MEDICAID INCENTIVES FOR PREVENTION OF CHRONIC DISEASES (MIPCD)

MINIMUM DATA SET – California

This document contains the draft Minimum Data Set (MDS) for California.

California will provide data for the following six categories of Medi-Cal smoking cessation program participants (“program groups”):

1. Randomized Trial (Policy A, B1 and B2)
2. Non-randomized, selected for evaluation
3. Non-randomized, not selected for evaluation
4. Pilot outreach program participants
5. Reengagement arms 1 to 4
6. Enhanced services recipients

# PROGRAM GROUP I

# Randomized Trial (Policy A, B1 and B2)

Individuals appearing in this program arm may appear in program groups IV, V and VI. Their records can be linked using their Medicaid ID.

## A. Core Modules

Table A1. Record Identification

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Rec\_Var\_1 | State Abbreviation | US Postal Service state abbreviation. For e.g., California is CA | 2 | String | xx |
| Rec\_Var\_1a | County | County abbreviation. For e.g., ALA for Alameda, CC for Contra Costa etc. | 3 | String | xxx |
| Rec\_var\_1b | Targeted County | Whether county selected for CDP intensive outreach during the year | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Rec\_Var\_2 | Reporting Quarter | Current reporting quarter  Provide the date of the first day of the quarter. For example, 01012012 for data from the first quarter of 2012. | 8 | String/ Numeric | MMDDYYYY |
| Rec\_Var\_3 | Record Trail | Sequence of quarterly record of the enrollee.  For e.g., The record for the third quarter of enrollment for an enrollee will be coded as 3.  At the end of the first quarter of enrollment, two records are to be furnished for an enrollee - a baseline record (code = 0) and the end-of-first quarter record (code = 1). Thereafter, only one record is generated each quarter. | 2 | Numeric | 0 (Baseline)  1 (Quarter 1)  2 (Quarter 2)  3 (Quarter 3)  4 (Quarter 4)  5 (Quarter 5)  6 (Quarter 6)  7 (Quarter 7)  8 (Quarter 8)  9 (Quarter 9)  10 (Quarter 10)  11 (Quarter 11)  12 (Quarter 12)  13 (Quarter 13)  14 (Quarter 14)  15 (Quarter 15)  16 (Quarter 16)  17 (Quarter 17)  18 (Quarter 18)  19 (Quarter 19)  20 (Quarter 20)  21 (Post-program follow up at 6 months)  22 (Post-program follow up at 12 months)  23 (Post-program follow up – month not specified)  99 (Missing/unknown) |
| Rec\_Var\_4 | Program Completion Quarter | Quarter of completing the specific program arm of MIPCD  Provide the date of the first day of the quarter during which the enrollee completes the program arm. For example, 01012012 for data from the first quarter of 2012.  If the enrollee has not completed the program yet, code 88888888 (N/A) may be provided. | 8 | String/ Numeric | MMDDYYYY  88888888 (N/A)  99999999 (Missing/unknown) |
| Rec\_Var\_5 | Enrollment Sequence | Current enrollment sequence of the participant  Some states allow participants to reenroll after discontinuing participation for a significant period of time. Some states count this reenrollment as the continuation of the original enrollment, while other states consider this as a separate enrollment. For participants from states where reenrollment is counted as a separate enrollment, the actual sequence of enrollment is to be provided. For e.g., a participant’s second enrollment is to be coded as 2. For all other states, code 1 is to be entered. | 1 | Numeric | 1 |
| Rec\_Var\_6 | Unique Participant ID | Participant’s unique program ID  (Medicaid ID) | 15 | String | xxxxxxxxxxxxxxx |

Table A2. Demographic Information and Medicaid Status

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Core\_Var\_1 | Date of Birth |  | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Core\_Var\_2 | Gender |  | 1 | Numeric | 1 (Male)  2 (Female)  9 (Missing/unknown) |
| Core\_Var\_3 | Race |  | 1 | Numeric | 1 (White)  2 (Black or African American)  3 (American Indian or Alaska Native)  4 (Asian)  5 (Native Hawaiian or Other Pacific Islander)  6 (Multiple races)  9 (Missing/unknown) |
| Core\_Var\_4 | Ethnicity |  | 1 | Numeric | 0 (Not Hispanic or Latino)  1 (Hispanic or Latino)  9 (Missing/unknown) |
| Core\_Var\_5 | Educational Attainment | Highest grade completed  Only applicable to states that collect this information. | 1 | Numeric | 1 (No formal schooling)  2 (Elementary school)  3 (Some high school)  4 (High school graduate/GED)  5 (Some college or 2 yr degree)  6 (Bachelor's degree)  7 (Post college degree)  9 (Missing/unknown) |
| Core\_Var\_6 | Diabetes at Baseline | Whether had diabetes at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_7 | Hypertension at Baseline | Whether had high blood pressure at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_8 | Heart Disease at Baseline | Whether had heart disease at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_9 | Smoking Status at Baseline | Whether a smoker at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_10 | Date of Lapse of Medicaid Eligibility | Date of losing Medicaid eligibility during the quarter | 8 | String/ Numeric | MMDDYYYY  88888888  (Not applicable)  99999999 (Missing/unknown) |
| Core\_Var\_11 | Date of Regaining Medicaid Eligibility | Date of regaining Medicaid eligibility during the quarter | 8 | String/ Numeric | MMDDYYYY  88888888  (Not applicable)  99999999 (Missing/unknown) |

