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DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



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Medi-Cal Managed Care Plan Name:	Aetna Better Health of California
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1. Describe how the MCP will provide evidence-based information to members, providers, community-based organizations (CBO), tribal partners, and other local partners about the COVID-19 vaccine to encourage vaccine uptake from all members. Character limit: 2,500 characters.

Aetna Better Health of California (ABH-CA) will use evidence-based information, materials and data provided from official health and government agencies (CDC, WHO, AAP, CDPH, etc.) in designing communication to encourage COVID vaccine uptake from all ABH-CA and community members who are currently unvaccinated in counties we serve. To meet this objective ABH-CA is committed to continuous engagement with the plan's provider network, IPA delegates and community partners including tribal, refugee, religious and other advocacy organizations, and in investing in establishing new community organization relationships to expand capabilities of community outreach.

Communication with ABH-CA members will be multimodal and will include live agent calls, Interactive Voice Response (IVR), text, postcard mailers, member newsletter updates, member website updates and communication channeled through our provider and IPA network, community partners, and joint marketing efforts. ABH-CA intends to leverage existing strong relationships with community-based organizations in counties of operation (San Diego, Sacramento) to create new COVID vaccination events, partner on existing scheduled COVID vaccination events and develop coordinated communication of vaccine sites in a relevant and local way. ABH-CA also plans to focus on strengthening partnerships with specific religious, refugee, tribal and other advocacy community organizations and leaders to reach members with communication from trusted local agencies and individuals to encourage members to receive their COVID vaccination.

2. Describe how the MCP will provide information on where to get the vaccine within the member's community. Character limit: 2,500 characters.

ABH-CA will build a communication network via internal and external sources including Community Based Organizations (CBOs) and other local community advocacy partnerships, while also taking the opportunity to explore new partners who specialize in member or community outreach for hard to reach and at-risk populations. Internally, ABH-CA will provide COVID vaccine education and information to members on how to receive the vaccination via multimodal communication outlets including live agent calls, IVR, text, postcard mailers, member newsletters, and the member website. The modality of outreach will depend on the best contact information the plan has on file, and member preference if previously

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identified via the newly launched ABH-CA member communication preference capture campaign. Externally, ABH-CA plans to continue to build on our existing relationships with CBOs to promote vaccination education and information, as well as cultivate new community and local level relationships with long standing reputable organizations, specifically in locations with low vaccination rates and high COVID rates.

3. Describe the MCP's plans for a local media campaign to disseminate information to members about vaccines, resources, and availability. MCPs can consider amplifying existing media campaign efforts using a variety of media channels. Character limit: 2,500 characters.

Getting COVID-19 vaccines to our members and our communities is a critical element in our fight to contain COVID-19. Administering the vaccine is a top priority which puts our members one step closer to living safe and healthy lives. ABH-CA is excited to advance DHCS's Vaccine Incentive Plan with the development of the Aetna Better Health of California (ABH-CA) COVID-19 Vaccine Local Media Plan.

ABH-CA's local media campaign will consist of text messaging, direct mail, social media, and a series of public service announcement videos. Our messaging strategy will include simple, clear, educational, and evidence-based information to reach our target audiences, including the following: ages 12 and over, young adults, pregnant women, chronically ill, the elderly, homebound and un-housed members, and under-represented communities. Information about identifying a vaccination location and scheduling an appointment along with the \$50 member incentive will be included in the messaging.

Text messages to ABH-CA unvaccinated members will educate them, in a culturally and linguistically appropriate way, that COVID-19 vaccines are safe, effective, free, and recommended for everyone ages 12 and older. Direct mail postcards with a QR code for scheduling will target all unvaccinated members to act and get vaccinated. A social media campaign consisting of LinkedIn, Twitter, Facebook, Instagram and YouTube platforms will run between August 2021 through ~~March 2022~~ October 2021. There are four variations of social media posts that will accompany our videos:

- "Help your community take the first steps at coming back together. The COVID-19 vaccines were tested by people of different races, ethnicities, and ages, including children. Schedule your appointment today!"
- "Join the vaccination effort against COVID-19. Share this to encourage your family and friends to schedule their appointment today."
- "Getting the COVID-19 vaccine will help you return to the people and things you know and love. Schedule your appointment today!"
- "It's time to get vaccinated. Share this to encourage your family and friends to schedule their COVID-19 vaccine appointment."

On our YouTube channel and social media platforms, Aetna Better Health is currently running a COVID-19 vaccine hesitancy video campaign that dispels COVID-19 vaccine misinformation
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with facts about the importance of getting vaccinated. Our video campaign is titled “The Doers” and is being promoted to members across California as of early August 2021. There are two short-form versions of the video that appear on social media and the campaign runs early August 2021 through March 2022. The call to action is for members to visit the CVS scheduler to schedule their vaccine appointment. By using the scheduler tool, the member will get scheduling reminders automatically. These reminders go out 3 days and the day before the appointment to remind members.

Here is a link to “The Doers” video: <https://youtu.be/6ZyG7gQPZJo>.

a. Describe how the local media campaign will counter misinformation. Character limit: 2,500 characters.

The local media campaign was designed to counter misinformation. Using FDA and CDC publicly available information, as well as proprietary research done by CVS Health as sources for developing the social media posts and the video’s script, ABH-CA addressed frequent misconceptions consumers cite as making them hesitant to take the COVID-19 vaccine. CVS Health conducted a tailored, targeted outreach campaign that incorporated trusted voices to answer important questions in both Black and Hispanic communities to help turn the tide of growing vaccine hesitancy in these populations. The results helped to drive our creative messaging strategy for this campaign. The video and social media posts will help to counter misinformation and other COVID -19 vaccine hesitancy concerns by the community and our members. ABH-CA’s homepage has information and updated links to San Diego and Sacramento counties for members and providers to use, including testing site locations, testing schedule and other testing options. Both links provide a language button to access multiple languages. The site is available here:

<https://www.aetnabetterhealth.com/california/coronavirus.html>.

b. Describe how the MCP will engage trusted partners and tribal partners where applicable in the local media campaign. Character limit: 2,500 characters.

ABH-CA is committed to keeping our providers, CBOs, tribal partners, schools, colleges, and other trusted partners updated with the latest information about COVID-19. We will create awareness of our local media campaign and ask our trusted partners to share this campaign on their social media platforms in order to maximize the education and vaccine efforts. With key provider partners, ABH-CA will do the following:

Medical and Behavioral Health Providers: send fax blasts, provider newsletter, provider portal resources and tools including ABH-CA’s main homepage where information and updated links to San Diego and Sacramento counties are available for providers to use including testing site locations, testing schedule and other testing options.

Pharmacy Providers: Use pharmacy data and geo access information to identify the pharmacies with highest unvaccinated utilizers and directly reach out to those pharmacies to drive education about the campaign.

Community Based Organizations (CBOs): Our Community Development team will support and participate in mobile and/or vaccine clinics hosted by San Diego and Sacramento CBOs to help unvaccinated members get their vaccines. An email blast to our key community partners in San Diego and Sacramento counties to educate, inform and disseminate our local media campaign on their social media platforms.

FQHC, Tribal, Rural Health Clinics: Like our Medical and Behavioral Health Providers approach, ABH-CA will disseminate information to educate, inform and drive increased COVID-19 vaccinations among the following organizations: the Southern Indian Health Council (SIHC), the Southern California American Indian Resource Center (SCAIR), and the Boys and Girls Club of Kumeyaay Nation Wellness.

4. Describe how the MCP will collaborate with schools and colleges to target youth who are 12-25 years of age. Character limit: 2,500 characters.

ABH-CA will partner with CBOs in contracted counties that have established collaborative relationships with county K-12 school districts, community colleges, and universities. ABH-CA will seek to establish a fluid communication network for students, and source volunteers in support of vaccination delivery efforts. ABH-CA has strong relationships with educational institutions like the San Diego Department of Education and will focus on growing similar relationships in Sacramento. ABH-CA intends to reach many students and youth through existing partnerships and leverage new relationships in the education sector through additional outreach.

5. Describe the MCP's strategy for countering misinformation and reaching vaccine hesitant individuals who may have a fear of vaccine side effects, have a mistrust of the government and/or vaccine makers, believe that vaccines are not needed for persons in good health or persons who have already had COVID-19, and/or have an insistence regarding a person's right to not be vaccinated. Character limit: 2,500 characters.

Countering vaccine hesitancy requires a creative communications approach that goes beyond ABH-CA's traditional provision of the latest news and updates from the FDA, CDC, and other state and local agencies.

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To that end, our video and social media campaign developed by Aetna Better Health's marketing team titled, "The Doers" speaks especially to individuals who may be hesitant to get the vaccine due to fears of side effects, mistrust of manufacturers and government, or other misconceptions. The reassuring and positive tone encourages members through visuals of family events such as barbeques, quinceañeras, and masked travel, to convince members of the benefits of getting fully vaccinated. Furthermore, the campaign includes a diverse group of real medical doctors and clinicians vocalizing their support for the science behind vaccination. Finally, the video encourages people to get vaccinated not just for their own benefit, but for society as a form of shared responsibility. This video is presently running and will continue in California through March 2022.

Once members see the video, ABH-CA wants members to schedule their vaccination or encourage loved ones to do the same.

The video and social media campaign funnels members to the CVS Scheduler via the Aetna COVID-19 resource center to schedule their vaccine appointments. This tool allows members to find an appointment close to them and schedule both doses. By using the scheduler tool, the member will get scheduling reminders automatically. These reminders go out three days before and the day before the appointment.

In case ABH-CA receives questions from members in response to the video or otherwise, Aetna Better Health has created a FAQ document that addresses common questions such as the safety of the vaccine for all, but especially pregnant females, those with chronic conditions, children under the age of 16, and women considering pregnancy.

6. Describe how the MCP will partner with trusted community organizations (e.g., Indian health facilities, faith-based partnerships, advocacy groups, food banks, race/ethnic based organizations) that can assist with outreach, communication content and messaging, and identify strategies as defined above, which can be used to also target Medi-Cal Fee-For-Service beneficiaries. Character limit: 2,500 characters.

ABH-CA participates in community health collaborative groups that work within the community doing COVID-19 response and research on best practices, such as San Diego State University Foundation, UCSD, and refugee-serving community collaboratives. ABH-CA supports and partners with community health workers that work within CBOs to plan and implement innovative programs for hard-to-reach populations. ABH-CA also works with local food banks and faith-based communities that do vaccine outreach. Within our tabling events and volunteering, ABH-CA presents materials and information on local vaccine locations in multiple languages for distribution. ABH-CA also deploys I-Pads loaded with resources and information to assist in educating on the importance of vaccines, and where to get them. ABH-CA can provide on-the-spot referrals and a warm hand-off if needed.

ABH-CA intends to leverage existing strong relationships with CBOs in Sacramento and San Diego counties to create new COVID vaccination events and partner on existing scheduled community-partner sponsored COVID vaccination events. ABH-CA also plans to focus on strengthening partnerships with DHCS 3760 (08/2021)

specific religious, refugee, tribal and other community advocacy organization leaders to reach members with communication from trusted local agencies and leaders. Where feasible, ABH-CA aims to cobrand communications directed at members and the broader community with trusted partners to enhance effectiveness. All planned events established by ABH-CA in partnership with any CBO will allow for FFS Medi-Cal beneficiaries to receive the COVID vaccination and all community level communication distributed through CBO or other community organization partnership would include any FFS Medi-Cal beneficiaries in the targeted local area.

7. Describe how the MCP will collaborate with local public health agencies to coordinate with vaccine response plans and learn best practices, including what has and has not worked. Character limit: 2,500 characters.

