

MEMBER INCENTIVE (MI) PROGRAM REQUEST FOR APPROVAL FORM

Member Incentive (MI) Programs *require DHCS approval* prior to implementation. Complete this form and email it to MMCDHealthEducationMailbox@dhcs.ca.gov and cc your Contract Manager.

The Managed Care Plan's (MCP's) Qualified Health Educator must review and sign off on all MI Program Requests for Approval.

Email subject line must include: MCP name, Sub plan name- if applicable, targeted disease/behavior, MI Request and desired start date (e.g. *CA Best HP_ CDC-E_ MI Request_ July 1, 2020*). Submit at least two weeks prior to desired start date. 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 plan to implement this program:

1. What is the **desired** start date?
2. What is the **expected** end date? _____ or Ongoing (includes recurring programs and programs that happen periodically with the same purpose *and* target population)
3. Is this MI Program part of a PDSA, PIP, or other QI project? No Yes
4. Targeted Disease/Behavior (use Targeted Disease/Behavior Code list):
 Other, please describe: _____
5. Indicate HEDIS measure, if applicable: _____
6. Who is eligible for the MI program (i.e., target population, eligibility criteria, etc.)?
7. What steps must the member complete in order to receive the incentive (i.e., make appointment, complete lab work, have doctor sign form, mail back to MCP in envelope provided, etc.)?
8. What type(s) of incentives will you offer to the program participants, the value of each, and the reason you selected the incentive and amount? (**complete the appropriate section(s) of the table below**)

Incentive Type	Value
<input type="checkbox"/> Gift card; <u>specify type</u> of card (e.g., Target, Walmart, grocery, movie, etc.): How did you select this incentive and amount:	\$
<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):	\$

How did you select this incentive and amount:

Tickets; specify type (e.g., movie, local events): \$

How did you select this incentive and amount:

Transportation; specify type (e.g., vouchers or tokens for bus, taxi, etc.): \$

How did you select this incentive and amount:

Enrollment or monthly membership fees; specify type of membership: \$

How did you select this incentive and amount:

Drawing/Raffle (specify drawing item(s) and maximum number of drawing winners): \$

How did you select this incentive and amount:

Points Rewards Program (how many points will be awarded?): \$

How did you select this incentive and amount:

Other, please describe: \$

How did you select this incentive and amount:

9. Please acknowledge that your MCP has addressed the following in planning the **implementation** for this MI program:

- MCP has determined how eligible members will be **identified** for the MI program
- MCP has determined how eligible members will be **notified** of the MI program
- MCP has considered how to **reduce barriers** for members to complete the required action
- MCP has determined how to **verify** the member has completed the required action
- MCP has considered challenges that may impact the overall **member completion rate**
- MCP has determined whether and how to **notify providers** of the MI program
- MCP will **inform members** that gift cards cannot be used for purchasing tobacco, alcohol, or firearms, if applicable

10. Please acknowledge that your MCP has addressed the following in planning the **evaluation** for this MI program:

- MCP has a process in place to count the number of eligible members **identified** for the MI program
- MCP has a process in place to count the number of members who **complete** the program requirements
- 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 **planning** process for the MI program
- MCP has determined how to assess the **implementation** process for the MI Program

MCP has determined how to assess the **evaluation** process for the MI Program

11. Additional comments (if any):

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

Email:

Phone:

13. The MCP's Qualified Health Educator has reviewed the Member Incentive Program and this MI Request for Approval form.

Name:

Email:

Date:

Internal MCP Communication/Comments:

DHCS Approver's Name and Title:

Date:

DHCS Comments: