# Member Incentive program Evaluation Form

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| **MI Program ID Number**:  Click or tap here to enter text. | |
| **Managed Care Plan:** Click or tap here to enter text. | **Date:** Click or tap to enter a date. |
| **Submitting on behalf of subcontracting MCP** | **No  Yes**  **If yes, name of subcontracting MCP:**  Click or tap here to enter text. |
| **1. Is this an annual evaluation or an end-of-program evaluation?** | **Annual Evaluation**  **End-of-Program Evaluation**  **Date Ended:** Click or tap to enter a date.  **Reason(s) for ending the program:**  Choose an item.  Choose an item.  **Comments:** Click or tap here to enter text. |
| **2. What is the reporting period for this evaluation?** *(see the guidance below regarding reporting periods)* | Click or tap here to enter text. |
| **3.** **What is the progress measurement for this reporting period?** *(Based on the same data source listed on the approval form.)* | **Measure name/description:** Click or tap here to enter text.  **Progress Measurement:** Click or tap here to enter text.  **Data Source** *(Should be the same as what was included on the approval form):* Click or tap here to enter text.  **Comments:** Click or tap here to enter text. |
| **4. Number of members identified as eligible for this MI program in this reporting period.** | **Number Eligible:** Click or tap here to enter text. |
| **5. Number of eligible members who completed the requirements and received the incentive in this reporting period.** | **Number Completed:** Click or tap here to enter text. |
| **6. How many incentives were given in this reporting period?** *(Check the box for incentive type used and the count given to members in this reporting period)* | |  | | --- | | **Gift Cards**  **Value: $** Click or tap here to enter text.  **Count:** Click or tap here to enter text. | | **Product/ Merchandise**  **Value: $**Click or tap here to enter text.  **Count:** Click or tap here to enter text.  **Product descriptions:** Click or tap here to enter text. | | **Raffle**  **Value: $** Click or tap here to enter text.  **Count:** Click or tap here to enter text. | | **Tickets/Vouchers**  **Value: $** Click or tap here to enter text.  **Count:** Click or tap here to enter text. | | **Other**  **Value: $** Click or tap here to enter text.  **Count:** Click or tap here to enter text.  **Other incentive description:** Click or tap here to enter text. | |
| **7. Total dollar amount spent on all incentive types for this reporting period.** | **$**Click or tap here to enter text. |
| **8.**  **Summarize barriers to implementation in this reporting period.** *(Optional)* | Click or tap here to enter text. |
| **9.** **Summarize facilitating factors for this MI program.** *(Optional)*  *(Factors that might have supported the project, such as a successful partnership with a community partner to reach members, or a feature in EHR that allowed for better tracking.)* | Click or tap here to enter text. |
| **10. Summarize any changes made to this MI program since the program was approved and/or since the last reporting period. This is a cumulative list that should be included in every reporting period.**  **Check here if there were no changes** | |
| **Date Changes occurred (Month/Year):** | **Describe Changes** *(i.e. increased incentive value to improve participation, changed vendors, added an incentive type)* |
| Click or tap to enter a date. | Click or tap here to enter text. |
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| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. |
| **Additional comments:**  Click or tap here to enter text. | |
| **Name of Qualified Health Educator who reviewed this evaluation form:**  Click or tap here to enter text.  **Email:** Click or tap here to enter text. | |
| **MCP Contact Person** (person submitting the form and/or person responsible for the program):Click or tap here to enter text.  **Email:**Click or tap here to enter text. | |

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| **DHCS Reviewer’s Name and Title:** | Click or tap here to enter text. |
| **Date evaluation was received:** | Click or tap to enter a date. |
| **Reviewer Comments:**  Click or tap here to enter text. | |

**Instructions for reporting:**

**Annual evaluations** are required for ongoing programs and multi-year limited-term programs. Annual evaluations are due 13 months from the planned start date, covering the preceding 12 months. For example, a program with a planned start date of May 1, 2023 will have its first annual evaluation due on June 1, 2024, covering the reporting period of May 1, 2023-April 30, 2024. All subsequent evaluations are due June 1 annually covering the preceding 12 months.

**The reporting period** is the time frame that will be covered in the annual evaluation. If a program starts May 1, 2023, the first annual evaluation will cover the reporting period May 1, 2023-April 30, 2024, the second annual evaluation will cover May 1, 2024-April 30, 2025.

**End-of-program evaluations** for member incentive programs are due 45 days after the program end date. If this is a limited-term program that is more than 12 months long, then evaluations are due annually as described above under ‘annual evaluations,’ and the end-of-program evaluation is due 45 days after the program has ended covering the time period since the last annual evaluation.

If an approved program did not start (zero members received the incentive) within the reporting period and you wish to end the program, you may send an email to [MMCDHEALTHEDUCATIONMAILBOX@dhcs.ca.gov](mailto:MMCDHEALTHEDUCATIONMAILBOX@dhcs.ca.gov) to cancel the program. No end-of-program evaluation is required. If you wish to continue the program, then an annual evaluation is required. Please include an explanation of barriers to starting the program for that reporting period in the comments section. You may also send an email to request an adjustment to the “planned start date” as well as the ‘expected end date”, no new or updated applications are needed.