MEDICAID INCENTIVES FOR PREVENTION OF CHRONIC DISEASES (MIPCD)

MINIMUM DATA SET – Hawaii

# 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) |
| 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) |
| 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  (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 | 8 (Diabetes) |
| Enroll\_Var\_2 | Outreach | Source of outreach and recruitment into the program | 2 | Numeric | 1 (Direct-to-participant outreach telephone call by Medicaid managed care organization)  2 (Direct-to-participant outreach telephone call by program implementing/outreach organization such as the YMCA),  3 (Direct-to-participant outreach mailing by Medicaid managed care organization),  4 (Provider outreach at medical home/ primary care practice/specialty care practice/clinic),  5 (Provider outreach at Federally Qualified Community Health Center), &  6 (Outreach during health education class or event)  7 (Outreach during community screening, health fairs)  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 (CHC – HI PRAISE for Persons with Diabetes)  2 (Private Provider HI PRAISE Cross-Over Study: T1 (Coaching) )  3 (Private Provider HI PRAISE Cross-Over Study: T2 (Coaching + Incentives))  99 (Missing/unknown) |
| Enroll\_Var\_3a | Cross-over Status of Site | Code of the order in which the intervention site where the participant is enrolled crosses over if he/she is enrolled in the Private Provider HI PRAISE Cross-Over Study | 1 | Numeric | 1 (T1 (Coaching) to T2 (Coaching + Incentives))  2 (T2 (Coaching + Incentives) to T1 (Coaching))  9 (Missing/unknown) |
| Enroll\_Var\_3b | Cross-over Status of Enrollee | Whether the enrollee crossed over between T1 and T2 | 1 | Numeric | 1 (Yes)  2 (No)  9 (Missing) |
| Enroll\_Var\_3c | Date of Cross-over | Date on which the enrollee (i.e., her site) crossed over | 8 | String/ Numeric | MMDDYYYY  88888888  (N/A)  99999999 (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 | 2 | Numeric | 11 (KPHC)  12 (KKV)  13 (Koolauloa)  14 (Waianae)  15 (Waikiki)  16 (Waimanalo)  17 Queen Emma Clinic  18 (Straub Clinic)  19 (Physician Center at Mililani and WGH)  21 (CC Maui)  22 (Hana health)  23 (Maui Medical Group)  31 (Hoolalahui Hawaii)  32 (Kauai Medical Clinic) 41 (Molokai CHC)  51 (Lanai CHC)  61 (Bay clinic)  62 (Hamakua)  63 (West Hawaii CHC)  64 Alii Health Center  99 (Missing/unknown) |
| Enroll\_Var\_10a | MCO Status | Medicaid Managed Care Organization status | 1 | Numeric | 1 (Medicaid FFS)  2(United Healthcare QEXA)  3 (United Healthcare Quest)  4 (Ohana QEXA)  5 (Ohana Quest)  6 (AlohaCare Quest)  7 (HMSA Quest)  8 (Kaiser Quest)  9 (Missing/unknown) |
| 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 in the demonstration.  (Since multiple enrollments are not possible for HI, this date is that of the one and only enrollment into Hi-Praise) | 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 HI as it envisions only single enrollments.) | 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) may be provided.  (Decided not relevant for HI as it envisions only single enrollments.) | 8 | String/ Numeric | 888888888 (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 HI as it envisions only single enrollments.) | 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 | Consultation with health coaches | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |
| Serv\_Var\_2 | Service No. 2 - Number of Units | Blood test | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |
| Serv\_Var\_3 | Service No. 3 - Number of Units | Diabetes education session – individual | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |
| Serv\_Var\_4 | Service No. 4 - Number of Units | Diabetes education session – group | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |
| Serv\_Var\_5 | Service No. 5 - Number of Units | Smoking cessation counseling - individual | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |
| Serv\_Var\_6 | Service No. 6 - Number of Units | Smoking cessation counseling – group | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |
| Serv\_Var\_7 | Service No. 7 - Number of Units | Behavioral health counseling session | 2 | Numeric | xx  88 (N/A)  99 (Missing/unknown) |
| Serv\_Var\_8 | Service No. 8 - Number of Units | Retinal eye exam visit | 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 - Dollar Value | Influenza and /or pneumococcal vaccination ($20) | 4 | Numeric | xxxx  8888 (N/A)  9999 (Missing/unknown) |
| Incent\_Var\_1a | Incentive No. 1 - Item | Influenza and /or pneumococcal vaccination ($20) | 1 | Numeric | 1 (Dollars)  2 (Gift Cards)  3 (Gift Certificates)  4 (Gift Items)  5 (Vouchers)  6 (Other)  8 (N/A)  9 (Missing) |
| Incent\_Var\_2 | Incentive No. 2 - Dollar Value | Retinal eye exam ($20) | 4 | Numeric | xxxx  8888 (N/A)  9999 (Missing/unknown) |
| Incent\_Var\_2a | Incentive No. 2 - Item | Retinal eye exam ($20) | 1 | Numeric | 1 (Dollars)  2 (Gift Cards)  3 (Gift Certificates)  4 (Gift Items)  5 (Vouchers)  6 (Other)  8 (N/A)  9 (Missing) |
| Incent\_Var\_3 | Incentive No. 3 - Dollar Value | Cholesterol test ($20) | 4 | Numeric | xxxx  8888 (N/A)  9999 (Missing/unknown) |
| Incent\_Var\_3a | Incentive No. 3 - Item | Cholesterol test ($20) | 1 | Numeric | 1 (Dollars)  2 (Gift Cards)  3 (Gift Certificates)  4 (Gift Items)  5 (Vouchers)  6 (Other)  8 (N/A)  9 (Missing) |
| Incent\_Var\_4 | Incentive No. 4 - Dollar Value | HbA1c test ($20) | 4 | Numeric | xxxx  8888 (N/A)  9999 (Missing/unknown) |
| Incent\_Var\_4a | Incentive No. 4 - Item | HbA1c test ($20) | 1 | Numeric | 1 (Dollars)  2 (Gift Cards)  3 (Gift Certificates)  4 (Gift Items)  5 (Vouchers)  6 (Other)  8 (N/A)  9 (Missing) |
| Incent\_Var\_5 | Incentive No. 5 - Dollar Value | Decrease in HbA1c to ≤ 7 or by 1 percentage point ($20) | 4 | Numeric | xxxx  8888 (N/A)  9999 (Missing/unknown) |
| Incent\_Var\_5a | Incentive No. 5 - Item | Decrease in HbA1c to ≤ 7 or by 1 percentage point ($20) | 1 | Numeric | 1 (Dollars)  2 (Gift Cards)  3 (Gift Certificates)  4 (Gift Items)  5 (Vouchers)  6 (Other)  8 (N/A)  9 (Missing) |
| Incent\_Var\_6 | Incentive No. 6 - Dollar Value | Attending smoking cessation session ($25) | 4 | Numeric | xxxx  8888 (N/A)  9999 (Missing/unknown) |
| Incent\_Var\_6a | Incentive No. 6 - Item | Attending smoking cessation session ($25) | 1 | Numeric | 1 (Dollars)  2 (Gift Cards)  3 (Gift Certificates)  4 (Gift Items)  5 (Vouchers)  6 (Other)  99 (Missing) |
| Incent\_Var\_7 | Incentive No. 7 - Dollar Value | Attending behavioral health counseling session ($25) | 4 | Numeric | xxxx  8888 (N/A)  9999 (Missing/unknown) |
| Incent\_Var\_7a | Incentive No. 7 - Item | Attending behavioral health counseling session ($25) | 1 | Numeric | 1 (Dollars)  2 (Gift Cards)  3 (Gift Certificates)  4 (Gift Items)  5 (Vouchers)  6 (Other)  99 (Missing) |
| Incent\_Var\_8 | Incentive No. 8 - Dollar Value | Attending first diabetes education session ($25) | 4 | Numeric | xxxx  8888 (N/A)  9999 (Missing/unknown) |
| Incent\_Var\_8a | Incentive No. 8 - Item | Attending first diabetes education session ($25) | 1 | Numeric | 1 (Dollars)  2 (Gift Cards)  3 (Gift Certificates)  4 (Gift Items)  5 (Vouchers)  6 (Other)  99 (Missing) |
| Incent\_Var\_9 | Incentive No. 9 - Dollar Value | Attending diabetes education classes  Give the total amount paid during the quarter on all the different items | 4 | Numeric | xxxx  8888 (N/A)  9999 (Missing/unknown) |
| Incent\_Var\_9a | Incentive No. 8 – Item 1 | Attending diabetes education classes (Food) | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Incent\_Var\_9b | Incentive No. 8 – Item 2 | Attending diabetes education classes (Water bottle) | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Incent\_Var\_9c | Incentive No. 8 – Item 3 | Attending diabetes education classes (Pedometer) | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Incent\_Var\_9d | Incentive No. 8 – Item 4 | Attending diabetes education classes (Household items) | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Incent\_Var\_9e | Incentive No. 8 – Item 5 | Attending diabetes education classes (Cosmetics) | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Incent\_Var\_9f | Incentive No. 8 – Item 6 | Attending diabetes education classes (Stationery) | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Incent\_Var\_9g | Incentive No. 8 – Item 7 | Attending Diabetes education classes (Diabetes specialty items) | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Incent\_Var\_9h | Incentive No. 8 – Item 8 | Attending diabetes education classes (Other) | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Incent\_Var\_10 | Incentive No. 10 - Dollar Value | Weight loss of 7% ($50) | 4 | Numeric | xxxx  8888 (N/A)  9999 (Missing/unknown) |
| Incent\_Var\_10a | Incentive No. 10 - Item | Weight loss of 7% ($50) | 1 | Numeric | 1 (Dollars)  2 (Gift Cards)  3 (Gift Certificates)  4 (Gift Items)  5 (Vouchers)  6 (Other)  8 (N/A)  9 (Missing) |

Table B4. Health and Behavioral Outcomes

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Outcome\_Var\_1 | Height | Inches | 3 | Numeric | xx  99 (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 Blood Pressure | 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 Blood Pressure | mm Hg | 3 | Numeric | xxx  999 (Missing/unknown) |
| Outcome\_Var\_10 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Outcome\_Var\_11 | Fasting Blood Sugar | 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 | Random Blood Sugar | 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 | Hemoglobin A1c | Percentage | 4 | Numeric | xxxx  9999 (Missing/unknown) |
| Outcome\_Var\_16 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Outcome\_Var\_17 | Total Cholesterol | 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 | Triglycerides | mg/dL | 4 | Numeric | xxxx  9999 (Missing/unknown) |
| Outcome\_Var\_20 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Outcome\_Var\_21 | LDL | 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 | HDL | mg/dL | 3 | Numeric | xxx  999 (Missing/unknown) |
| Outcome\_Var\_24 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Outcome\_Var\_25 | Urine for Microalbumin | Mg | 7 | Numeric | xxxx.xx  9999.99 (Missing/unknown) |
| Outcome\_Var\_26 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Outcome\_Var\_27 | DM Retinopathy | Whether has DM retinopathy | 1 | Numeric | 1 (Yes)  2 (No)  9 (Missing/unknown) |
| Outcome\_Var\_28 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Outcome\_Var\_29 | Smoking Cessation | Whether quit smoking for six months or more | 1 | Numeric | 1 (Yes)  2 (No)  8 (N/A)  9 (Missing/unknown) |
| Outcome\_Var\_30 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Outcome\_Var\_31 | Influenza Vaccination | Whether received | 1 | Numeric | 1 (Yes)  2 (No)  9 (Missing/unknown) |
| Outcome\_Var\_32 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |
| Outcome\_Var\_33 | Pneumococcal Vaccination | Whether received | 1 | Numeric | 1 (Yes)  2 (No)  9 (Missing/unknown) |
| Outcome\_Var\_34 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY  99999999 (Missing/unknown) |