MEMBER INCENTIVE PROGRAM
REQUEST FOR APPROVAL

Member incentive programs require DHCS approval before implementation. Complete and email this form to 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 for more information.

Member 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. Provide a SMART objective statement for this MI program: Click or tap here to enter text.	
2. Planned start date:	Click or tap to enter a date.
3. What counties will you implement this program in?	Click or tap here to enter text.
4. Is this a limited-term program or is it ongoing?	☐**Ongoing** ☐**Limited Term—Expected end-date:** Click or tap to enter a date.
5. Is this MI program part of any of these projects? ☐ **No** ☐ **PIP**	If yes, please provide the name/title of the project this member incentive is part of: Click or tap here to enter text.

☐ **PDSA project** ☐ **PNA objective** ☐ **Other QI project**	
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. More than one targeted behavior/disease can be combined in one MI program as long as at least two of these criteria are met: *(Also see list of codes that are commonly grouped together at the end of this document)*	☐ N/A (targeting only one disease/behavior code) ☐ Same incentive type and value ☐ Same population(s) of interest (i.e. the target population, eligibility criteria) ☐ Same action is required of participating members (i.e. PCP visit, attend a health class, complete a screening) Comments: Click or tap here to enter text.
8. What are the eligibility criteria for members to participate in this MI program?	Click or tap here to enter text.
9. Number of members identified as eligible for the MI program.	Click or tap here to enter text.
10. Is this a health disparities-related program?	☐ **No** ☐ **Yes** **If yes, who is the target population(s)?** Click or tap here to enter text. **What demographic category(ies) is your target population selection based on?** Choose an item. Choose an item. Choose an item. **If the target population is based on race/ethnicity, what race/ethnicity groups are part of your target population?** Choose an item. Choose an item. Choose an item.

11. Indicate MCAS/HEDIS measure(s), if applicable.	Click or tap here to enter text.
12. What data source will be used to track the progress of this MI program (i.e., HEDIS/MCAS data, CAHPS, disparities data, internal data, program data, claims data)? *(The same data source should be used for evaluation.)*	**Data source:** Click or tap here to enter text.
13. What is the baseline measurement?	<u>**Measure name:**</u> Click or tap to enter text. **Baseline measurement** *(should be before start date)***:** Click or tap to enter text. **Measurement Year/Reporting Period:** Click or tap here to enter text.
14. What does the member have to do to receive the incentive?	
15. What types of incentives will you offer to program participants?	☐ **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.
16. How will the incentive be distributed to the member? *(optional)*	Click or tap here to enter text.
17. Will you use a vendor to implement this MI program? *(optional)*	☐ **Yes** ☐ **No** **If yes, what is the name of the vendor(s) you plan to use?** Click or tap here to enter text.
18. Will you partner with providers to implement this program? If, yes, briefly describe how providers are involved. *(optional)*	☐ **Yes** ☐ **No** **If yes, briefly describe how providers are involved:** Click or tap here to enter text.

Refer to MCND9001

Archived as of 8/9/2023

19. How will you notify or outreach members about this incentive program? *(optional)*	Click or tap here to enter text.
20. Will you partner with community organizations to implement this program? *(optional)*	☐ **Yes** ☐ **No** **If yes, please list and briefly describe partnership(s):** Click or tap here to enter text.

21. Acknowledgments:

☐ MCP has considered how to reduce barriers for members to complete the required actions as well as barriers to members receiving the incentive.

☐ MCP has determined how to verify the member has completed the required action.

☐ MCP has determined whether and how to notify providers of the MI program.

☐ MCP has a process in place to count/track the number of eligible members, members who completed the program, and the number of members who received the incentive.

☐ 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 regularly assess the implementation and efficacy of the program.

☐ MCP has the capacity to report on the progress of the MI program on an annual basis, or when the program ends if the program is less than 12 months.

Additional comments:

Click or tap here to enter text.

Name of MCP's Qualified Health Educator who reviewed the member 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.

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.

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 has ended. If this is a multi-year limited-term program, 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 reporting 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 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.

Resources for writing SMART objectives:

Evaluation Briefs No 3b (cdc.gov)
How to Write SMART Objectives (rchf.org)
State Heart Disease and Stroke Prevention Program Evaluation Guide: SMART Objectives Evaluation Guide (cdc.gov)

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

Archived as of 8/9/2023 - Refer to MCND9001

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.

   a. **ACC = Access to Care** could include ACC-CAP = Children and Adolescent Access to Primary Care; ACC-AAP = Adult Access to Ambulatory/Preventive Services

   b. **BH = Behavioral Healthcare** could include BH-AMM = Behavioral Healthcare-Antidepressant Medication Management; BH-ADD = Behavioral Healthcare-ADHD Medication

   c. **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

   d. **CDM = Chronic Disease Management** could include CDM-CM = Care Management; CDM-MTM = Medication Therapy Management; CDM-HIV = HIV/AIDS Management

   e. **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

   f. **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

   g. **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

   h. **ME = Member Experience** could include ME-BH = Member Experience - Behavioral Health; ME- S = Member Experience - Satisfaction; ME-ACC = Member Experience - Access to Care

i. **HA = Health Assessment** could include HA-P = Health Assessment-Personal; HA-IHA = Health Assessment-Initial Health Assessment; HA-other = Health Assessment- Other

j. **PPC = Pregnancy** could include PPC-Pre = Prenatal; PPC-Pst = Postpartum; PPC-BF = Breastfeeding

k. **SUD = Substance Use** could include SUD- ALC = Substance Use Alcohol; SUD- BH = Substance Use- Behavioral Health; SUD- TC = Substance Use-Tobacco Cessation

l. **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+)

m. **WH = Women's Health** could include BCS = Breast Cancer Screening; CCS = Cervical Cancer Screening; STI-CHL = Chlamydia; PPC = Pregnancy