

**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)

Name	Definition	Additional Description	Width	Type	Value/Format
Rec_Var_4	Program Completion Quarter	<p>Quarter of completing the MIPCD program</p> <p>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.</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)
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 (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		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 (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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

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) 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	Numeri c	xx 88 (N/A) 99 (Missing/unknown)
Serv_Var_2	Service No. 2 - Number of Units	Blood test	2	Numeri c	xx 88 (N/A) 99 (Missing/unknown)
Serv_Var_3	Service No. 3 - Number of Units	Diabetes education session - individual	2	Numeri c	xx 88 (N/A) 99 (Missing/unknown)
Serv_Var_4	Service No. 4 - Number of Units	Diabetes education session - group	2	Numeri c	xx 88 (N/A) 99 (Missing/unknown)
Serv_Var_5	Service No. 5 - Number of Units	Smoking cessation counseling - individual	2	Numeri c	xx 88 (N/A) 99 (Missing/unknown)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
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)

Name	Definition	Additional Description	Width	Type	Value/Format
Outcome_Var_2 5	Urine for Microalbumin	Mg	7	Numeric	xxxx.xx 9999.99 (Missing/unknown)
Outcome_Var_2 6	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_2 7	DM Retinopathy	Whether has DM retinopathy	1	Numeric	1 (Yes) 2 (No) 9 (Missing/unknown)
Outcome_Var_2 8	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_2 9	Smoking Cessation	Whether quit smoking for six months or more	1	Numeric	1 (Yes) 2 (No) 8 (N/A) 9 (Missing/unknown)
Outcome_Var_3 0	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_3 1	Influenza Vaccination	Whether received	1	Numeric	1 (Yes) 2 (No) 9 (Missing/unknown)
Outcome_Var_3 2	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_3 3	Pneumococcal Vaccination	Whether received	1	Numeric	1 (Yes) 2 (No) 9 (Missing/unknown)
Outcome_Var_3 4	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)