

MEMBER INCENTIVE (MI) PROGRAM ANNUAL UPDATE / END OF PROGRAM EVALUATION FORM

Member Incentive (MI) Evaluations are required for all member programs that offer incentives. Complete this form and email it to MMCDHealthEducationMailbox@dhcs.ca.gov and cc your Contract Manager.

End of Program Evaluations are due 45 days after the program has ended.

Annual Updates are required for ongoing programs (includes programs that are recurring and completed periodically with the same purpose *and* target population) – the first one is due 13 months after the program desired start date. Subsequent updates are due annually based on the date of the first Annual Update.

The Managed Care Plan's (MCP's) Qualified Health Educator must review and sign off on all MI Program Annual Updates and Evaluations.

Email subject line must include: MCP name, Sub plan name-if applicable, targeted disease/behavior, MI Annual Update or MI Program Evaluation (e.g. *CA Best HP_ A_ MI Annual Update*). **Include your originally approved MI request form with the email.** For more information, see APL 16-005.

A. Managed Care Plan:

Date:

B. Submitted on behalf of _____, subcontracting MCP N/A

C. Please list the counties where you implemented this incentive program:

Complete: Annual Update

Actual Start Date:

Approved limited term program that has become ongoing

End of Program Evaluation

Date Program Ended:

Approved ongoing program that has ended

1. Was this MI part of a PDSA, PIP, or other QI project? No Yes

2. Targeted Disease/Behavior (as listed on MI request form):

3. Number of members identified as **eligible** for MI program:

4. Number of members who completed the requirements and received the incentive: N/A

5. Number of members who completed the requirements and were entered into the drawing:
 N/A

6. Number of prizes awarded through random drawing: N/A

7. What type(s) of incentives did you offer, what is the current value of each, and how many did you distribute to members? **(Complete the appropriate section(s) of the table below. Explain if and why you made any changes in type or value from the original MI request form)**

Incentive Type	Value	# Provided
<input type="checkbox"/> Gift card; <u>specify type</u> of card (e.g., Target, Walmart, grocery, movie, etc.): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Product or merchandise; <u>specify type</u> (and indicate <u>how it relates</u> to the focus of the incentive program, e.g., glucometer for diabetes): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Tickets; <u>specify type</u> (e.g., movie, local events): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Transportation; <u>specify type</u> (e.g., vouchers or tokens for bus, taxi, etc.): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Enrollment or monthly membership fees; <u>specify type</u> of membership: Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Drawing/Raffle (<u>specify drawing item(s)</u> and maximum number of drawing winners): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Points Rewards Program (<u>how many points will be awarded?</u>): Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#
<input type="checkbox"/> Other, please describe: Explain any changes made to this incentive and/or amount: <input type="checkbox"/> N/A	\$	#

8. Total monetary value of all incentives/raffle prizes listed in question #7 table (see above):

9. Please acknowledge that your MCP has addressed the following:

- MCP has reviewed successes and challenges in the **planning** process for the MI program
- MCP has reviewed successes and challenges in the **implementation** process for the MI Program
- MCP has reviewed successes and challenges in the **evaluation** process for the MI Program
- MCP has identified successes and challenges in **identifying eligible members** for the MI program

MCP has identified successes and challenges in **notifying eligible members** of the MI program

MCP has identified successes and challenges **verifying** the member has completed the required action

MCP has identified successes and challenges impacting the overall **member completion rate**

MCP has identified successes and challenges in **partnering with providers** for the MI program, if applicable

10. Additional comments (if any):

11. MCP Contact Person (person submitting the form and/or person responsible for the program):

Email:

Phone:

12. **The MCP's Qualified Health Educator has reviewed this Annual Update or End of Program Evaluation form.**

Name:

Email:

Date:

Internal MCP Communication/Comments:

DHCS Reviewer's Name and Title:

Date submitted to DHCS:

DHCS Comments: