# Survey Incentive program

# Request FOR APPROVAL

Member survey incentive programs require DHCS approval before implementation. Complete and email this form to [MMCDHealthEducationMailbox@dhcs.ca.gov](mailto:MMCDHealthEducationMailbox@dhcs.ca.gov) and CC your DHCS Contract Manager. Submit at least two weeks before the start date to allow sufficient time for review and approval. If less than two weeks, please indicate in the subject line for an expedited review. The Managed Care Plan’s qualified health educator must review the request before submission to DHCS. Please see [APL16-005](https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2016/APL16-005REV.pdf) for more information.

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| **Survey Incentive Program ID Number** (DHCS assigns this after approval):  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. What is the goal of this survey?**  *(i.e. what do you intend to learn from this survey and how will that information be used?)* | Click or tap here to enter text. |
| **2. What counties will you implement this program in?** | Click or tap here to enter text. |
| **3. Planned start date:** | Click or tap to enter a date. |
| **4. What is the expected cutoff date for completed surveys/returns?** | **Ongoing**  **Limited Term—Expected cutoff date:** Click or tap to enter a date. |
| **5. Is this program part of any of these projects?  No**  **PIP**  **PDSA project**  **PNA objective**  **Other QI project** | If yes, please provide the name/title of the project this survey incentive is part of (if applicable):  Click or tap here to enter text. |
| **6. What are the targeted disease(s)/health behavior(s) this program aims to address?** *(See the end of the document for the code list)* | Click or tap here to enter text. |
| **7. Who is eligible to receive the survey** (*i.e. target population and/or eligibility criteria*)**?** | Click or tap here to enter text. |
| **8. What types of incentives will you offer to program participants?** *(check all that apply)* | **Gift Cards Value:$** Click or tap here to enter text.  **Product/ merchandise Value:$** Click or tap here to enter text.  **Product descriptions:** Click or tap here to enter text.  **Raffle Value:$** Click or tap here to enter text.  **Tickets/Vouchers Value:$** Click or tap here to enter text.  **Other Value:$** Click or tap here to enter text. |
| **9. Acknowledgments:**  MCP has determined how eligible members will be identified and contacted for the survey  MCP has considered how to reduce barriers for members to complete the survey  MCP has considered the number/percentage of completed surveys needed to achieve identified goal  MCP has determined whether and how to notify providers of the survey(s)  MCP has defined what will be counted as a completed survey (i.e. majority of questions answered, key questions answered, all questions answered, etc.)  MCP will inform members that gift cards cannot be used for purchasing tobacco, alcohol, or firearms, if applicable  MCP has a process in place to count the number of surveys distributed (mail) or attempted (phone)  MCP has a process in place to count the number of surveys returned (mail) or completed (phone)  MCP has a process in place to count the number of members who received the incentive or were entered into the drawing and received a prize from a drawing  MCP has determined how to assess the implementation process for the survey(s) | |
| **10. A copy of the survey is attached.** | |
| **Additional comments:**  Click or tap here to enter text. | |
| **Name of MCP’s Qualified Health Educator who reviewed the survey incentive program and this MI request 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. | |
| **Comments/Additional Information:**Click or tap here to enter text. | |

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| **DHCS Approver’s Name and Title:** | Click or tap here to enter text. |
| **Date of Approval:** | Click or tap to enter a date. |
| **Approver 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 survey incentive programs are due 60 days after the due date for completed surveys. 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 60 days after the program has ended covering the time period since the last annual evaluation. The reporting period for limited-term programs is from the planned start date to the program end date.

If an approved program did not start (zero members completed the survey and 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 required.

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| **Targeted Disease/ Behavior Code** | **Description of Targeted Disease/ Behavior** |
| A | Asthma |
| ACC | Access to Care |
| ACC-AAP | Adult Access to Ambulatory/Preventive Services |
| ACC-CAP | Children and Adolescent Access to Primary Care |
| AIS | Immunizations-Adult |
| AIS-other | Immunizations-Adult other |
| AMR | Asthma - medication ratio/refilled controllers |
| AWC | Adolescent Well Care (12-21 years) |
| BCS | Breast Cancer Screening |
| BH | Behavioral Healthcare |
| BH-ADD | Behavioral Healthcare-ADHD Medication |
| BH-AMM | Behavioral Healthcare-Antidepressant Medication Management |
| CBP | Controlling High Blood Pressure - Hypertension |
| CCS | Cervical Cancer Screening |
| CDC | Comprehensive Diabetes Care -Screenings |
| CDC-BP | Diabetes Care - Blood Pressure Monitoring |
| CDC-E | Diabetes Care - Retinal Eye Exam |
| CDC-HT | Diabetes Care - HbA1c Test |
| CDC-N | Diabetes Care - Nephropathy |
| CDM | Chronic Disease Management |
| CDM-CM | Chronic Disease Management- Care Management |
| CDM-HIV | Chronic Disease Management- HIV/AIDS Management |
| CDM-MTM | Chronic Disease Management- Medication Therapy Management |
| CIS | Immunizations- Child any combo/shot focus |
| CIS-10 | Immunizations - Child/Toddler Combo 10 |
| CIS-3 | Immunizations - Child/Toddler Combo 3 |
| CIS-other | Immunizations - Child/Toddler other |
| COL | Colon Cancer Screening |
| COPD | COPD |
| DDM | Diabetes Disease Management- Non-Screening |
| DENT | Dental |
| DENT-ADV | Dental- Annual Dental Visit |
| DPP | Diabetes Prevention Program |
| FLU | Flu Shots - any ages |
| HA | Health Assessment |
| HA-IHA | Health Assessment- Initial Health Assessment |
| HA-other | Health Assessment- Other |
| HA-P | Health Assessment- Personal |
| HEC | Health Education Class (General) |
| HH-S | Heart Health-Stroke Prevention |
| HL | Healthy Lifestyle- any ages |
| HL-HE | Healthy Lifestyle- Healthy Eating |
| HL-HWM | Healthy Lifestyle- Healthy Weight Management |
| HL-PA | Healthy Lifestyle- Physical Activity |
| IMA | Immunizations- Adolescent |
| IMA-2 | Immunizations- Adolescent Combo 2 |
| IMA-HPV | Immunizations- Adolescent HPV |
| IMA-Tdap | Immunizations- Adolescent Tdap |
| IZ | Immunizations- General all ages |
| LSC | Lead Screening |
| ME | Member Experience |
| ME- S | Member Experience- Satisfaction |
| ME-ACC | Member Experience- Access to Care |
| ME-BH | Member Experience- Behavioral Health |
| MO | Member Orientation/Use of Health Services |
| MPM | Monitoring Patients on Meds: non-specific |
| MPM-ACE | Monitoring Patients on ACE inhibitors or ARBs |
| MPM-DIU | Monitoring Patients on Diuretics |
| NEWS | Newsletter Feedback |
| OA | Obesity - Adult |
| OCT | Obesity - Child/Teen (Adolescent) |
| OPT | Opt In - text/email contact |
| PPC | Pregnancy |
| PPC-BF | Breastfeeding |
| PPC-Pre | Prenatal |
| PPC-Pst | Postpartum |
| PREV | Preventive Services- all ages |
| SAF | Safety-all ages |
| STI | Sexually Transmitted Infections/Diseases |
| STI-CHL | Chlamydia |
| SUD | Substance Use |
| SUD- ALC | Substance Use- Alcohol |
| SUD- BH | Substance Use- Behavioral Health |
| SUD- TC | Substance Use- Tobacco Cessation |
| SXH | Sexual Health |
| URL | Use of MCP website/online health account |
| URL-C | Health classes/workshops on MCP's website/portal |
| W15 | Well Care Baby (0-15 months) |
| W30 | Well Care Baby (0-30 months) |
| W34 | Well Care Child (3-6 years) |
| W84 | Well Care Child (7-11 years) |
| WCA | Well Care Adult (Age 21+) |
| WCV | Well Care Visit (3-21 years) |
| WH | Women's Health |
| WW | Weight Watchers |

Some Targeted Behaviors/Diseases are naturally able to be grouped together onto an incentive request form. Listed below are some groupings that can be considered regularly when completing forms. However these grouping still must meet the requirements of question number 6 on the form.

* 1. **ACC = Access to Care** could include  ACC-CAP = Children and Adolescent Access to Primary Care; ACC-AAP = Adult Access to Ambulatory/Preventive Services
  2. **BH = Behavioral Healthcare** could include BH-AMM = Behavioral Healthcare-Antidepressant Medication Management; BH-ADD = Behavioral Healthcare-ADHD Medication
  3. **CDC = Comprehensive Diabetes Care-Screenings** could include CDC-BP = Diabetes Care - Blood Pressure Monitoring; CDC-E = Diabetes Care - Retinal Eye Exam; CDC-HT = Diabetes Care - HbA1c Test; CDC-N = Diabetes Care - Nephropathy
  4. **CDM = Chronic Disease Management** could include CDM-CM = Care Management; CDM-MTM = Medication Therapy Management; CDM-HIV = HIV/AIDS Management
  5. **CIS = Immunizations-Child any combo/shot focus** could include CIS-10 = Immunizations - Child/Toddler Combo 10; CIS-3 = Immunizations - Child/Toddler Combo 3; CIS-FLU = Immunizations - Child/Toddler Influenza; CIS-Tdap = Immunizations - Child/Toddler Tdap; CIS-other = Immunizations - Child/Toddler other
  6. **HL = Healthy Lifestyle- any ages** could include HL-HE = Healthy Lifestyle- Healthy Eating; HL-HWM = Healthy Lifestyle- Healthy Weight Management; HL-PA = Healthy Lifestyle- Physical Activity
  7. **IZ = Immunizations-General all ages** could include CIS-10 = Immunizations - Child/Toddler Combo 10; CIS-3 = Immunizations - Child/Toddler Combo 3; CIS-FLU = Immunizations - Child/Toddler Influenza; CIS-Tdap = Immunizations - Child/Toddler Tdap; IZ-HPV = Immunizations- HPV all ages; IMA-HPV = Immunizations-Adolescent HPV; AIS-HPV = Immunizations-Adult HPV; IMA = Immunizations-Adolescent; IMA-Tdap = Immunizations-Adolescent Tdap; IMA-HPV = Immunizations-Adolescent HPV; IMA-2 = Immunizations-Adolescent Combo 2; AIS = Immunizations-Adult; AIS-Flu     = Immunizations-Adult Flu; AIS-Tdap = Immunizations-Adult Tdap; AIS-HPV = Immunizations-Adult HPV
  8. **ME = Member Experience** could include ME-BH = Member Experience - Behavioral Health; ME- S = Member Experience - Satisfaction; ME-ACC = Member Experience - Access to Care
  9. **HA = Health Assessment** could include HA-P = Health Assessment-Personal; HA-IHA = Health Assessment-Initial Health Assessment; HA-other = Health Assessment- Other
  10. **PPC = Pregnancy** could include PPC-Pre = Prenatal; PPC-Pst = Postpartum; PPC-BF = Breastfeeding
  11. **SUD = Substance Use** could include SUD- ALC = Substance Use Alcohol; SUD- BH = Substance Use- Behavioral Health; SUD- TC = Substance Use- Tobacco Cessation
  12. **PREV = Prevention Services** could include W15 = Well Care Baby (0-15 months); W30 = Well Care Baby (0-30 months); W34 = Well Care Child (3-6 years); W84 = Well Care Child (7-11 years); AWC = Adolescent Well Care (12-21 years); WCV = Well Care Visit (3-21 years); WCA = Well Care Adult (Age 21+)
  13. **WH = Women's Health** could include BCS = Breast Cancer Screening; CCS = Cervical Cancer Screening; STI-CHL = Chlamydia; PPC = Pregnancy