## B. State-specific Modules

Table B1. Enrollment Status

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Enroll\_Var\_1 | Program Eligibility | Code that best describes program eligibility category | 2 | Numeric | 1 (Smoker) |
| Enroll\_Var\_2 | Outreach | Source of outreach and recruitment into the program | 2 | Numeric | 1(TV)  2 (Radio)  3 (Newspaper/Magazine)  4 (Billboard/Bus)  5 (Phone Book)  6 (Web)  7 (VA)  8 (Hospital)  9 (Clinic/Doctor’s Office)  10 (Dentist/Dental Hygienist)  11 (Friend/Family)  12 (Pharmacy)  13 (School)  14 (Non-Profit Organization)  15 (Insurance/ HMO/Medi-Cal)  16 (Other)  99 (Missing/unknown) |
| Enroll\_Var\_3 | Program Arm | Code of program arm    Each arm of the program to be coded 1, 2, 3 etc. with sufficient specificity so that each person can only be in one mutually exclusive category at a time. | 2 | Numeric | 1 (Group 1 – Policy A)  2 (Group 2- Policy B1)  3 (Group 3 – Policy B2)  99 (Missing/unknown) |
| Enroll\_Var\_4 | Tobacco Cessation | Tobacco cessation is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_5 | Weight Control | Controlling or reducing weight is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_6 | Lower Cholesterol | Lowering cholesterol levels is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_7 | Lower Blood Pressure | Lowering blood pressure is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_8 | Diabetes Control | Avoiding/managing diabetes is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_9 | Manage Behavioral Health | Controlling and managing behavioral health conditions is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_10 | Provider Agency | Name of the agencies providing the program services. For e.g., YMCA, xxx clinic  (Decided not relevant for CA.) | 2 | Numeric | 88 (N/A) |
| Enroll\_Var\_11 | Date of Current Enrollment | Date of enrollment in the specific program arm of the MIPCD  Date of current (latest) enrollment for those participants for whom the current enrollment is not their first enrollment | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Enroll\_Var\_12 | Program of Most Recent Prior Enrollment | Code of program arm of most recent prior enrollment in the program for those participants for whom the current enrollment is not their first enrollment. For those participants whose current enrollment is their first enrollment, code 88 (N/A) may be provided.  (Decided not relevant for CA.) | 2 | String | 88 (N/A) |
| Enroll\_Var\_13 | Date of Most Recent Prior Enrollment | Date of enrolling in the most recent prior enrollment in the program. For those participants whose current enrollment is their first enrollment, code 88888888 (N/A)  (Decided not relevant for CA.) | 8 | String/ Numeric | 88888888 (N/A) |
| Enroll\_Var\_14 | Reason for Most Recent Prior Disenrollment | The reason for disenrolling from the most recent prior enrollment in the program. For those participants whose current enrollment is their first enrollment, code 88 (N/A) may be provided.  (Decided not relevant for CA.) | 2 | Numeric | 88 (N/A) |

Table B2. Service Utilization

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Serv\_Var\_1 | Service No. 1 – Receipt | Helpline call – Completion of intake protocol and MIPCD enrollment | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Serv\_Var\_2 | Service No. 2 - Receipt | Telephone counseling (pre-quit) session | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Serv\_Var\_3 | Service No. 3 – Number of Units | Relapse prevention (follow up) session | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |
| Serv\_Var\_4 | Service No. 4 – Number of Units | Nicotine replacement therapy (NRT) shipment to home | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |

Table B3. Incentives

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Incent\_Var\_1 | Incentive No. 1 – Receipt | Pilot outreach incentive ($20) | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Incent\_Var\_2 | Incentive No. 2 - Dollar Value | Relapse prevention session ($10) | 4 | Numeric | xxxx  8888 (N/A)  9999 (Missing/unknown) |

Table B4. Health and Behavioral Outcomes

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Outcome\_Var\_1 | Quit attempt | Whether quit attempt made | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Outcome\_Var\_2 | Abstinence | Whether abstinent for 30 days | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Outcome\_Var\_3 | Number of cigarettes | Number of cigarettes per day | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |
| Outcome\_Var\_4 | Nicotine Patches | Whether used nicotine patches | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Outcome\_Var\_5 | Quitting aids | Whether used other quitting aids | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Outcome\_Var\_6 | Date of measurement | Date of most recent measurement of outcomes  CA is measuring all the outcomes on the same day so we only need one date of measurement variable | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |

# PROGRAM GROUP II

# Non-randomized, selected for Evaluation

Individuals appearing in this program arm may appear in program groups IV, V and VI. Their records can be linked using their Medicaid ID.

