

FOCUS GROUP INCENTIVE (FGI) EVALUATION FORM

Focus Group Incentive (FGI) Evaluations are required for all focus groups that offer incentives. Complete this form and email it to MMCDHealthEducationMailbox@dhcs.ca.gov and cc your Contract Manager.

End of Focus Group Evaluations are due 60 days after the last focus group was held.

Annual Updates are required for ongoing focus groups (includes focus groups that are recurring and completed periodically with the same purpose *and* target population) – the first one is due 13 months after the first focus group. 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 FGI Annual Updates and Evaluations.

Email subject line must include: MCP name, Sub plan name-if applicable, purpose of focus group, FGI Evaluation (e.g. *HealthPlan_ MES_ FGI Evaluation*). **Include your originally approved FGI request form with the email.** For more information, see APL16-005.

A. Managed Care Plan: Inland Empire Health Plan (IEHP) Date:

B. Submitted on behalf of _____, subcontracting MCP N/A

C. Please list the counties where you held these focus groups: Riverside and San Bernardino

Complete: Annual Update **Actual Start Date:**
 Approved limited term focus group that has become ongoing
 End of Focus Group Evaluation **Date last group was held:**
 Approved ongoing focus group that has ended

1. Was this FGI part of a PDSA, PIP, or other QI project? No Yes
2. Targeted Disease/Behavior (as listed on FGI request form):
3. Total number of focus groups (all languages):
4. Total number of attendees (all languages):
5. Number of focus groups conducted and attendees in English only (provide date of focus group and # of participants): N/A
6. Number of focus groups conducted and attendees in languages other than English, if applicable (provide language, date of focus group, and # of participants): N/A

7. 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 FGI 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	\$	#

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

How do you plan to use the data collected from the focus group(s) (include program, procedure, or policy revisions/changes)?

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

MCP has identified successes and challenges in **recruiting eligible members** for the focus group(s)

MCP has identified successes and challenges in **reducing barriers for members to attend** the focus group (location, time of day of group, transportation and/or child care services provided, food offered, etc.)

MCP has reviewed successes and challenges in the **planning** process for the focus group(s)

MCP has reviewed successes and challenges in the **implementation** of the focus group(s)

MCP has reviewed successes and challenges in the **evaluation** of the focus group(s)

10. Additional comments (if any):

11. MCP Contact Person (person submitting the form and/or person responsible for the focus group): Tina Kambarian

Email: Kambarian-T@iehp.org

Phone: 909-890-5107

12. **The MCP's Qualified Health Educator has reviewed this Annual Update or End of Focus Group Evaluation form.**

Name: Ty J. Oehrtman, MS, MCHES
t@iehp.oeg

Email: oehrtman-

Date: 8/10/2020

Internal MCP Communication/Comments:

DHCS Reviewer's Name and Title:

Date submitted to DHCS:

DHCS Comments: