# MEDICAID INCENTIVES FOR PREVENTION OF CHRONIC DISEASES (MIPCD) MINIMUM DATA SET - Connecticut

## A. Core Modules

## Table A1. Record Identification

Name	Definition	Additional Description	Width	Туре	Value/Format
Rec_Var_	State	US Postal Service state abbreviation.	2	String	хх
1	Abbreviation	For e.g., California is CA			
Rec_Var_	Reporting	Current reporting quarter	8	String/	MMDDYYYY
2	Quarter			Numeric	
		Provide the date of the first day of the			
		quarter. For example, 01012012 for			
		data from the first quarter of 2012.			
Rec_Var_	Record Trail	Sequence of quarterly record of the	2	Numeric	0 (Baseline)
3		enrollee			1 (Quarter 1)
					2 (Quarter 2)
		For e.g., the record for the third			3 (Quarter 3)
		quarter of enrollment for an enrollee			4 (Quarter 4)
		will be coded as 3.			5 (Quarter 5)
					6 (Quarter 6)
		At the end of the first quarter of			7 (Quarter 7)
		enrollment, two records are to be			8 (Quarter 8)
		furnished for an enrollee - a baseline			9 (Quarter 9)
		record (code = 0) and the end-of-first			10 (Quarter 10)
		quarter record (code = 1). Thereafter,			11 (Quarter 11)
		only one record is generated each			12 (Quarter 12)
		quarter.			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)

Name	Definition	Additional Description	Width	Туре	Value/Format
Rec_Var_ 4	Program Completion Quarter	Quarter of completing the MIPCD program Provide the date of the first day of the quarter during which the enrollee	8	String/ Numeric	MMDDYYYY 888888888 (N/A) 99999999 (Missing/unknown)
		completes the program. For example, 01012012 for data from the first quarter of 2012.			
		If the enrollee has not completed the program yet, code 888888888 (N/A) may be provided.			
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 (Single enrollment) x (Sequence of enrollment) 9 (Missing/unknown)
Rec_Var_ 6	Unique participant ID	Participant's unique program ID (Medicaid ID)	15	String	xxxxxxxxxxxxxx

### Table A2. Demographic Information and Medicaid Status

Name	Definition	Additional Description	Width	Туре	Value/Format
Core_Var_1	Date of Birth		8	String/	MMDDYYYY
				Numeric	
					99999999
					(Missing/unknown)
Core_Var_2	Gender		1	Numeric	1 (Male)
					2 (Female)
					9 (Missing/unknown)

Name	Definition	Additional Description	Width	Туре	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. Data not available for CT. Enter code 8 (N/A)	1	Numeric	8 (N/A)
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. Data not available for CT. Enter code 8 (N/A)	1	Numeric	8 (N/A)

Definition	Additional Description	Width	Туре	Value/Format
Heart Disease at Baseline	Whether had heart disease at baseline	1	Numeric	8 (N/A)
	State can use its own definition of the condition depending on data availability.			
	Data not available for CT. Enter code 8 (N/A)			
Smoking Status at Baseline	Whether a smoker at baseline	1	Numeric	1 (Yes) 2 (No) 8 (N/A) 9 (Missing/unknown)
Date of Lapse of Medicaid Eligibility	Date of losing Medicaid eligibility during the quarter	8	String/ Numeric	MMDDYYYY 888888888 (N/A) 999999999
Date of Regaining Medicaid Eligibility	Date of regaining Medicaid eligibility during the quarter	8	String/ Numeric	(Missing/unknown) MMDDYYYY 888888888 (N/A) 99999999 (Missing/unknown)
	Heart Disease at Baseline Smoking Status at Baseline Date of Lapse of Medicaid Eligibility Date of Regaining Medicaid	Heart Disease at BaselineWhether had heart disease at baselineBaselineState can use its own definition of the condition depending on data availability.Data not available for CT. Enter code 8 (N/A)Smoking Status at BaselineWhether a smoker at baselineDate of Lapse of Medicaid EligibilityDate of losing Medicaid eligibility during the quarterDate of Regaining MedicaidDate of regaining Medicaid eligibility during the	Heart Disease at BaselineWhether had heart disease at baseline1BaselineState can use its own definition of the condition depending on data availability.1Data not available for CT. Enter code 8 (N/A)1Smoking Status at BaselineWhether a smoker at baseline1Date of Lapse of Medicaid EligibilityDate of losing Medicaid eligibility during the quarter8Date of Regaining MedicaidDate of regaining Medicaid eligibility during the8	Heart Disease at BaselineWhether had heart disease at baseline1NumericBaselineState can use its own definition of the condition depending on data availability.1NumericData not available for CT. Enter code 8 (N/A)Data not available for CT. Enter code 8 (N/A)1NumericSmoking Status at BaselineDate of losing Medicaid eligibility during the quarter8String/ NumericDate of Lapse of Medicaid EligibilityDate of regaining Medicaid eligibility during the quarter8String/ Numeric

#### **B. State-specific Modules** Table B1. Enrollment Status

Name	Definition	Additional Description	Width	Туре	Value/Format
Enroll_Var_1	Program Eligibility	Code that best describes program eligibility category	2	Numeri c	1 (Smoker) 4 (Smoker – Pregnant) 5 (Smoker - Mother of newborn) 6 (Smoker - Serious mental illness) 99 (Missing/unknown)
Enroll_Var_2	Outreach	Source of outreach and recruitment into the program	2	Numeri c	1(Direct-to-participant outreach telephone call by Medicaid/other state govt. department) 2 (Direct-to-participant outreach telephone call by Medicaid managed care organization) 3 (Direct-to-participant outreach telephone call by third party recruitment staff) 4 (Direct-to-participant outreach

Name	Definition	Additional Description	Width	Туре	Value/Format
					telephone call by program implementing/outreach organization such as the YMCA) 5 (Direct-to-participant outreach mailing by Medicaid/other state govt. department) 6 (Direct-to-participant outreach mailing by Medicaid managed care organization) 7 (Direct-to-participant outreach mailing by third party recruitment staff) 8 (Direct-to-participant outreach mailing by program implementing/outreach organization such as the YMCA) 9 (Provider outreach at medical home/ primary care practice/specialty care practice/clinic) 10 (Provider outreach at local mental health authority) 11 (Provider outreach at local mental health authority) 11 (Provider outreach at Rural Health Center) 12 (Provider outreach at Rural Health Center) 13 (Outreach during health education class or event) 14 (Outreach through disease/case management program) 15 (Medicaid/other state govt. department website) 16 (program website) 17 (Managed care organization web-site) 18 (Website of program implementing/outreach organization such as the YMCA) 19 (Brochures/flyers/posters) 20 (Media campaign) 21 (Call in to a third party recruitment toll free number) 99 (Missing/unknown)

		Additional			
Name	Definition	Description	Width	Туре	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	Numeri c	1 (Phase 1: Low level incentive) 2 (Phase 1: No incentive (Control)) 3 (Phase 2: Low level incentive) 4 (Phase 2: High level incentive) 5 (Phase 2: Low level incentive + peer coaching) 6 (Phase 2: High level incentive + peer coaching) 7 (Phase 3: High level incentives (Outcome)) 8 (Phase 3: High level incentives (Process)) 9 (Phase 3: High level incentives (Outcome) + peer coaching) 10 (Phase 3: High level incentives (Process) + peer coaching) 99 (Missing/unknown)
Enroll_Var_3a	Program Enrollment	Program enrollment category	1	Numeri c	1 (Enrolled in program) 2 (Declined to enroll but consented to follow-up) 3 (Declined to enroll and declined consent to follow-up) 8 (N/A) 9 (Missing/unknown)
Enroll_Var_4	Tobacco Cessation	Tobacco cessation is a prevention goal	1	Numeri c	1 (Yes)
Enroll_Var_5	Weight Control	Controlling or reducing weight is a prevention goal Decided not relevant for CT. Enter code 8 (N/A)	1	Numeri c	8 (N/A)
Enroll_Var_6	Lower Cholesterol	Lowering cholesterol levels is a prevention goal Decided not relevant for CT. Enter code 8 (N/A)	1	Numeri c	8 (N/A)
Enroll_Var_7	Lower Blood Pressure	Lowering blood pressure is a prevention goal Decided not relevant for CT. Enter code 8 (N/A)	1	Numeri c	8 (N/A)

		Additional			
Name	Definition	Description	Width	Туре	Value/Format
Enroll_Var_8	Diabetes Control	Avoiding/managing diabetes is a prevention goal	1	Numeri c	8 (N/A)
		Decided not relevant for CT. Enter code 8 (N/A)			
Enroll_Var_9	Manage Behavioral Health	Controlling and managing behavioral health conditions is a prevention goal Decided not relevant for CT. Enter code 8 (N/A)	1	Numeri c	8 (N/A)
Enroll_Var_10	Provider Agency	Type of agencies providing the program services. For e.g., YMCA, xxx clinic	1	Numeri c	<ol> <li>Person-centered medical home)</li> <li>(Glide Path)</li> <li>(Local mental health agency)</li> <li>(Obstetrics practice)</li> <li>(Pediatrics practice)</li> <li>(Other)</li> <li>(Missing/unknown)</li> </ol>
Enroll_Var_10a	Provider Name	Name of individual providers	50	String	Free text
Enroll_Var_11	Date of Current Enrollment	Date of enrollment in the program Date of current (latest) enrollment for those participants for whom the current enrollment is not their first enrollment	8	String/ Numeri c	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.	2	String	xx 88 (N/A) 99 (Missing/unknown)

Name	Definition	Additional Description	Width	Туре	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)	8	String/ Numeri c	MMDDYYYY 8888888888 (N/A) 99999999 (Missing/unknown)
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 CT. Enter code 88 (N/A)	2	Numeri c	88 (N/A)

#### Table B2. Service Utilization

Name	Definition	Additional Description	Width	Туре	Value/Format
Serv_Var_1	Service No. 1 -	Counseling session	2	Numeri	XX
	Number of Units			с	88 (N/A)
					99 (Missing/unknown)
Serv_Var_2	Service No. 2 -	Quitline session	2	Numeri	XX
	Number of Units			с	88 (N/A)
					99 (Missing/unknown)
Serv_Var_3	Service No. 3 -	Peer coaching session	2	Numeri	XX
	Number of Units			с	88 (N/A)
					99 (Missing/unknown)
Serv_Var_4	Service No. 4 –	Smoking deterrent agents –	2	Numeri	xx
	Number of Units	Number of scripts written		с	88 (N/A)
					99 (Missing/unknown)
Serv_Var_5	Service No. 5 -	Nicotine reception partial	2	Numeri	xx
	Number of Units	agonists – Number of scripts		с	88 (N/A)
		written			99 (Missing/unknown)
Serv_Var_6	Service No. 6 -	Antidepressants – Number of	2	Numeri	XX
	Number of Units	scripts written		с	88 (N/A)
					99 (Missing/unknown)

## Table B3. Incentives

Name	Definition	Additional Description	Width	Туре	Value/Format
Incent_Var_1	Incentive No. 1 – Dollar Value	Complete counseling session (Low level incentive, \$5)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_2	Incentive No. 2 - Dollar Value	Complete CT Quitline session (Low level incentive, \$5)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_3	Incentive No. 3 - Dollar Value	Complete 5 counseling sessions - face to face or Quitline (Low level incentive, \$15)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_4	Incentive No. 4 - Dollar Value	Has negative CO test (Low level incentive, \$15)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_5	Incentive No. 5 - Dollar Value	3 Consecutive negative CO tests (Low level incentive, \$10)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_6	Incentive No. 6 - Dollar Value	Complete counseling session (High level incentive, \$10)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_7	Incentive No. 7 - Dollar Value	Complete CT Quitline session (High level incentive, \$10)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_8	Incentive No. 8 - Dollar Value	Complete 5 counseling sessions - face to face or Quitline (High level incentive, \$30)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_9	Incentive No. 9 - Dollar Value	Has negative CO test (High level incentive, \$20)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_1 0	Incentive No. 10 - Dollar Value	3 Consecutive negative CO tests (High level incentive, \$20)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)

#### Table B4. Health and Behavioral Outcomes

Name	Definition	Additional Description	Width	Туре	Value/Format
Outcome_Var_1	Treatment Initiation	Whether smoking cessation service utilized within first month	1	Numeric	1 (Yes) 2 (No) 9 (Missing/unknown)

Name	Definition	Additional Description	Width	Туре	Value/Format
Outcome_Var_2	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999
Outcome_Var_3	Treatment Engagement	Whether 5 smoking cessation services utilized within 2 months of enrollment	1	Numeric	(Missing/unknown) 1 (Yes) 2 (No) 9 (Missing/unknown)
Outcome_Var_4	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_5	Treatment Prevalence	Number of smoking cessation services utilized in 12 month period	3	Numeric	xxx 999 (Missing/unknown)
Outcome_Var_6	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_7	Smoking Intensity 1	Number of cigarettes smoked on previous day	3	Numeric	xxx 999 (Missing/unknown)
Outcome_Var_8	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_9	Smoking Intensity 2	Number of cigarettes smoked in previous week	3	Numeric	xxx 999 (Missing/unknown)
Outcome_Var_1 0	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_1 1	Quit rate – Aim 1	Negative CO test at 6 months (ppm below threshold level	1	Numeric	1 (Yes) 2 (No) 8 (N/A) 9 (Missing/unknown)
Outcome_Var_1 2	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 888888888 (N/A) 99999999 (Missing/unknown)
Outcome_Var_1 3	Quit Rate –Aim 2	Negative CO test w/in previous month (ppm below threshold level)	1	Numeric	1 (Yes) 2 (No) 8 (N/A) 9 (Missing/unknown)
Outcome_Var_1 4	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 888888888 (N/A) 99999999 (Missing/unknown)
Outcome_Var_1 5	Quit Maintenance	3 tobacco-free CO tests in previous 2 months (ppm below threshold level)	1	Numeric	1 (Yes) 2 (No) 8 (N/A) 9 (Missing/unknown)

Name	Definition	Additional Description	Width	Туре	Value/Format
Outcome_Var_1	Date of	Date of most recent	8	String/	MMDDYYYY
6	Measurement	measurement		Numeric	88888888 (N/A)
					99999999
					(Missing/unknown)
Outcome_Var_1	Quit Effort 1 - 3	Participant identification as	1	Numeric	1 (Yes)
7	months	a smoker - 3 months			2 (No)
					9 (Missing/unknown)
Outcome_Var_1	Date of	Date of most recent	8	String/	MMDDYYYY
8	Measurement	measurement		Numeric	99999999
					(Missing/unknown)
Outcome_Var_1	Quit Effort 2 - 3	When was last cigarette? -	1	Numeric	1 (Within past week)
9	months	3 months			2 (Within past day)
					3 (Within past hour)
					8 (N/A)
					9 (Missing/unknown)
Outcome_Var_2	Date of	Date of most recent	8	String/	MMDDYYYY
0	Measurement	measurement		Numeric	99999999
					(Missing/unknown)
Outcome_Var_2	Quit Effort 3 - 3	Actively trying to quit - 3	1	Numeric	1 (Yes)
1	months	months			2 (No)
					8 (N/A)
					9 (Missing/unknown)
Outcome_Var_2	Date of	Date of most recent	8	String/	MMDDYYYY
2	Measurement	measurement		Numeric	99999999
					(Missing/unknown)
Outcome_Var_2	Quit Effort 4 - 3	Engagement in activities - 3	1	Numeric	1 (Cold turkey)
3	months	months			2 (Counseling)
					3 (Quitline)
					4 (NRT)
					5 (Medications)
					8 (N/A)
					9 (Missing/unknown)
Outcome_Var_2	Date of	Date of most recent	8	String/	MMDDYYYY
4	Measurement	measurement		Numeric	99999999
					(Missing/unknown)
Outcome_Var_2	Quit Effort 1 -	Participant identification as	1	Numeric	1 (Yes)
5	12 months	a smoker - 12 months			2 (No)
					9 (Missing/unknown)
Outcome_Var_2	Date of	Date of most recent	8	String/	MMDDYYYY
6	Measurement	measurement		Numeric	99999999
<u> </u>					(Missing/unknown)
Outcome_Var_2	Quit Effort 2 -	When was last cigarette? -	1	Numeric	1 (Within past week)
7	12 months	12 months			2 (Within past day)
					3 (Within past hour)
					8 (N/A)
0 1 1/ 7			0		9 (Missing/unknown)
Outcome_Var_2	Date of	Date of most recent	8	String/	MMDDYYYY
8	Measurement	measurement		Numeric	999999999
					(Missing/unknown)

Name	Definition	Additional Description	Width	Туре	Value/Format
Outcome_Var_2	Quit Effort 3 -	Actively trying to quit - 12	1	Numeric	1 (Yes)
9	12 months	months			2 (No)
					8 (N/A)
					9 (Missing/unknown)
Outcome_Var_3	Date of	Date of most recent	8	String/	MMDDYYYY
0	Measurement	measurement		Numeric	99999999
					(Missing/unknown)
Outcome_Var_3	Quit Effort 4 -	Engagement in activities -	1	Numeric	1 (Cold turkey)
1	12 months	12 months			2 (Counseling)
					3 (Quitline)
					4 (NRT)
					5 (Medications)
					8 (N/A)
					9 (Missing/unknown)
Outcome_Var_3	Date of	Date of most recent	8	String/	MMDDYYYY
2	Measurement	measurement		Numeric	99999999
					(Missing/unknown)