

## 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](mailto: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 desired 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:

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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

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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):

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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:

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*DHCS Reviewer's Name and Title:*

*Date submitted to DHCS:*

*DHCS Comments:*