MEDICAID INCENTIVES FOR PREVENTION OF CHRONIC DISEASES (MIPCD) MINIMUM DATA SET – Montana

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_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)

Name	Definition	Additional Description	Width	Type	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 completes the program. 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 (Single enrollment) x (Sequence of enrollment) 9 (Missing/unknown)
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)

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	Data not available for MT. Enter code 8 (N/A)	1	Numeric	0 (Not Hispanic or Latino) 1 (Hispanic or Latino) 8 (N/A) 9 (Missing/unknown)
Core_Var_5	Educational Attainment	Highest grade completed Only applicable to states that collect this information. Data not available for MT. Enter code 88 (N/A)	2	Numeric	88 (N/A)
Core_Var_6	Diabetes at Baseline	Whether had diabetes at baseline State can use its own definition of the condition depending on data availability. Decided that the variable is not relevant for MT because none of the enrollees will have diabetes. The program targets pre-diabetics or those at risk for diabetes. Enter code 8 (N/A)	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. Data not available for MT. Enter code 8 (N/A)	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 (N/A) 99999999 (Missing/unknown)
Core_Var_11	Date of Regaining Medicaid Eligibility	Date of regaining Medicaid eligibility during the quarter	8	String/ Numeric	MMDDYYYY 88888888 (N/A) 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	12 (Overweight/obese - Pre-diabetes or at risk for diabetes) 99 (Missing/unknown)
Enroll_Var_2	Outreach	Source of outreach and recruitment into the program Decided that not relevant for MT. Enter code 88 (N/A)	2	Numeric	88 (N/A)
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 (Intervention without Incentives) 2 (Intervention with Incentives) 9 (Missing/unknown)

Name	Definition	Additional Description	Width	Type	Value/Format
Enroll_Var_3a	Crossover Status of Site	Code of the order in which the intervention site where the participant is enrolled crosses over half-way through the program between intervention with and without incentives	1	Numeric	1 (Crossover from intervention with incentives to intervention without incentives) 2 (Crossover from intervention without incentives to intervention with incentives) 9 (Missing/unknown)
Enroll_Var_4	Tobacco Cessation	Tobacco cessation is a prevention goal Decided that not relevant for MT. Enter code 8 (N/A)	1	Numeric	8 (N/A)
Enroll_Var_5	Weight Control	Controlling or reducing weight is a prevention goal	1	Numeric	1 (Yes)
Enroll_Var_6	Lower Cholesterol	Lowering cholesterol levels is a prevention goal	1	Numeric	1 (Yes)
Enroll_Var_7	Lower Blood Pressure	Lowering blood pressure is a prevention goal	1	Numeric	1 (Yes)
Enroll_Var_8	Diabetes Control	Avoiding/managing diabetes is a prevention goal	1	Numeric	1 (Yes)
Enroll_Var_9	Manage Behavioral Health	Controlling and managing behavioral health conditions is a prevention goal Decided this is not relevant for MT. Enter code 8 (N/A)	1	Numeric	8 (N/A)

Name	Definition	Additional Description	Width	Type	Value/Format
Enroll_Var_1 0	Provider Agency	Name of the agencies providing the program services. For e.g., YMCA, xxx clinic	2	Numeric	1 (Community Medical Center) 2 (St. Peters Hospital) 3 (St. Vincent Hospital) 4 (Holy Rosary Healthcare) 5 (Kalispell Regional Medical Center or its Eureka location) 6 (Barrett Hospital & HealthCare) 7 (Benefis Health System) 8 (Billings Clinic) 9 (Teton Medical Center) 10 (Bozeman Deaconess) 11 (St. Patrick Hospital and Health Sciences Center) 12 (Butte Diabetes Network) 13 (Missoula City-County Health Department) 14 (St. John Lutheran Hospital)
Enroll_Var_1 1	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/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Enroll_Var_1 2	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	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)	8	String/ Numeric	MMDDYYYY 88888888 (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. Data not available for MT. Enter code 88 (N/A)	2	Numeric	88 (N/A)

Table B2. Service Utilization

Name	Definition	Additional Description	Width	Type	Value/Format
Serv_Var_1	Service No. 1 - Number of Units	Lifestyle Coaching Sessions - Core	2	Numeric	xx 99 (Missing/unknown)
Serv_Var_2	Service No. 2 - Number of Units	Lifestyle Coaching Sessions – After Core	2	Numeric	xx 99 (Missing/unknown)

Table B3. Incentives

Name	Definition	Additional Description	Width	Type	Value/Format
Incent_Var_1	Incentive No. 1 - Dollar Value	Complete session (Sessions 1 and 2, $10)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_2	Incentive No. 2 - Dollar Value	Complete session and monitor fat intake $\geq$4 days per week (Sessions 3-5, $10)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_3	Incentive No. 3 - Dollar Value	Complete session, monitor fat intake $\geq$4 days per week, and achieve $\geq$60 minutes of physical activity per week (Session 6, $10)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_4	Incentive No. 4 - Dollar Value	Complete session, monitor fat intake $\geq$4 days per week, and achieve $\geq$90 minutes of physical activity per week (Session 7, $10)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)

Name	Definition	Additional Description	Width	Type	Value/Format
Incent_Var_5	Incentive No. 5 - Dollar Value	Complete session, monitor fat intake ≥4 days per week, and achieve ≥120 minutes of physical activity per week (Session 8, $10)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_6	Incentive No. 6 - Dollar Value	Complete session, monitor fat intake ≥4 days per week, and achieve ≥150 minutes of physical activity per week (Sessions 9 - 16, $10)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_7	Incentive No. 7 - Dollar Value	Achieve ≥5% and <7%weight loss from session 1 to 16 ($50)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_8	Incentive No. 8 - Dollar Value	Achieve ≥7% weight loss from session 1 to 16 ($70)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_9	Incentive No. 9 - Dollar Value	Complete session (After-core monthly sessions 1 – 6, $10)	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_10	Incentive No. 10 - Dollar Value	Complete weigh in (Six-month follow-up, $25)	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	Height	Inches	3	Numeric	xxx 999 (Missing/unknown)
Outcome_Var_2	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_3	Weight	Pounds	4	Numeric	xxxx 9999 (Missing/unknown)
Outcome_Var_4	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_5	BMI	Body Mass Index	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	Systolic BP	mm Hg	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	Diastolic BP	mm Hg	3	Numeric	xxx 999 (Missing/unknown)

Name	Definition	Additional Description	Width	Type	Value/Format
Outcome_Var_10	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_11	HDL	mg/dL	3	Numeric	xxx 999 (Missing/unknown)
Outcome_Var_12	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_13	LDL	mg/dL	3	Numeric	xxx 999 (Missing/unknown)
Outcome_Var_14	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_15	Triglycerides	mg/dL	3	Numeric	xxx 999 (Missing/unknown)
Outcome_Var_16	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_17	Fasting Blood Glucose	mg/dL	3	Numeric	xxx 999 (Missing/unknown)
Outcome_Var_18	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_19	Oral Glucose Tolerance Test	mg/dL	3	Numeric	xxx 999 (Missing/unknown)
Outcome_Var_20	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_21	Random Blood Glucose	mg/dL	3	Numeric	xxx 999 (Missing/unknown)
Outcome_Var_22	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_23	HbA1c	Percentage	4	Numeric	xxxx 9999 (Missing/unknown)
Outcome_Var_24	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_25	Fat Intake	Grams	4	Numeric	xxxx 9999 (Missing/unknown)
Outcome_Var_26	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_27	Physical Activity	Minutes per week	3	Numeric	xxx 999 (Missing/unknown)
Outcome_Var_28	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)