

SURVEY INCENTIVE (SI) EVALUATION FORM

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

End of Survey Evaluations are due 45 days after the last survey was completed.

Annual Updates are required for ongoing surveys (includes surveys that are recurring and completed periodically with the same purpose *and* target population) – the first one is due 13 months after the survey actual 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 SI Annual Updates and Evaluations.

Email subject line must include: MCP name, Sub plan name-if applicable, purpose of survey, SI Evaluation (e.g. *HealthPlan_ Member Satisfaction_ SI Evaluation*). **Include your originally approved SI 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 conducted these surveys:

Complete: Annual Update **Actual Start Date:**
 Approved limited term survey that has become ongoing
 End of Survey Evaluation **Date last survey was completed:**
 Approved ongoing survey that has ended

1. Was this SI part of a PDSA, PIP, or other QI project? No Yes
2. Targeted Disease/Behavior (as listed on SI request form):
3. Total number of surveys distributed/attempted (all languages):
4. Total number of surveys returned/completed (all languages):
5. Number of surveys completed in languages other than English (list the language and count):
 N/A

6. 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 SI 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	\$	#

7. Total monetary value of all incentives/raffle listed in question #6 table (see above):

8. How close were you to collecting the number/percentage of completed surveys expected to meet your previously identified goal? (select one)

- | | | | | |
|---------------------------------|----------------------------|-----------------------------------|-----------------------------|----------------------------------|
| Many more surveys than expected | More surveys than expected | About as many surveys as expected | Fewer surveys than expected | Many fewer surveys than expected |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

9. How do you plan to use the data collected from the surveys (include program, procedure, or policy revisions/changes)?

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

MCP has reviewed successes and challenges in **identifying and contacting members** for the survey

MCP has identified successes and challenges for members **to complete the survey**

MCP has identified successes and challenges in **counting the number/percentage of completed surveys**

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

MCP has reviewed successes and challenges in the **planning** process for the surveys

MCP has reviewed successes and challenges in the **implementation** process for the surveys

MCP has reviewed successes and challenges in the **evaluation** process for the surveys

11. Additional comments (if any):

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

Email:

Phone:

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

Name:

Email:

Date:

Internal MCP Communication/Comments:

DHCS Reviewer's Name and Title:

Date submitted to DHCS:

DHCS Comments: