



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 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 [APL 16-005](#) for more information.

Survey Incentive Program ID Number (DHCS assigns this after approval): <div>Click or tap here to enter text.</div>	
Managed Care Plan: Click or tap here to enter text.	Date: Click or tap to enter a date.
Submitting on behalf of subcontracting MCP	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name of subcontracting MCP: Click or tap here to enter text.
1. What is the goal of this survey? <i>(i.e. what do you intend to learn from this survey and how will that information be used?)</i>	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?	<input type="checkbox"/> Ongoing <input type="checkbox"/> Limited Term—Expected cutoff date: Click or tap to enter a date.
5. Is this program part of any of these projects? <input type="checkbox"/> No <input type="checkbox"/> PIP	If yes, please provide the name/title of the project this survey incentive is part of (if applicable):

<input type="checkbox"/> PDSA project <input type="checkbox"/> PNA objective <input type="checkbox"/> Other QI project	Click or tap here to enter text.
6. What are the targeted disease(s)/health behavior(s) this program aims to address? <i>(See the end of the document for the code list)</i>	Click or tap here to enter text.
7. Who is eligible to receive the survey <i>(i.e. target population and/or eligibility criteria)?</i>	Click or tap here to enter text.
8. What types of incentives will you offer to program participants? <i>(check all that apply)</i>	<input type="checkbox"/> Gift Cards Value:\$ Click or tap here to enter text. <input type="checkbox"/> Product/ merchandise Value:\$ Click or tap here to enter text. Product descriptions: Click or tap here to enter text. <input type="checkbox"/> Raffle Value:\$ Click or tap here to enter text. <input type="checkbox"/> Tickets/Vouchers Value:\$ Click or tap here to enter text. <input type="checkbox"/> Other Value:\$ Click or tap here to enter text.
9. Acknowledgments: <input type="checkbox"/> MCP has determined how eligible members will be identified and contacted for the survey <input type="checkbox"/> MCP has considered how to reduce barriers for members to complete the survey <input type="checkbox"/> MCP has considered the number/percentage of completed surveys needed to achieve identified goal <input type="checkbox"/> MCP has determined whether and how to notify providers of the survey(s) <input type="checkbox"/> MCP has defined what will be counted as a completed survey (i.e. majority of questions answered, key questions answered, all questions answered, etc.) <input type="checkbox"/> MCP will inform members that gift cards cannot be used for purchasing tobacco, alcohol, or firearms, if applicable <input type="checkbox"/> MCP has a process in place to count the number of surveys distributed (mail) or attempted (phone) <input type="checkbox"/> MCP has a process in place to count the number of surveys returned (mail) or completed (phone) <input type="checkbox"/> 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 <input type="checkbox"/> MCP has determined how to assess the implementation process for the survey(s)	

10. A copy of the survey is attached. <input type="checkbox"/>
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.

DHCS Approver's Name and Title: Date of Approval: Approver Comments: Click or tap here to enter text.	Click or tap here to enter text. Click or tap to enter a date.
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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 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.

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
UPL	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