MEDICAID INCENTIVES FOR PREVENTION OF CHRONIC DISEASES (MIPCD)

MINIMUM DATA SET – New Hampshire

# 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 quarterProvide 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 | MMDDYYYY88888888 (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 | MMDDYYYY99999999 (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 completedOnly 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 baselineState can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)2 (No)9 (Missing/unknown) |
| Core\_Var\_7 | Hypertension at Baseline | Whether had high blood pressure at baselineState can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)2 (No)9 (Missing/unknown) |
| Core\_Var\_8 | Heart Disease at Baseline | Whether had heart disease at baselineState can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)2 (No)9 (Missing/unknown) |
| Core\_Var\_9 | Smoking Status at Baseline | Whether a smoker at baselineState can use its own definition of the condition depending on data availability. | 1 | Numeric | 1 (Yes)2 (No)9 (Missing/unknown) |
| Core\_Var\_10 | Date of Lapse of Medicaid Eligibility | Date of losing Medicaid eligibility during the quarter | 8 | String/ Numeric | MMDDYYYY88888888(Not applicable)99999999 (Missing/unknown) |
| Core\_Var\_11 | Date of Regaining Medicaid Eligibility | Date of regaining Medicaid eligibility during the quarter | 8 | String/ Numeric | MMDDYYYY88888888(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 | 7 (Smoker – Mental health diagnoses)13 (Overweight/Obese – Mental health diagnoses)99 (Missing/unknown) |
| Enroll\_Var\_2 | Outreach | Source of outreach and recruitment into the program  | 2 | Numeric | 1(Advertisement at CMHC) 2 (Advertisement at peer support agency)3 (Informational session at CMHC)4 (Friend)5 (Family member)6 (CMHC staff)7 (Advertisement in community location)8 (Advertisement in medical provider’s office)9 (Guardian)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 (Gym Membership)2 (Gym Membership + Monetary Incentives)3 (In SHAPE)4 (In SHAPE + Monetary Incentives)5 (Weight Watchers)6 (Weight Watchers + Monetary Incentives)7 (In SHAPE + Weight Watchers)8 (In SHAPE + Weight Watchers + Monetary Incentives)9 (Prescriber Referral)10 (Prescriber Referral + Monetary Incentives)11 (Prescriber Referral + Quitline)12 (Prescriber Referral + Quitline + Monetary Incentives)13 (Prescriber Referral + CBT)14 (Prescriber Referral + CBT + Monetary Incentives)99 (Missing/unknown) |
| Enroll\_Var\_3a | Simultaneous Enrollment | Whether enrollee is simultaneously enrolled in two program arms. For e.g., simultaneously enrolled in the weight management and smoking cessation programs | 1 | Numeric | 1 (Yes)2 (No)9 (Missing/unknown) |
| Enroll\_Var\_4 | Tobacco Cessation  | Tobacco cessation is a prevention goal | 1 | Numeric | 1 (Yes)2 (No)8(Not applicable)9 (Missing)  |
| Enroll\_Var\_5 | Weight Control | Controlling or reducing weight is a prevention goal | 1 | Numeric | 1 (Yes)2 (No)8(Not applicable)9 (Missing)  |
| Enroll\_Var\_6 | Lower Cholesterol | Lowering cholesterol levels is a prevention goal | 1 | Numeric | 1 (Yes)2 (No)8(Not applicable)9 (Missing)  |
| Enroll\_Var\_7 | Lower Blood Pressure | Lowering blood pressure is a prevention goal | 1 | Numeric | 1 (Yes)2 (No)8(Not applicable)9 (Missing)  |
| Enroll\_Var\_8 | Diabetes Control | Avoiding/managing diabetes is a prevention goal | 1 | Numeric | 1 (Yes)2 (No)8(Not applicable)9 (Missing)  |
| Enroll\_Var\_9 | Manage Behavioral Health | Controlling and managing behavioral health conditions is a prevention goal | 1 | Numeric | 1 (Yes)2 (No)8(Not applicable)9 (Missing) |
| Enroll\_Var\_10 | Provider Agency | Name of the agencies providing the program services. For e.g., YMCA, xxx clinic  | 2 | Numeric | 1 (CMHC in Concord)2 (CMHC in Nashua)3 (CMHC in Derry)4 (CMHC in Manchester)5 (CMHC in Lebanon)6 (CMHC in Keene)7 (CMHC in Portsmouth)8 (CMHC in Dover)9 (CMHC in North Country)10 (CMHC in Laconia)99 (Missing/unknown) |
| Enroll\_Var\_11 | Date of Current Enrollment | Date of enrollment in the programDate of current (latest) enrollment for those participants for whom the current enrollment is not their first enrollment | 8 | String/ Numeric | MMDDYYYY99999999 (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 NH as reenrollment is not allowed.)  | 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)(Decided not relevant for NH as reenrollment is not allowed.) | 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 NH as reenrollment is not allowed.) | 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  | In SHAPE Health Mentor sessions | 2 | Numeric | xx88 (N/A)99 (Missing/unknown) |
| Serv\_Var\_2 | Service No. 2 - Number of Units  | CBT Telephone Counselor sessions | 2 | Numeric | xx88 (N/A)99 (Missing/unknown) |
| Serv\_Var\_3 | Service No. 3 – Number of Units  | Gym sessions  | 2 | Numeric | xx88 (N/A)99 (Missing/unknown) |
| Serv\_Var\_4 | Service No. 4 – Number of Units  | Weight Watchers meetings  | 2 | Numeric | xx88 (N/A)99 (Missing/unknown) |
| Serv\_Var\_5 | Service No. 5 – Number of Units  | Quitline calls  | 2 | Numeric | xx88 (N/A)99 (Missing/unknown) |
| Serv\_Var\_6 | Service No. 6 – Receipt  | Whether completed Electronic Decision Support System | 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 - Dollar Value  |  Monthly gym membership (Approx. $20) | 4 | Numeric | xxxx8888 (N/A)9999 (Missing/unknown) |
| Incent\_Var\_2 | Incentive No. 2 - Dollar Value  | Monthly Weight Watchers membership (Approx. $21) | 4 | Numeric | xxxx8888 (N/A)9999 (Missing/unknown) |
| Incent\_Var\_3 | Incentive No. 3 - Dollar Value  | Attending gym session ($5) | 4 | Numeric | xxxx8888 (N/A)9999 (Missing/unknown) |
| Incent\_Var\_4 | Incentive No. 4 - Dollar Value  | Attending weekly in-person Weight Watchers meeting ($10) | 4 | Numeric | xxxx8888 (N/A)9999 (Missing/unknown) |
| Incent\_Var\_5 | Incentive No. 5 - Dollar Value  | Completing quarterly assessment ( $15) | 4 | Numeric | xxxx8888 (N/A)9999 (Missing/unknown) |
| Incent\_Var\_6 | Incentive No. 6 - Dollar Value  | Completing online EDSS - motivational tool for smoking cessation ($10) | 4 | Numeric | xxxx8888 (N/A)9999 (Missing/unknown) |
| Incent\_Var\_7 | Incentive No. 7 - Dollar Value  | Group 1 - Meeting with prescriber to learn about smoking cessation meds ($30) | 4 | Numeric | xxxx8888 (N/A)9999 (Missing/unknown) |
| Incent\_Var\_8 | Incentive No. 8 - Dollar Value  | Group 2 or 3 - Meeting with prescriber to learn about smoking cessation meds ($15) | 4 | Numeric | xxxx8888 (N/A)9999 (Missing/unknown) |
| Incent\_Var\_9 | Incentive No. 9 - Dollar Value  | Completing Quitline call ($20) | 4 | Numeric | xxxx8888 (N/A)9999 (Missing/unknown) |
| Incent\_Var\_10 | Incentive No. 10 - Dollar Value  | Complete telephone CBT for smoking cessation ($5) | 4 | Numeric | xxxx8888 (N/A)9999 (Missing/unknown) |
| Incent\_Var\_11 | Incentive No. 11 - Receipt | In SHAPE celebration (non-monetary incentive, one per quarter) | 1 | Numeric  | 1 (Yes)2 (No)8 (N/A)9 (Missing/unknown)  |
| Incent\_Var\_12 | Incentive No. 12 - Frequency  | No. of times transportation assistance was provided (non-monetary incentive) | 3 | Numeric | xxx 888 (N/A)999 (Missing/unknown) |

Table B4. Health and Behavioral Outcomes

| **Name** | **Definition** | **Additional Description** | **Width** | **Type** | **Value/Format** |
| --- | --- | --- | --- | --- | --- |
| Outcome\_Var\_1 | Cardiorespiratory Fitness (6MWT) | Pulse rate | 3 | Numeric | xxx888 (N/A)999 (Missing/unknown) |
| Outcome\_Var\_2 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY99999999 (Missing/unknown) |
| Outcome\_Var\_3 | BMI | Body mass index | 3 | Numeric | xxx888 (N/A)999 (Missing/unknown) |
| Outcome\_Var\_4 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY99999999 (Missing/unknown) |
| Outcome\_Var\_5 | Waist Circumference | Inches | 3 | Numeric | xxx888 (N/A)999 (Missing/unknown) |
| Outcome\_Var\_6 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY99999999 (Missing/unknown) |
| Outcome\_Var\_7 | Minutes of exercise (point prevalence for one week) | Minutes | 4 | Numeric | xxxx8888 (N/A)9999 (Missing/unknown) |
| Outcome\_Var\_8 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY99999999 (Missing/unknown) |
| Outcome\_Var\_9 | HDL | mg/dL | 3 | Numeric | xxx888 (N/A)999 (Missing/unknown) |
| Outcome\_Var\_10 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY99999999 (Missing/unknown) |
| Outcome\_Var\_11 | LDL | mg/dL | 3 | Numeric | xxx888 (N/A)999 (Missing/unknown) |
| Outcome\_Var\_12 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY99999999 (Missing/unknown) |
| Outcome\_Var\_13 | Triglycerides |  mg/dL | 3 | Numeric | xxx888 (N/A)999 (Missing/unknown) |
| Outcome\_Var\_14 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY99999999 (Missing/unknown) |
| Outcome\_Var\_15 | Total Cholesterol |  mg/dL | 3 | Numeric | xxx888 (N/A)999 (Missing/unknown) |
| Outcome\_Var\_16 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY99999999 (Missing/unknown) |
| Outcome\_Var\_17 | Fasting Blood Glucose | mg/dL | 3 | Numeric | xxx888 (N/A)999 (Missing/unknown) |
| Outcome\_Var\_18 | Date of Measurement | Date of most recent measurement  | 8 | String/ Numeric | MMDDYYYY 99999999 (Missing/unknown) |
| Outcome\_Var\_19 | HbA1c  | Percentage | 4 | Numeric | xxxx888 (N/A)9999 (Missing/unknown) |
| Outcome\_Var\_20 | Date of Measurement | Date of most recent measurement  | 8 | String/ Numeric | MMDDYYYY 99999999 (Missing/unknown) |
| Outcome\_Var\_21 | Smoking Status | Whether smoke (self-reported)  | 1 | Numeric | 1 (Yes)2 (No)8 (N/A)9 (Missing/unknown)  |
| Outcome\_Var\_22 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY99999999 (Missing/unknown) |
| Outcome\_Var\_23 | Cigarettes per day | Number of cigarettes per day | 3 | Numeric | xxx888 (N/A)999 (Missing/unknown) |
| Outcome\_Var\_24 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY99999999 (Missing/unknown) |
| Outcome\_Var\_25 | CO Level | ppm | 3 | Numeric | xxx888 (N/A)999 (Missing/unknown) |
| Outcome\_Var\_26 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY99999999 (Missing/unknown) |
| Outcome\_Var\_27 | Cotinine Level | ng/ml | 3 | Numeric | xxx888 (N/A)999 (Missing/unknown) |
| Outcome\_Var\_28 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY99999999 (Missing/unknown) |
| Outcome\_Var\_29 | Quit Attempts | Number of quit attempts in the last three months | 2 | Numeric | xx88 (N/A)99 (Missing/unknown) |
| Outcome\_Var\_30 | Date of Measurement | Date of most recent measurement | 8 | String/ Numeric | MMDDYYYY99999999 (Missing/unknown) |