

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

Name	Definition	Additional Description	Width	Type	Value/Format
Rec_Var_3	Record Trail	<p>Sequence of quarterly record of the enrollee.</p> <p>For e.g., The record for the third quarter of enrollment for an enrollee will be coded as 3.</p> <p>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.</p>	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	<p>Quarter of completing the specific program arm of MIPCD</p> <p>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.</p> <p>If the enrollee has not completed the program yet, code 88888888 (N/A) may be provided.</p>	8	String/ Numeric	MMDDYYYY 88888888 (N/A) 99999999 (Missing/unknown)

Name	Definition	Additional Description	Width	Type	Value/Format
Rec_Var_5	Enrollment Sequence	<p>Current enrollment sequence of the participant</p> <p>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.</p>	1	Numeric	1
Rec_Var_6	Unique Participant ID	Participant's unique program ID (Medicaid ID)	15	String	xxxxxxxxxxxxxxxx

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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
Enroll_Var_1 3	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_1 4	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_1 a	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

Name	Definition	Additional Description	Width	Type	Value/Format
Rec_Var_3	Record Trail	<p>Sequence of quarterly record of the enrollee.</p> <p>For e.g., The record for the third quarter of enrollment for an enrollee will be coded as 3.</p> <p>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.</p>	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	<p>Quarter of completing the specific program arm of MIPCD</p> <p>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.</p> <p>If the enrollee has not completed the program yet, code 88888888 (N/A) may be provided.</p>	8	String/ Numeric	MMDDYYYY 88888888 (N/A) 99999999 (Missing/unknown)

Name	Definition	Additional Description	Width	Type	Value/Format
Rec_Var_5	Enrollment Sequence	<p>Current enrollment sequence of the participant</p> <p>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.</p>	1	Numeric	1
Rec_Var_6	Unique Participant ID	Participant's unique program ID (Medicaid ID)	15	String	xxxxxxxxxxxxxxxx

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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
Enroll_Var_1 3	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_1 4	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	Numeri c	1 (Yes) 2 (No) 8 (N/A) 9 (Missing/unknown)
Serv_Var_2	Service No. 2 - Receipt	Telephone counseling (pre-quit) session	1	Numeri c	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	Numeri c	xx 88 (N/A) 99 (Missing/unknown)
Serv_Var_4	Service No. 4 - Number of Units	Nicotine Replacement Therapy (NRT) shipment to home	2	Numeri c	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	Numeri c	1 (Yes) 2 (No) 8 (N/A) 9 (Missing/unknown)
Incent_Var_2	Incentive No. 2 - Dollar Value	Relapse prevention session (\$10)	4	Numeri c	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_1 a	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

Name	Definition	Additional Description	Width	Type	Value/Format
Rec_Var_3	Record Trail	<p>Sequence of quarterly record of the enrollee.</p> <p>For e.g., The record for the third quarter of enrollment for an enrollee will be coded as 3.</p> <p>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.</p>	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	<p>Quarter of completing the specific program arm of MIPCD</p> <p>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.</p> <p>If the enrollee has not completed the program yet, code 88888888 (N/A) may be provided.</p>	8	String/ Numeric	MMDDYYYY 88888888 (N/A) 99999999 (Missing/unknown)

Name	Definition	Additional Description	Width	Type	Value/Format
Rec_Var_5	Enrollment Sequence	<p>Current enrollment sequence of the participant</p> <p>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.</p>	1	Numeric	1
Rec_Var_6	Unique Participant ID	Participant's unique program ID (Medicaid ID)	15	String	XXXXXXXXXXXXXXXXXX

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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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_1 a	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	xxxxxxxxxxxxxxxxx

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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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/Medical) 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)

Name	Definition	Additional Description	Width	Type	Value/Format
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	xxxxxxxxxxxxxxxx

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_1 a	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

Name	Definition	Additional Description	Width	Type	Value/Format
Rec_Var_3	Record Trail	<p>Sequence of quarterly record of the enrollee.</p> <p>For e.g., The record for the third quarter of enrollment for an enrollee will be coded as 3.</p> <p>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.</p>	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	<p>Quarter of completing the specific program arm of MIPCD</p> <p>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).</p>	8	String/ Numeric	88888888 (N/A)

Name	Definition	Additional Description	Width	Type	Value/Format
Rec_Var_5	Enrollment Sequence	<p>Current enrollment sequence of the participant</p> <p>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.</p>	1	Numeric	1
Rec_Var_6	Unique Participant ID	Participant's unique program ID (Medicaid ID)	15	String	XXXXXXXXXXXXXXXXXX

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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
Enroll_Var_1 3	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_1 4	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)