## A. Core Modules

Table A1. Record Identification

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Rec\_Var\_1 | State Abbreviation | US Postal Service state abbreviation. For e.g., California is CA | 2 | String | xx |
| Rec\_Var\_1a | County | County abbreviation. For e.g., ALA for Alameda, CC for Contra Costa etc. | 3 | String | xxx |
| Rec\_var\_1b | Targeted County | Whether county selected for CDP intensive outreach during the year | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Rec\_Var\_2 | Reporting Quarter | Current reporting quarter  Provide the date of the first day of the quarter. For example, 01012012 for data from the first quarter of 2012. | 8 | String/ Numeric | MMDDYYYY |
| Rec\_Var\_3 | Record Trail | Sequence of quarterly record of the enrollee.  For e.g., The record for the third quarter of enrollment for an enrollee will be coded as 3.  At the end of the first quarter of enrollment, two records are to be furnished for an enrollee - a baseline record (code = 0) and the end-of-first quarter record (code = 1). Thereafter, only one record is generated each quarter. | 2 | Numeric | 0 (Baseline)  1 (Quarter 1)  2 (Quarter 2)  3 (Quarter 3)  4 (Quarter 4)  5 (Quarter 5)  6 (Quarter 6)  7 (Quarter 7)  8 (Quarter 8)  9 (Quarter 9)  10 (Quarter 10)  11 (Quarter 11)  12 (Quarter 12)  13 (Quarter 13)  14 (Quarter 14)  15 (Quarter 15)  16 (Quarter 16)  17 (Quarter 17)  18 (Quarter 18)  19 (Quarter 19)  20 (Quarter 20)  21 (Post-program follow up at 6 months)  22 (Post-program follow up at 12 months)  23 (Post-program follow up – month not specified)  99 (Missing/unknown) |
| Rec\_Var\_4 | Program Completion Quarter | Quarter of completing the specific program arm of MIPCD  Provide the date of the first day of the quarter during which the enrollee completes the program arm. For example, 01012012 for data from the first quarter of 2012.  If the enrollee has not completed the program yet, code 88888888 (N/A) may be provided. | 8 | String/ Numeric | MMDDYYYY  88888888 (N/A)  99999999 (Missing/unknown) |
| Rec\_Var\_5 | Enrollment Sequence | Current enrollment sequence of the participant  Some states allow participants to reenroll after discontinuing participation for a significant period of time. Some states count this reenrollment as the continuation of the original enrollment, while other states consider this as a separate enrollment. For participants from states where reenrollment is counted as a separate enrollment, the actual sequence of enrollment is to be provided. For e.g., a participant’s second enrollment is to be coded as 2. For all other states, code 1 is to be entered. | 1 | Numeric | 1 |
| Rec\_Var\_6 | Unique Participant ID | Participant’s unique program ID  (Medicaid ID) | 15 | String | xxxxxxxxxxxxxxx |

Table A2. Demographic Information and Medicaid Status

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Core\_Var\_1 | Date of Birth |  | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Core\_Var\_2 | Gender |  | 1 | Numeric | 1 (Male)  2 (Female)  9 (Missing/unknown) |
| Core\_Var\_3 | Race |  | 1 | Numeric | 1 (White)  2 (Black or African American)  3 (American Indian or Alaska Native)  4 (Asian)  5 (Native Hawaiian or Other Pacific Islander)  6 (Multiple races)  9 (Missing/unknown) |
| Core\_Var\_4 | Ethnicity |  | 1 | Numeric | 0 (Not Hispanic or Latino)  1 (Hispanic or Latino)  9 (Missing/unknown) |
| Core\_Var\_5 | Educational Attainment | Highest grade completed  Only applicable to states that collect this information. | 1 | Numeric | 1 (No formal schooling)  2 (Elementary school)  3 (Some high school)  4 (High school graduate/GED)  5 (Some college or 2 yr degree)  6 (Bachelor's degree)  7 (Post college degree)  9 (Missing/unknown) |
| Core\_Var\_6 | Diabetes at Baseline | Whether had diabetes at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_7 | Hypertension at Baseline | Whether had high blood pressure at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_8 | Heart Disease at Baseline | Whether had heart disease at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_9 | Smoking Status at Baseline | Whether a smoker at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_10 | Date of Lapse of Medicaid Eligibility | Date of losing Medicaid eligibility during the quarter | 8 | String/ Numeric | MMDDYYYY  88888888  (Not applicable)  99999999 (Missing/unknown) |
| Core\_Var\_11 | Date of Regaining Medicaid Eligibility | Date of regaining Medicaid eligibility during the quarter | 8 | String/ Numeric | MMDDYYYY  88888888  (Not applicable)  99999999 (Missing/unknown) |

## B. State-specific Modules

Table B1. Enrollment Status

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Enroll\_Var\_1 | Program Eligibility | Code that best describes program eligibility category | 2 | Numeric | 1 (Smoker) |
| Enroll\_Var\_2 | Outreach | Source of outreach and recruitment into the program | 2 | Numeric | 1(TV)  2 (Radio)  3 (Newspaper/Magazine)  4 (Billboard/Bus)  5 (Phone Book)  6 (Web)  7 (VA)  8 (Hospital)  9 (Clinic/Doctor’s Office)  10 (Dentist/Dental Hygienist)  11 (Friend/Family)  12 (Pharmacy)  13 (School)  14 (Non-Profit Organization)  15 (Insurance/ HMO/Medi-Cal)  16 (Other)  99 (Missing/unknown) |
| Enroll\_Var\_3 | Program Arm | Code of program arm    Each arm of the program to be coded 1, 2, 3 etc. with sufficient specificity so that each person can only be in one mutually exclusive category at a time. | 2 | Numeric | 8 (Non-randomized, selected for evaluation)  99 (Missing/unknown) |
| Enroll\_Var\_4 | Tobacco Cessation | Tobacco cessation is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_5 | Weight Control | Controlling or reducing weight is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_6 | Lower Cholesterol | Lowering cholesterol levels is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_7 | Lower Blood Pressure | Lowering blood pressure is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_8 | Diabetes Control | Avoiding/managing diabetes is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_9 | Manage Behavioral Health | Controlling and managing behavioral health conditions is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_10 | Provider Agency | Name of the agencies providing the program services. For e.g., YMCA, xxx clinic  (Decided not relevant for CA.) | 2 | Numeric | 88 (N/A) |
| Enroll\_Var\_11 | Date of Current Enrollment | Date of enrollment in the specific program arm of the MIPCD  Date of current (latest) enrollment for those participants for whom the current enrollment is not their first enrollment | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Enroll\_Var\_12 | Program of Most Recent Prior Enrollment | Code of program arm of most recent prior enrollment in the program for those participants for whom the current enrollment is not their first enrollment. For those participants whose current enrollment is their first enrollment, code 88 (N/A) may be provided.  (Decided not relevant for CA.) | 2 | String | 88 (N/A) |
| Enroll\_Var\_13 | Date of Most Recent Prior Enrollment | Date of enrolling in the most recent prior enrollment in the program. For those participants whose current enrollment is their first enrollment, code 88888888 (N/A)  (Decided not relevant for CA.) | 8 | String/ Numeric | 88888888 (N/A) |
| Enroll\_Var\_14 | Reason for Most Recent Prior Disenrollment | The reason for disenrolling from the most recent prior enrollment in the program. For those participants whose current enrollment is their first enrollment, code 88 (N/A) may be provided.  (Decided not relevant for CA.) | 2 | Numeric | 88 (N/A) |

Table B2. Service Utilization

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Serv\_Var\_1 | Service No. 1 – Receipt | Helpline call – Completion of intake protocol and MIPCD enrollment | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Serv\_Var\_2 | Service No. 2 - Receipt | Telephone counseling (pre-quit) session | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Serv\_Var\_3 | Service No. 3 – Number of Units | Relapse prevention (follow up) session | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |
| Serv\_Var\_4 | Service No. 4 – Number of Units | Nicotine Replacement Therapy (NRT) shipment to home | 2 | Numeric | 88 (N/A) |

Table B3. Incentives

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Incent\_Var\_1 | Incentive No. 1 – Receipt | Pilot outreach incentive ($20) | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Incent\_Var\_2 | Incentive No. 2 - Dollar Value | Relapse prevention session ($10) | 4 | Numeric | 8888 (N/A) |

Table B4. Health and Behavioral Outcomes

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Outcome\_Var\_1 | Quit Attempt | Whether quit attempt made | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Outcome\_Var\_2 | Abstinence | Whether abstinent for 30 days | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Outcome\_Var\_3 | Number of Cigarettes | Number of cigarettes per day | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |
| Outcome\_Var\_4 | Nicotine Patches | Whether used nicotine patches | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Outcome\_Var\_5 | Quitting Aids | Whether used other quitting aids | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Outcome\_Var\_6 | Date of Measurement | Date of most recent measurement of outcomes  CA is measuring all the outcomes on the same day so we only need one date of measurement variable | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |

# PROGRAM GROUP III

# Non-randomized, not selected for Evaluation

Individuals appearing in this program arm may appear in program groups IV, V and VI. Their records can be linked using their Medicaid ID.

## A. Core Modules

Table A1. Record Identification

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Rec\_Var\_1 | State Abbreviation | US Postal Service state abbreviation. For e.g., California is CA | 2 | String | xx |
| Rec\_Var\_1a | County | County abbreviation. For e.g., ALA for Alameda, CC for Contra Costa etc. | 3 | String | xxx |
| Rec\_var\_1b | Targeted County | Whether county selected for CDP intensive outreach during the year | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Rec\_Var\_2 | Reporting Quarter | Current reporting quarter  Provide the date of the first day of the quarter. For example, 01012012 for data from the first quarter of 2012. | 8 | String/ Numeric | MMDDYYYY |
| Rec\_Var\_3 | Record Trail | Sequence of quarterly record of the enrollee.  For e.g., The record for the third quarter of enrollment for an enrollee will be coded as 3.  At the end of the first quarter of enrollment, two records are to be furnished for an enrollee - a baseline record (code = 0) and the end-of-first quarter record (code = 1). Thereafter, only one record is generated each quarter. | 2 | Numeric | 0 (Baseline)  1 (Quarter 1)  2 (Quarter 2)  3 (Quarter 3)  4 (Quarter 4)  5 (Quarter 5)  6 (Quarter 6)  7 (Quarter 7)  8 (Quarter 8)  9 (Quarter 9)  10 (Quarter 10)  11 (Quarter 11)  12 (Quarter 12)  13 (Quarter 13)  14 (Quarter 14)  15 (Quarter 15)  16 (Quarter 16)  17 (Quarter 17)  18 (Quarter 18)  19 (Quarter 19)  20 (Quarter 20)  21 (Post-program follow up at 6 months)  22 (Post-program follow up at 12 months)  23 (Post-program follow up – month not specified)  99 (Missing/unknown) |
| Rec\_Var\_4 | Program Completion Quarter | Quarter of completing the specific program arm of MIPCD  Provide the date of the first day of the quarter during which the enrollee completes the program arm. For example, 01012012 for data from the first quarter of 2012.  If the enrollee has not completed the program yet, code 88888888 (N/A) may be provided. | 8 | String/ Numeric | MMDDYYYY  88888888 (N/A)  99999999 (Missing/unknown) |
| Rec\_Var\_5 | Enrollment Sequence | Current enrollment sequence of the participant  Some states allow participants to reenroll after discontinuing participation for a significant period of time. Some states count this reenrollment as the continuation of the original enrollment, while other states consider this as a separate enrollment. For participants from states where reenrollment is counted as a separate enrollment, the actual sequence of enrollment is to be provided. For e.g., a participant’s second enrollment is to be coded as 2. For all other states, code 1 is to be entered. | 1 | Numeric | 1 |
| Rec\_Var\_6 | Unique Participant ID | Participant’s unique program ID  (Medicaid ID) | 15 | String | xxxxxxxxxxxxxxx |

Table A2. Demographic Information and Medicaid Status

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Core\_Var\_1 | Date of Birth |  | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Core\_Var\_2 | Gender |  | 1 | Numeric | 1 (Male)  2 (Female)  9 (Missing/unknown) |
| Core\_Var\_3 | Race |  | 1 | Numeric | 1 (White)  2 (Black or African American)  3 (American Indian or Alaska Native)  4 (Asian)  5 (Native Hawaiian or Other Pacific Islander)  6 (Multiple races)  9 (Missing/unknown) |
| Core\_Var\_4 | Ethnicity |  | 1 | Numeric | 0 (Not Hispanic or Latino)  1 (Hispanic or Latino)  9 (Missing/unknown) |
| Core\_Var\_5 | Educational Attainment | Highest grade completed  Only applicable to states that collect this information. | 1 | Numeric | 1 (No formal schooling)  2 (Elementary school)  3 (Some high school)  4 (High school graduate/GED)  5 (Some college or 2 yr degree)  6 (Bachelor's degree)  7 (Post college degree)  9 (Missing/unknown) |
| Core\_Var\_6 | Diabetes at Baseline | Whether had diabetes at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_7 | Hypertension at Baseline | Whether had high blood pressure at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_8 | Heart Disease at Baseline | Whether had heart disease at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_9 | Smoking Status at Baseline | Whether a smoker at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_10 | Date of Lapse of Medicaid Eligibility | Date of losing Medicaid eligibility during the quarter | 8 | String/ Numeric | MMDDYYYY  88888888  (Not applicable)  99999999 (Missing/unknown) |
| Core\_Var\_11 | Date of Regaining Medicaid Eligibility | Date of regaining Medicaid eligibility during the quarter | 8 | String/ Numeric | MMDDYYYY  88888888  (Not applicable)  99999999 (Missing/unknown) |

## B. State-specific Modules

Table B1. Enrollment Status

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Enroll\_Var\_1 | Program Eligibility | Code that best describes program eligibility category | 2 | Numeric | 1 (Smoker) |
| Enroll\_Var\_2 | Outreach | Source of outreach and recruitment into the program | 2 | Numeric | 1(TV)  2 (Radio)  3 (Newspaper/Magazine)  4 (Billboard/Bus)  5 (Phone Book)  6 (Web)  7 (VA)  8 (Hospital)  9 (Clinic/Doctor’s Office)  10 (Dentist/Dental Hygienist)  11 (Friend/Family)  12 (Pharmacy)  13 (School)  14 (Non-Profit Organization)  15 (Insurance/ HMO/Medi-Cal)  16 (Other)  99 (Missing/unknown) |
| Enroll\_Var\_3 | Program Arm | Code of program arm  Each arm of the program to be coded 1, 2, 3, etc. with sufficient specificity so that each person can only be in one mutually exclusive category at a time. | 2 | Numeric | 9 (Non-randomized not selected for evaluation)  99 (Missing/unknown) |
| Enroll\_Var\_4 | Tobacco Cessation | Tobacco cessation is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_5 | Weight Control | Controlling or reducing weight is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_6 | Lower Cholesterol | Lowering cholesterol levels is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_7 | Lower Blood Pressure | Lowering blood pressure is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_8 | Diabetes Control | Avoiding/managing diabetes is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_9 | Manage Behavioral Health | Controlling and managing behavioral health conditions is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_10 | Provider Agency | Name of the agencies providing the program services. For e.g., YMCA, xxx clinic  (Decided not relevant for CA.) | 2 | Numeric | 88 (N/A) |
| Enroll\_Var\_11 | Date of Current Enrollment | Date of enrollment in the specific program arm of the MIPCD  Date of current (latest) enrollment for those participants for whom the current enrollment is not their first enrollment | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Enroll\_Var\_12 | Program of Most Recent Prior Enrollment | Code of program arm of most recent prior enrollment in the program for those participants for whom the current enrollment is not their first enrollment. For those participants whose current enrollment is their first enrollment, code 88 (N/A) may be provided.  (Decided not relevant for CA.) | 2 | String | 88 (N/A) |
| Enroll\_Var\_13 | Date of Most Recent Prior Enrollment | Date of enrolling in the most recent prior enrollment in the program. For those participants whose current enrollment is their first enrollment, code 88888888 (N/A)  (Decided not relevant for CA.) | 8 | String/ Numeric | 88888888 (N/A) |
| Enroll\_Var\_14 | Reason for Most Recent Prior Disenrollment | The reason for disenrolling from the most recent prior enrollment in the program. For those participants whose current enrollment is their first enrollment, code 88 (N/A) may be provided.  (Decided not relevant for CA.) | 2 | Numeric | 88 (N/A) |

Table B2. Service Utilization

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Serv\_Var\_1 | Service No. 1 – Receipt | Helpline call – Completion of intake protocol and MIPCD enrollment | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Serv\_Var\_2 | Service No. 2 - Receipt | Telephone counseling (pre-quit) session | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Serv\_Var\_3 | Service No. 3 – Number of Units | Relapse prevention (follow up) session | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |
| Serv\_Var\_4 | Service No. 4 – Number of Units | Nicotine replacement therapy (NRT) shipment to home | 2 | Numeric | 88 (N/A) |

Table B3. Incentives

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Incent\_Var\_1 | Incentive No. 1 – Receipt | Pilot outreach incentive ($20) | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Incent\_Var\_2 | Incentive No. 2 - Dollar Value | Relapse prevention session ($10) | 4 | Numeric | 8888 (N/A) |

# PROGRAM GROUP IV

# Pilot outreach program participants

This program group contains two sets of individuals who received outreach through the CDP Pilot Outreach Program: 1) those that called and enrolled into one of the MIPCD program arms and 2) those that called and were considered ineligible for enrollment in MIPCD. The first group of individuals will appear in one or more of the other data sets. Their records in the other data sets can be linked using their Medicaid ID.

## A. Core Modules

Table A1. Record Identification

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Rec\_Var\_1 | State Abbreviation | US Postal Service state abbreviation. For e.g., California is CA | 2 | String | Xx |
| Rec\_Var\_1a | County | County abbreviation. For e.g., ALA for Alameda, CC for Contra Costa etc. | 3 | String | xxx |
| Rec\_var\_1b | Targeted County | Whether county selected for CDP intensive outreach during the year | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Rec\_Var\_2 | Reporting Quarter | Current reporting quarter  Provide the date of the first day of the quarter. For example, 01012012 for data from the first quarter of 2012. | 8 | String/ Numeric | MMDDYYYY |
| Rec\_Var\_6 | Unique Participant ID | Participant’s unique program ID  (Medicaid ID) | 15 | String | xxxxxxxxxxxxxxx |

Table A2. Demographic Information and Medicaid Status

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Core\_Var\_1 | Date of Birth |  | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Core\_Var\_2 | Gender |  | 1 | Numeric | 1 (Male)  2 (Female)  9 (Missing/unknown) |
| Core\_Var\_3 | Race |  | 1 | Numeric | 1 (White)  2 (Black or African American)  3 (American Indian or Alaska Native)  4 (Asian)  5 (Native Hawaiian or Other Pacific Islander)  6 (Multiple races)  9 (Missing/unknown) |
| Core\_Var\_4 | Ethnicity |  | 1 | Numeric | 0 (Not Hispanic or Latino)  1 (Hispanic or Latino)  9 (Missing/unknown) |
| Core\_Var\_5 | Educational Attainment | Highest grade completed  Only applicable to states that collect this information. | 1 | Numeric | 1 (No formal schooling)  2 (Elementary school)  3 (Some high school)  4 (High school graduate/GED)  5 (Some college or 2 yr degree)  6 (Bachelor's degree)  7 (Post college degree)  9 (Missing/unknown) |
| Core\_Var\_6 | Diabetes at Baseline | Whether had diabetes at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_7 | Hypertension at Baseline | Whether had high blood pressure at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_8 | Heart Disease at Baseline | Whether had heart disease at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_9 | Smoking Status at Baseline | Whether a smoker at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_10 | Date of Lapse of Medicaid Eligibility | Date of losing Medicaid eligibility during the quarter | 8 | String/ Numeric | MMDDYYYY  88888888  (Not applicable)  99999999 (Missing/unknown) |
| Core\_Var\_11 | Date of Regaining Medicaid Eligibility | Date of regaining Medicaid eligibility during the quarter | 8 | String/ Numeric | MMDDYYYY  88888888  (Not applicable)  99999999 (Missing/unknown) |

## B. State-specific Modules

Table B1. Enrollment Status

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Enroll\_Var\_1 | Program Eligibility | Code that best describes program eligibility category | 2 | Numeric | 1 (Smoker) |
| Enroll\_Var\_2 | Outreach | Source of outreach and recruitment into the program | 2 | Numeric | 1(TV)  2 (Radio)  3 (Newspaper/Magazine)  4 (Billboard/Bus)  5 (Phone Book)  6 (Web)  7 (VA)  8 (Hospital)  9 (Clinic/Doctor’s Office)  10 (Dentist/Dental Hygienist)  11 (Friend/Family)  12 (Pharmacy)  13 (School)  14 (Non-Profit Organization)  15 (Insurance/HMO/Medi-Cal)  16 (Other)  99 (Missing/unknown) |
| Enroll\_Var\_3 | Program Arm | Code of program arm    Each arm of the program to be coded 1, 2, 3 etc. with sufficient specificity so that each person can only be in one mutually exclusive category at a time. | 2 | Numeric | 10 (Pilot outreach program callers)  99 (Missing/unknown) |
| Enroll\_Var\_4 | Tobacco Cessation | Tobacco cessation is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_5 | Weight Control | Controlling or reducing weight is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_6 | Lower Cholesterol | Lowering cholesterol levels is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_7 | Lower Blood Pressure | Lowering blood pressure is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_8 | Diabetes Control | Avoiding/managing diabetes is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_9 | Manage Behavioral Health | Controlling and managing behavioral health conditions is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_10 | Provider Agency | Name of the agencies providing the program services. For e.g., YMCA, xxx clinic  (Decided not relevant for CA.) | 2 | Numeric | 88 (N/A) |
| Enroll\_Var\_11 | Date of Current Enrollment | Date on which call to the Helpline was made | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |

Table B2. Service Utilization

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Serv\_Var\_1 | Service No. 1 – Receipt | Helpline call – Completion of intake protocol and MIPCD enrollment | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |

Table B3. Incentives

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Incent\_Var\_1 | Incentive No. 1 – Receipt | Pilot outreach incentive ($20) | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |

# PROGRAM GROUP V

# Reengagement Arms 1 – 4

The information from the reengagement program group will be merged with the MIPCD program records of these individuals in the other data sets using their Medicaid ID.

## A. Core Modules

Table A1. Record Identification

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Rec\_Var\_1 | State Abbreviation | US Postal Service state abbreviation. For e.g., California is CA | 2 | String | xx |
| Rec\_Var\_1a | County | County abbreviation. For e.g., ALA for Alameda, CC for Contra Costa etc. | 3 | String | xxx |
| Rec\_var\_1b | Targeted County | Whether county selected for CDP intensive outreach during the year | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Rec\_Var\_2 | Reporting Quarter | Current reporting quarter  Provide the date of the first day of the quarter. For example, 01012012 for data from the first quarter of 2012. | 8 | String/ Numeric | MMDDYYYY |
| Rec\_Var\_6 | Unique Participant ID | Participant’s unique program ID  (Medicaid ID) | 15 | String | xxxxxxxxxxxxxxx |

Table A2. Demographic Information and Medicaid Status

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Core\_Var\_10 | Date of Lapse of Medicaid Eligibility | Date of losing Medicaid eligibility during the quarter | 8 | String/ Numeric | MMDDYYYY  88888888  (Not applicable)  99999999 (Missing/unknown) |
| Core\_Var\_11 | Date of Regaining Medicaid Eligibility | Date of regaining Medicaid eligibility during the quarter | 8 | String/ Numeric | MMDDYYYY  88888888  (Not applicable)  99999999 (Missing/unknown) |

## B. State-specific Modules

Table B1. Enrollment Status

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Enroll\_Var\_3 | Program Arm | Code of program arm  Each arm of the program to be coded 1, 2, 3 etc. with sufficient specificity so that each person can only be in one mutually exclusive category at a time. | 2 | Numeric | 4 (Re-engagement Arm 1 - $0)  5 (Re-engagement Arm 2 - $10)  6 (Re-engagement Arm 3 - $20)  7 (Re-engagement Arm 4 - $40)  99 (Missing/unknown) |
| Enroll\_Var\_11 | Date of Current Enrollment | Date on which the invitation mail to reengage was issued | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Enroll\_Var\_11a | Date of Reengagement | Date on which called Helpline to reenroll | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |

Table B2. Service Utilization

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Serv\_Var\_5 | Service No. 5 – Receipt | Completed one counseling session after reenrolling | 1 | Numeric | 1 (Yes)  2 (No)  9 (Missing/unknown) |

Table B3. Incentives

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Incent\_Var\_3 | Incentive No. 3 - Dollar Value | Reengagement incentive | 1 | Numeric | 1 ($0)  2 ($10)  3 ($20)  4 ($40)  9 (Missing/unknown) |

# PROGRAM GROUP VI

# Enhanced Services Recipients

Individuals appearing in this program arm may appear in other program groups. Their records can be linked using their Medicaid ID.

## A. Core Modules

Table A1. Record Identification

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Rec\_Var\_1 | State Abbreviation | US Postal Service state abbreviation. For e.g., California is CA | 2 | String | xx |
| Rec\_Var\_1a | County | County abbreviation. For e.g., ALA for Alameda, CC for Contra Costa etc. | 3 | String | xxx |
| Rec\_var\_1b | Targeted County | Whether county selected for CDP intensive outreach during the year | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Rec\_Var\_2 | Reporting Quarter | Current reporting quarter  Provide the date of the first day of the quarter. For example, 01012012 for data from the first quarter of 2012. | 8 | String/ Numeric | MMDDYYYY |
| Rec\_Var\_3 | Record Trail | Sequence of quarterly record of the enrollee.  For e.g., The record for the third quarter of enrollment for an enrollee will be coded as 3.  At the end of the first quarter of enrollment, two records are to be furnished for an enrollee - a baseline record (code = 0) and the end-of-first quarter record (code = 1). Thereafter, only one record is generated each quarter. | 2 | Numeric | 0 (Baseline)  1 (Quarter 1)  2 (Quarter 2)  3 (Quarter 3)  4 (Quarter 4)  5 (Quarter 5)  6 (Quarter 6)  7 (Quarter 7)  8 (Quarter 8)  9 (Quarter 9)  10 (Quarter 10)  11 (Quarter 11)  12 (Quarter 12)  13 (Quarter 13)  14 (Quarter 14)  15 (Quarter 15)  16 (Quarter 16)  17 (Quarter 17)  18 (Quarter 18)  19 (Quarter 19)  20 (Quarter 20)  21 (Post-program follow up at 6 months)  22 (Post-program follow up at 12 months)  23 (Post-program follow up – month not specified)  99 (Missing/unknown) |
| Rec\_Var\_4 | Program Completion Quarter | Quarter of completing the specific program arm of MIPCD  Since an enrollee could potentially be receiving enhanced services throughout the MIPCD program period, there is no specific program completion quarter for this program arm. Enter code 88888888 (N/A). | 8 | String/ Numeric | 88888888 (N/A) |
| Rec\_Var\_5 | Enrollment Sequence | Current enrollment sequence of the participant  Some states allow participants to reenroll after discontinuing participation for a significant period of time. Some states count this reenrollment as the continuation of the original enrollment, while other states consider this as a separate enrollment. For participants from states where reenrollment is counted as a separate enrollment, the actual sequence of enrollment is to be provided. For e.g., a participant’s second enrollment is to be coded as 2. For all other states, code 1 is to be entered. | 1 | Numeric | 1 |
| Rec\_Var\_6 | Unique Participant ID | Participant’s unique program ID  (Medicaid ID) | 15 | String | xxxxxxxxxxxxxxx |

Table A2. Demographic Information and Medicaid Status

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Core\_Var\_1 | Date of Birth |  | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Core\_Var\_2 | Gender |  | 1 | Numeric | 1 (Male)  2 (Female)  9 (Missing/unknown) |
| Core\_Var\_3 | Race |  | 1 | Numeric | 1 (White)  2 (Black or African American)  3 (American Indian or Alaska Native)  4 (Asian)  5 (Native Hawaiian or Other Pacific Islander)  6 (Multiple races)  9 (Missing/unknown) |
| Core\_Var\_4 | Ethnicity |  | 1 | Numeric | 0 (Not Hispanic or Latino)  1 (Hispanic or Latino)  9 (Missing/unknown) |
| Core\_Var\_5 | Educational Attainment | Highest grade completed  Only applicable to states that collect this information. | 1 | Numeric | 1 (No formal schooling)  2 (Elementary school)  3 (Some high school)  4 (High school graduate/GED)  5 (Some college or 2 yr degree)  6 (Bachelor's degree)  7 (Post college degree)  9 (Missing/unknown) |
| Core\_Var\_6 | Diabetes at Baseline | Whether had diabetes at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_7 | Hypertension at Baseline | Whether had high blood pressure at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_8 | Heart Disease at Baseline | Whether had heart disease at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_9 | Smoking Status at Baseline | Whether a smoker at baseline  State can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Core\_Var\_10 | Date of Lapse of Medicaid Eligibility | Date of losing Medicaid eligibility during the quarter | 8 | String/ Numeric | MMDDYYYY  88888888  (Not applicable)  99999999 (Missing/unknown) |
| Core\_Var\_11 | Date of Regaining Medicaid Eligibility | Date of regaining Medicaid eligibility during the quarter | 8 | String/ Numeric | MMDDYYYY  88888888  (Not applicable)  99999999 (Missing/unknown) |

## B. State-specific Modules

Table B1. Enrollment Status

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Enroll\_Var\_1 | Program Eligibility | Code that best describes program eligibility category | 2 | Numeric | 1 (Smoker) |
| Enroll\_Var\_2 | Outreach | Source of outreach and recruitment into the program | 2 | Numeric | 1(TV)  2 (Radio)  3 (Newspaper/Magazine)  4 (Billboard/Bus)  5 (Phone Book)  6 (Web)  7 (VA)  8 (Hospital)  9 (Clinic/Doctor’s Office)  10 (Dentist/Dental Hygienist)  11 (Friend/Family)  12 (Pharmacy)  13 (School)  14 (Non-Profit Organization)  15 (Insurance/HMO/Medi-Cal)  16 (Other)  99 (Missing/unknown) |
| Enroll\_Var\_3 | Program Arm | Code of program arm    Each arm of the program to be coded 1, 2, 3 etc. with sufficient specificity so that each person can only be in one mutually exclusive category at a time. | 2 | Numeric | 11 (Enhanced services recipients)  99 (Missing/unknown) |
| Enroll\_Var\_4 | Tobacco Cessation | Tobacco cessation is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_5 | Weight Control | Controlling or reducing weight is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_6 | Lower Cholesterol | Lowering cholesterol levels is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_7 | Lower Blood Pressure | Lowering blood pressure is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_8 | Diabetes Control | Avoiding/managing diabetes is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_9 | Manage Behavioral Health | Controlling and managing behavioral health conditions is a prevention goal | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Enroll\_Var\_10 | Provider Agency | Name of the agencies providing the program services. For e.g., YMCA, xxx clinic  (Decided not relevant for CA.) | 2 | Numeric | 88 (N/A) |
| Enroll\_Var\_11 | Date of Current Enrollment | Date of enrollment in the specific program arm of the MIPCD  Date of current (latest) enrollment for those participants for whom the current enrollment is not their first enrollment | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Enroll\_Var\_12 | Program of Most Recent Prior Enrollment | Code of program arm of most recent prior enrollment in the program for those participants for whom the current enrollment is not their first enrollment. For those participants whose current enrollment is their first enrollment, code 88 (N/A) may be provided.  (Decided not relevant for CA.) | 2 | String | 88 (N/A) |
| Enroll\_Var\_13 | Date of Most Recent Prior Enrollment | Date of enrolling in the most recent prior enrollment in the program. For those participants whose current enrollment is their first enrollment, code 88888888 (N/A)  (Decided not relevant for CA.) | 8 | String/ Numeric | 88888888 (N/A) |
| Enroll\_Var\_14 | Reason for Most Recent Prior Disenrollment | The reason for disenrolling from the most recent prior enrollment in the program. For those participants whose current enrollment is their first enrollment, code 88 (N/A) may be provided.  (Decided not relevant for CA.) | 2 | Numeric | 88 (N/A) |

Table B2. Service Utilization

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Serv\_Var\_1 | Service No. 1 – Receipt | Helpline call – Completion of intake protocol and MIPCD enrollment | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Serv\_Var\_2 | Service No. 2 - Receipt | Telephone counseling (pre-quit) session | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Serv\_Var\_3 | Service No. 3 – Number of Units | Relapse prevention (follow up) session | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |
| Serv\_Var\_4 | Service No. 4 – Number of Units | Nicotine Replacement Therapy (NRT) shipment to home | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |

Table B3. Incentives

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Incent\_Var\_1 | Incentive No. 1 – Receipt | Pilot outreach incentive ($20) | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Incent\_Var\_2 | Incentive No. 2 - Dollar Value | Relapse prevention session ($10) | 4 | Numeric | xxxx  8888 (N/A)  9999 (Missing/unknown) |

Table B4. Health and Behavioral Outcomes

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Outcome\_Var\_1 | Quit attempt | Whether quit attempt made | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Outcome\_Var\_2 | Abstinence | Whether abstinent for 30 days | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Outcome\_Var\_3 | Number of Cigarettes | Number of cigarettes per day | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |
| Outcome\_Var\_4 | Nicotine Patches | Whether used nicotine patches | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Outcome\_Var\_5 | Quitting aids | Whether used other quitting aids | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Outcome\_Var\_6 | Date of Measurement | Date of most recent measurement of outcomes  CA is measuring all the outcomes on the same day so we only need one date of measurement variable | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |