

**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 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) 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) 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) 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) 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 (Not applicable) 99999999 (Missing/unknown)
Core_Var_11	Date of Regaining Medicaid Eligibility	Date of regaining Medicaid eligibility during the quarter	8	String/ Numeric	MMDDYYYY 88888888 (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)

Name	Definition	Additional Description	Width	Type	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	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)

Name	Definition	Additional Description	Width	Type	Value/Format
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 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)

Name	Definition	Additional Description	Width	Type	Value/Format
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. (Decided not relevant for NH as reenrollment is not allowed.)	2	String	88 (N/A)
Enroll_Var_1 3	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	88888888 (N/A)
Enroll_Var_1 4	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	Numeri c	xx 88 (N/A) 99 (Missing/unknown)
Serv_Var_2	Service No. 2 - Number of Units	CBT Telephone Counselor sessions	2	Numeri c	xx 88 (N/A) 99 (Missing/unknown)
Serv_Var_3	Service No. 3 - Number of Units	Gym sessions	2	Numeri c	xx 88 (N/A) 99 (Missing/unknown)
Serv_Var_4	Service No. 4 - Number of Units	Weight Watchers meetings	2	Numeri c	xx 88 (N/A) 99 (Missing/unknown)

Name	Definition	Additional Description	Width	Type	Value/Format
Serv_Var_5	Service No. 5 - Number of Units	Quitline calls	2	Numeri c	xx 88 (N/A) 99 (Missing/unknown)
Serv_Var_6	Service No. 6 - Receipt	Whether completed Electronic Decision Support System	1	Numeri c	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	Numeri c	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_2	Incentive No. 2 - Dollar Value	Monthly Weight Watchers membership (Approx. \$21)	4	Numeri c	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_3	Incentive No. 3 - Dollar Value	Attending gym session (\$5)	4	Numeri c	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_4	Incentive No. 4 - Dollar Value	Attending weekly in-person Weight Watchers meeting (\$10)	4	Numeri c	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_5	Incentive No. 5 - Dollar Value	Completing quarterly assessment (\$15)	4	Numeri c	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_6	Incentive No. 6 - Dollar Value	Completing online EDSS - motivational tool for smoking cessation (\$10)	4	Numeri c	xxxx 8888 (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	Numeri c	xxxx 8888 (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	Numeri c	xxxx 8888 (N/A) 9999 (Missing/unknown)
Incent_Var_9	Incentive No. 9 - Dollar Value	Completing Quitline call (\$20)	4	Numeri c	xxxx 8888 (N/A) 9999 (Missing/unknown)

Name	Definition	Additional Description	Width	Type	Value/Format
Incent_Var_10	Incentive No. 10 - Dollar Value	Complete telephone CBT for smoking cessation (\$5)	4	Numeric	xxxx 8888 (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	xxx 888 (N/A) 999 (Missing/unknown)
Outcome_Var_2	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_3	BMI	Body mass index	3	Numeric	xxx 888 (N/A) 999 (Missing/unknown)
Outcome_Var_4	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_5	Waist Circumference	Inches	3	Numeric	xxx 888 (N/A) 999 (Missing/unknown)
Outcome_Var_6	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_7	Minutes of exercise (point prevalence for one week)	Minutes	4	Numeric	xxxx 8888 (N/A) 9999 (Missing/unknown)
Outcome_Var_8	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_9	HDL	mg/dL	3	Numeric	xxx 888 (N/A) 999 (Missing/unknown)

Name	Definition	Additional Description	Width	Type	Value/Format
Outcome_Var_1 0	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_1 1	LDL	mg/dL	3	Numeric	xxx 888 (N/A) 999 (Missing/unknown)
Outcome_Var_1 2	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_1 3	Triglycerides	mg/dL	3	Numeric	xxx 888 (N/A) 999 (Missing/unknown)
Outcome_Var_1 4	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_1 5	Total Cholesterol	mg/dL	3	Numeric	xxx 888 (N/A) 999 (Missing/unknown)
Outcome_Var_1 6	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_1 7	Fasting Blood Glucose	mg/dL	3	Numeric	xxx 888 (N/A) 999 (Missing/unknown)
Outcome_Var_1 8	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_1 9	HbA1c	Percentage	4	Numeric	xxxx 888 (N/A) 9999 (Missing/unknown)
Outcome_Var_2 0	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_2 1	Smoking Status	Whether smoke (self-reported)	1	Numeric	1 (Yes) 2 (No) 8 (N/A) 9 (Missing/unknown)
Outcome_Var_2 2	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_2 3	Cigarettes per day	Number of cigarettes per day	3	Numeric	xxx 888 (N/A) 999 (Missing/unknown)

Name	Definition	Additional Description	Width	Type	Value/Format
Outcome_Var_2 4	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)
Outcome_Var_2 5	CO Level	ppm	3	Numeric	xxx 888 (N/A) 999 (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	Cotinine Level	ng/ml	3	Numeric	xxx 888 (N/A) 999 (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	Quit Attempts	Number of quit attempts in the last three months	2	Numeric	xx 88 (N/A) 99 (Missing/unknown)
Outcome_Var_3 0	Date of Measurement	Date of most recent measurement	8	String/ Numeric	MMDDYYYY 99999999 (Missing/unknown)