empty for batch submission.***
SPTD_OTHER_PROC1_CODE	String	2	Y	Service code for the skilled procedure type daily/other, procedure 1 service. Valid values are: 00 = None 01 = Dressing change 02 = Catheter irrigation 03 = Intermittent catheterization 04 = Eye irrigation 05 = Ear irrigation 06 = Care of heparin locks 07 = Oxygen therapy 08 = Tracheotomy care 09 = Sterile dressing 10 = Suctioning 11 = Not in use at this time 12 = Respiratory therapy 13 = New colostomy care 14 = Other

Service Section 1 – Required Segment (cont.)

Detail Field	Data Type	Length	Required?	Description
SPTD_OTHER_PROC1_SCORE	-	-	-	***Field should be empty for batch submission.***
SPTD_OTHER_PROC2_CODE	String	2	Y	Service code for the skilled procedure type daily/other - procedure 2 service Valid values are: 00 = None 01 = Dressing change 02 = Catheter irrigation 03 = Intermittent catheterization 04 = Eye irrigation 05 = Ear irrigation 06 = Care of heparin locks 07 = Oxygen therapy 08 = Tracheotomy care 09 = Sterile dressing 10 = Suctioning 11 = Not in use at this time 12 = Respiratory therapy 13 = New colostomy care 14 =Other
SPTD_OTHER_PROC2_SCORE	-	-	-	***Field should be empty for batch submission.***

Detail Field	Data Type	Length	Required?	Description
SPTD_OTHER_PROC3_CODE	String	1	Y	Service code for the skilled procedure type daily/other, procedure 3 service Valid values are: 00 = None 01 = Dressing change 02 = Catheter irrigation 03 = Intermittent catheterization 04 = Eye irrigation 05 = Ear irrigation 06 = Care of heparin locks 07 = Oxygen therapy 08 = Tracheotomy care 09 = Sterile dressing 10 = Suctioning 11 = Not in use at this time 12 = Respiratory therapy 13 = New colostomy care 14 = Other
SPTD_OTHER_PROC3_SCORE	-	-	-	***Field should be empty for batch submission.***
SUBTOTAL	-	-	-	***Field should be empty for batch submission.***

Service Section 2 – Required Segment

This segment will contain all the Service Section 2 information (Questions 13 and 14) for the MMQ submitted by the provider for the member. Only one Service Section 2 segment can be sent per member.

Detail Field	Data Type	Length	Required?	Description
SPEC_ATT_IMMOBIL_CODE	String	1	Y	Service code for the special attention (code A) immobility service Valid values are "0" and "1."
SPEC_ATT_SEV_SPASTIC_CODE	String	1	Y	Service code for the special attention (code B) severe spasticity/rigidity service Valid values are "0" and "1."

Detail Field	Data Type	Length	Required?	Description
SPEC_ATT_BEH_PROB_CODE	String	1	Y	Service code for the special attention (code C) behavioral problems service Valid values are 0, 1, 2, and 3.
SPEC_ATT_ISOLATION_CODE	String	1	Y	Service code for the special attention (code D) isolation service Valid values are "0" and "1."
SPEC_ATT_SCORE	-	-	-	***Field should be empty for batch submission.***
REST_NRSNG_TYPE1_CODE	String	1	Y	Service code for the restorative nursing/type 2 service Valid values are: 0 = None 1 = Dressing 2 = Personal hygiene 3 = Eating 4 = Ostomy teaching 5 = Diabetic teaching 6 = Ambulation 7 = Range of motion

Service Section 2 – Required Segment (cont.)

Detail Field	Data Type	Length	Required?	Description
REST_NRSNG_TYPE2_CODE	String	1	Y	Service code for the restorative nursing/type 2 service Valid values are: 0 = None 1 = Dressing 2 = Personal hygiene 3 = Eating 4 = Ostomy teaching 5 = Diabetic teaching 6 = Ambulation 7 = Range of motion

Detail Field	**Data Type**	**Length**	**Required?**	**Description**
REST_NRSNG_TYPE3_CODE	String	1	Y	Service code for the restorative nursing/type 3 service Valid values are: 0 = None 1 = Dressing 2 = Personal hygiene 3 = Eating 4 = Ostomy teaching 5 = Diabetic teaching 6 = Ambulation 7 = Range of motion
REST_NRSNG_TYPE3_CODE	-	-	-	***Field should be empty for batch submission.***
GRAND_TOTAL	-	-	-	***Field should be empty for batch submission.***
CATEGORY	-	-	-	***Field should be empty for batch submission.***

Extra Questions – Required Segment

This segment will contain all the additional information (Questions 15-30) for the MMQ submitted by the provider for the member. Only one additional questions segment can be sent per member.

Detail Field	**Data Type**	**Length**	**Required?**	**Description**
TOILET_USE	String	1	Y	Code classification for toilet use Valid values are: 1 = Independent 2 = Assist 3 = Totally dependent 4 = Not toileted
TRANSFER	String	1	Y	Code classification for transfer Valid values are: 1 = Independent 2 = Assist 3 = Totally dependent 4 = Bedbound

Detail Field	Data Type	Length	Required?	Description
MENTAL_STAT	String	1	Y	Code classification for mental status Valid values are: 1 = Oriented 2 = Disoriented 3 = Not yet determined
RESTRAINT	String	1	Y	Code classification for restraint Valid values are: 1 = Not ordered 2 = Ordered not used 3 = Ordered and used daily
ACTIVITY_PART	String	1	Y	Code classification for activities participation Valid values are: 1 = Always active 2 = Occasionally active 3 = Rarely active or not active 8 = Not yet determined

Extra Questions – Required Segment (cont.)

Detail Field	Data Type	Length	Required?	Description
CONSULTATION1_FREQ	String	1	Y	Frequency of consultation Valid values are: 0 = None 1 = Daily 2 = 2 – 3 times per week 3 = Weekly 4 = 2 – 3 times monthly 5 = Monthly 6 = One time only (PRN)

Detail Field	Data Type	Length	Required?	Description
CONSULTATION1_TYPE	String	2	Y	Type of consultation Valid values are: 00 = None 01 = Physician 02 = Psychiatrist 03 = Dentist 04 = Podiatrist 05 = Physical therapist 06 = Psychologist 07 = Dietician 08 = Social services 09 = Occupational therapist 10 = Audiologist 11 = Speech therapist 12 = Other 88 = Not determined
CONSULTATION2_FREQ	String	1	Y	Frequency of consultation Valid values are: 0= None 1 = Daily 2 =2–3 times per week 3 = Weekly 4 =2–3 times monthly 5 = Monthly 6 = One time only (PRN)

Extra Questions – Required Segment (cont.)

Detail Field	Data Type	Length	Required?	Description
CONSULTATION2_TYPE	String	2	Y	Type of consultation Valid values are: 00 = None 01 = Physician 02 = Psychiatrist 03 = Dentist 04 = Podiatrist 05 = Physical therapist 06 = Psychologist 07 = Dietician 08 = Social services 09 = Occupational therapist 10 = Audiologist 11 = Speech therapist 12 = Other 88 = Not determined
CONSULTATION3_FREQ	String	1	Y	Frequency of consultation Valid values are: 0 = None 1 = Daily 2 =2–3 times per week 3 = Weekly 4 =2–3 times monthly 5 = Monthly 6 = One time only (PRN)

Detail Field	Data Type	Length	Required?	Description
CONSULTATION3_TYPE	String	2	Y	Type of consultation Valid values are: 00 = None 01 = Physician 02 = Psychiatrist 03 = Dentist 04 = Podiatrist 05 = Physical therapist 06 = Psychologist 07 = Dietician 08 = Social services 09 = Occupational therapist 10 = Audiologist 11 = Speech therapist 12 = Other 88 = Not determined

Extra Questions – Required Segment (cont.)

Detail Field	Data Type	Length	Required?	Description
MED1_MED	String	1	Y	Type of medication Valid values are: 0 = None 1 = Tranquilizers 2 = Sedatives/hypnotics 3 = Anti-hypertensive 4 = Narcotics 5 = Pain relievers (non-narcotic) 6 = Anti-psychotics 7 = Antibiotics 8 = Antidepressants
MED1_FREQ	String	1	Y	Frequency of medication Valid values are: 0 = None 1 = Regularly 2 = PRN 3 = One time only

Detail Field	Data Type	Length	Required?	Description
MED2_MED	String	1	Y	Type of medication Valid values are: 0 = None 1 = Tranquilizers 2 = Sedatives/hypnotics 3 = Anti-hypertensive 4 = Narcotics 5 = Pain relievers (non-narcotic) 6 = Anti-psychotics 7 = Antibiotics 8 = Antidepressants
MED2_FREQ	String	1	Y	Frequency of medication Valid values are: 0 = None 1 = Regularly 2 = PRN 3 = One time only
MED3_MED	String	1	Y	Type of medication Valid values are: 0 = None 1 = Tranquilizers 2 = Sedatives/hypnotics 3 = Anti-hypertensive 4 = Narcotics 5 = Pain relievers (non-narcotic) 6 = Anti-psychotics 7 = Antibiotics 8 = Antidepressants
MED3_FREQ	String	1	Y	Frequency of medication Valid values are: 0 = None 1 = Regularly 2 = PRN 3 = One time only

Extra Questions – Required Segment (cont.)

Detail Field	Data Type	Length	Required?	Description
MED4_MED	String	1	Y	Type of medication Valid values are: 0 = None 1 = Tranquilizers 2 = Sedatives/hypnotics 3 = Anti-hypertensive 4 = Narcotics 5 = Pain relievers (non-narcotic) 6 = Anti-psychotics 7 = Antibiotics 8 = Antidepressants
MED4_FREQ	String	1	Y	Frequency that medication is taken Valid values are: 0 = None 1 = Regularly 2 = PRN 3 = One time only
ACW_ACCIDENT	String	1	Y	Service code for accidents Valid values are: 1 = Yes 2 = No
ACW_CONTRACTURE	String	1	Y	Service code for contracture Valid values are: 1 = Yes 2 = No
ACW_WEIGHT_CHG	String	1	Y	Service code for weight change Valid values are: 1 = Yes 2 = No
PRIM_DIAGNOSIS	Numeric	5	Y	The primary diagnosis coded on the MMQ

Detail Field	Data Type	Length	Required?	Description
SEC_DIAGNOSIS1	Numeric	5	N	The first secondary diagnosis coded on the MMQ **For batch submission** If there is no data in this field, do not send this node.

Extra Questions – Required Segment (cont.)

Detail Field	Data Type	Length	Required?	Description
SEC_DIAGNOSIS2	Numeric	5	N	The second secondary diagnosis coded on the MMQ **For batch submission** If there is no data in this field, do not send this node.
SEC_DIAGNOSIS3	Numeric	5	N	The third secondary diagnosis coded on the MMQ **For batch submission** If there is no data in this field, do not send this node.

Certification Statement – Required Segment

Detail Field	Data Type	Length	Required?	Description
RN_EVAL	String	35	Y	The name of the registered nurse that conducted the evaluation
EVAL_DTE	Date	8	Y	The date the MMQ is completed Date format is YYYYMMDD.
ADMINISTRATOR	String	35	Y	The name of the administrator of the facility.
AFFILIATION	String	1	Y	Enter the appropriate code for the person completing the MMQ. 1 = Nursing facility staff 2 = MassHealth 3 = RN Contractor

Certification Statement – Required Segment (cont.)

DISCHARGE_REASON	String	50	N	The reason for the member's discharge Discharge reason codes are: 01 = Acute hospital 02 = Chronic hospital 03 = Mental hospital 04 = Another nursing home 05 = Rest home 06 = Private residence w/HM-HHA 07 = Private residence w/o HM-HHA 08 = Private residence w/HHA 09 = Private residence w/o HHA 10 = Other 11 = Deceased 12 = Discharged to unknown sight 13 = Private patient 14 = Medicare patient.
DISCHARGE_DATE	Date	8	N	The date the member was discharged Date format is YYYYMMDD.

Sample MMQ Batch Submission

The following is a sample of an MMQ batch submission with two MMQ records.

Sample of MMQ Batch Submission (with two MMQ Records)

<submitMemberMMQRequests>   **< ---- This is the wrapper node.**

<submitMemberMMQRequest>   **< ---- This is the first member MMQ.**

<MEMBER_SUBMIT>

<MMQ_ACTION_IND>PROC_MMQ</MMQ_ACTION_IND>

<PERSONAL_INFO>

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<SERVICE_LOCATION>A</SERVICE_LOCATION>

<MEMBER_ID>123456789012</MEMBER_ID>

<FACILITY_NAME/>

<DTE_ADMIT>20071001</DTE_ADMIT>

<LAST_NAME>LINCOLN</LAST_NAME>

<FIRST_NAME>TED</FIRST_NAME>

<BIRTH_DTE>19131125</BIRTH_DTE>

<DTE_EFF>20071001</DTE_EFF>

<SUBMIT_REASON>1</SUBMIT_REASON>

</PERSONAL_INFO>

<SERVICE_SECTION_1>

<DISP_MEDS_SCORE/>

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<CONT_CATH_BLAD_SCORE/>

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