As mentioned above, ABH-CA participates in community health collaborative groups that work within the community doing COVID-19 response and research on best practices. ABH-CA will continue to engage with these groups, and local government agencies such as Healthy San Diego, the Healthy San Diego Joint Advisory Committee and Subcommittees, the Sacramento Health Authority Commission, and Sacramento County Health and Human Services. In addition, ABH-CA supports community health workers and works with CBOs in planning and implementing innovative programs to reach the hardest populations.

ABH-CA intends to leverage existing strong relationships with CBOs and local public health agencies to find viable partnerships in creating and promoting new COVID vaccination events, as well as partner on existing events. Where feasible, ABH-CA aims to cobrand communications with public health entities when possible.

8. Describe the MCP's efforts to build additional capacity to address member vaccination needs in future years (identification, education, and follow-up). Character limit: 2,500 characters.

ABH-CA will continue to enhance and develop base-level COVID vaccination reporting and data analysis around vaccination rates. ABH-CA will utilize geolocation strategies to target concentrated populations of unvaccinated members and proactively modify interventions to meet specific populations' shifting needs, while basing those interventions on established best practices and known methods of success. In a fluid pandemic environment, educational and new member materials will continue to be developed, and communication will occur on a regular cadence through our member newsletters, website, and other member outreach modalities. ABH-CA also plans to apply learnings from this cross-organizational COVID vaccination endeavor to our comprehensive childhood and adolescent vaccination strategy.

9. Describe how the MCP will provide information and support for members with access barriers, especially transportation, navigating appointment systems, and language needs. Character limit: 2,500 characters.

ABH-CA makes every effort to meet our members' language and non-emergent transportation needs as a standard of service and care provided. The ABH-CA COVID vaccine mailer will notify members on how to access Aetna's COVID homepage for information and resources, address common vaccine hesitations, provide transportation information and inform members of the \$50 gift card member incentive for receiving the COVID vaccine. All text and IVR scripting will be provided in English and Spanish as well as offer a direct transfer into member services for all other threshold language interpretation needs. ABH-CA will also work closely with its transportation vendor and provider network to develop a plan that makes it easy for our members to access transportation to get to their appointments. Working closely with the transportation vendor and scheduling providers, ABH-CA will ensure the provider has staff that can support our members' language needs and remind providers of our available interpretation line for all threshold languages.

10. Describe the MCP's current primary care vaccine access and how the MCP will collaborate with primary care providers (PCPs) to conduct direct outreach to unvaccinated members assigned to that clinic's/doctor's office.

a. Describe the MCP's current primary care vaccine access, including an analysis of any pockets and/or regions that lack access. Character limit: 2,500 characters.

Members can access the vaccine via their primary care physician. If their primary care physician does not provide the vaccine, members can access the vaccination location list via multiple platforms and will be notified via the methods outlined above. In addition to the provider location finder information that will be sent, user tools have also been loaded on ABH-CA's website for members to enter their state and zip code to locate the nearest vaccination site. ABH-CA also continues to work with our data informatics team to utilize useful vaccine reporting and analysis to identify geographical locations of populations of unvaccinated.

b. How will the MCP collaborate with PCPs to conduct outreach to members? Character limit: 2,500 characters.

ABH-CA will work with providers via WebEx Meetings, conference calls, email communication, provider newsletters, and provider fax blast on how to communicate the vaccination incentive program to members and provide them useful resources to share during their outreach. In addition, ABH-CA will facilitate mailers to members to notify them of the vaccination incentive program. Initial outreach meetings with impacted providers will be scheduled by ABH-CA's delegation oversight team to understand provider capacity for member outreach, and to streamline communication efforts. ABH-CA will provide a summary and detail report for contracted IPAs as well as high volume DHCS 3760 (08/2021)

providers via established secure data transfer methods that will include a list of vaccinated and unvaccinated, and support with provider level outreach and targeted messaging. ABH-CA will also supplement live outreach with the ABH-CA case management team for high-risk target populations who have been identified as disproportionately less likely to get the COVID vaccination.

**c. How will the MCP encourage more PCPs to enroll as vaccine providers?
Character limit: 2,500 characters**

Provider Relations will continue to share the information with providers via current meetings (*i.e.*, JOMs, and other network related meetings) as well as via provider newsletters and fax blast. Reoccurring meetings will provide an opportunity to promote and encourage providers to enroll as vaccine providers. Discussion on establishing more direct methods of procurement of vaccines for provider will also take place at these collaborative meetings.

11. Describe the MCP's strategy for supporting vaccination pop-up clinics and other vaccination sites, especially in communities of color and/or other communities with lower vaccination rates. Character limit: 2,500 characters.

ABH-CA believes trust and trustworthiness are a significant part of achieving equitable distribution of COVID-19 vaccines and understands that community-based organizations excel in building community trust, identifying and addressing population-specific needs, and leveraging other trusted community members and stakeholders for the common good of our community members. ABH-CA always works collaboratively with various groups and grassroots organizations in the community and sits on several community collaborative boards, such as co-chairing of the San Diego Regional Refugee Forum Health community. This taskforce works with over 100 CBO's that work with refugees in San Diego and supports and provides information on health topics such chronic diseases and COVID-19 and vaccines.

ABH-CA intends to leverage relationships with CBOs in communities of color/lower vaccination rates to create new COVID vaccination events and partner on existing scheduled COVID vaccination events within the community. ABH-CA will continue to develop reports and data analysis strategies utilizing geolocation to target populations of lower vaccination rates and proactively modify interventions to meet specific populations shifting needs based on established best practices and known methods of success. Additionally, the plan is acquiring a mobile health van to support in reaching communities identified with large populations of unvaccinated individuals and those homebound or unable to travel to a vaccine site.

12. Describe the MCP's strategy that can be used to make getting a vaccination as convenient and easily accessible as possible. Character limit: 2,500 characters.

As part of ABH-CAs overall communication strategy to promote its member incentive for unvaccinated membership to become vaccinated, a QR code has been created for ease of appointment scheduling at the member's nearest CVS Pharmacy. The QR code has been added to the ABH-CA postcard and its corresponding URL link has been added to the text and IVR scripts. In addition, the postcard, the IVR and text scripts all include the URL for the official CDPH www.myturn.ca.gov website. Although an appointment is encouraged for members, ABH-CA has also included language which alerts members that no appointment is necessary at CVS pharmacies. Finally, member and provider communications will also have transportation vendor information for scheduling transportation to and from vaccination sites. Partnership with local CBOs in community COVID vaccination events and deployment of our mobile health van are going to play a key role in reaching members in convenient locations. Homebound members will also be provided vaccinations directly through our CBO partnerships, or utilizing 211 service available for all residents of CA.

a. Describe how the MCP will collaborate with CBOs, trusted local partners, tribal partners, community health workers, promotoras, local health departments, and faith-based partnerships to serve the homebound population. Character limit: 2,500 characters.

To meet this objective, ABH-CA is committed to continuous engagement with the provider network, IPA delegates, and community partners including tribal, refugee, religious, promotoras, and other advocacy organizations, and is investing in establishing new community organization relationships to expand capabilities of community outreach. ABH-CA will use evidence-based information, materials and data provided from official health and government agencies (CDC, WHO, AAP, CDPH, etc.) in designing communication to encourage COVID vaccine uptake. ABH-CA will create awareness of our local media campaign and ask our trusted partners to share this campaign on their social media platforms in order to maximize the education and vaccine efforts.

Communication with ABH-CA members, including the homebound population, will be multimodal and will include live agent calls, IVR, text, postcard mailers, member newsletter updates, member website updates and communication channeled through our provider and IPA network, community partners and joint marketing efforts.

As for community involvement, ABH-CA intends to leverage existing relationships with CBOs to create new COVID vaccination events, partner on existing scheduled COVID vaccination events and develop coordinated communication of vaccine sites in a relevant and local way.

ABH-CA also plans to focus on strengthening partnerships with specific religious, refugee, tribal and other advocacy community organizations and leaders to reach members with communication from trusted local agencies and individuals to encourage members to receive their COVID vaccination.

Partnership with local CBOs in community COVID vaccination events and deployment of our mobile health van will play a key role in reaching members in convenient locations.

Homebound members will be provided vaccinations directly through our CBO partnerships, or utilizing 211 service available for all residents of CA.

13. Describe how the MCP will collaborate with pharmacies to share data on members' vaccine status or other efforts to use members' visits to the pharmacy as an opportunity to increase vaccination rates. Character limit: 2,500 characters.

The ABH-CA Pharmacy team will use pharmacy data and geo access information to identify the pharmacies with highest unvaccinated utilizers and directly reach out to those pharmacies to drive education about the campaign.

In addition, ABH-CA is offering walk-in COVID vaccines, and by appointment, at over 1100 CVS Health store locations across California. ABH-CA is actively partnering with other MCPs to ensure access via these convenient community locations for all Medi-Cal members, not merely ABH-CA members. Internal data sets indicate that CVS Health locations are disproportionately helping under-represented minority communities.

14. Describe the MCP's efforts that will bring vaccinations to members, such as mobile units or home vaccinations. Character limit: 2,500 characters

Mobile vaccines programs are being implemented within targeted communities, and ABH-CA is an active partner in these rollouts. Partnership with local CBOs in community COVID vaccination events and deployment of our mobile health van helps to reach members in convenient locations. Homebound members will be provided vaccinations directly through our CBO partnerships, or utilizing 211 service available for all residents of CA.

Furthermore, ABH-CA provides transportation services to members and works closely with Community Health Workers (CHWs) to provide additional support in the referral process to a Clinic or CVS location to get vaccinated. In addition, the community development department attends local regional collaborative workgroups where ABH-CA has very strong relationships with the San Diego faith-based and community-based organizations that work with our members and in target communities

15. Describe how the MCP will use data obtained from DHCS to track vaccination data in real time and at granular geographic and demographic levels and identify members to outreach.

ABH-CA has developed a baseline COVID vaccination report utilizing member eligibility and the State provided CAIR2 COVID-19 report with an anchor date of August 29, 2021 (per APL 21-010 Attachment A). The ABH-CA informatics team has integrated a breakdown of plan unvaccinated membership by gender, language and race/ethnicity differences across focus populations who have been disproportionately challenged in initial phases of vaccine access and uptake including homebound and unable to travel to vaccination sites, 50-64 years of age with chronic diseases, self-identified as persons of color and youth 12-25 years of age. Our data

analysis will also include a breakdown by four age bands broken out across the same key demographic details (gender, language and race/ethnicity). A wholistic geographic location analysis will be conducted on all members unvaccinated membership 12 years of age and older to determine focal locations to target COVID vaccination events, vaccine sites and overall COVID education and information campaigns.

a. Describe how the MCP will share data with providers, trusted partners, or tribal partners, where applicable to drive outreach. Character limit: 2,500 characters.

Data tracking and sharing of vaccination rates will be provided in a HIPAA compliant manner with partnering CBOs, community partners and providers where appropriate and necessary. Data sharing agreements will be established if not already in place. Member level data will only be provided for community level outreach when the plan has an agreement in place to share member information with trusted community partners, including tribal partners, and providers where applicable to drive outreach.

16. Describe how the MCP will use data obtained from other sources to track vaccination data and identify members to outreach. Character limit: 2,500 characters.

ABH-CA is exploring a separate COVID-19 internal report using the CMS released CPT and HCPCS codes allocated for COVID-19 vaccines and administration during the public health emergency. This report would cross reference with the state data and ensure all members who may have received the COVID vaccine are accurately and timely being reported via the appropriate county immunization registries by the provider network. Additionally, the COVID-19 vaccine initiative workgroup will leverage existing resources provided to health agencies to support in developing equitable resource allocation, program planning and service delivery such as the COVID-19 California Healthy Places Index (HPI) Resource Map on the California HPI platform.

17. Describe how the MCP will determine local misinformation trends and root causes for low vaccination rates/vaccine hesitancy. Character limit: 2,500 characters.

ABH-CA will seek to learn from CBOs and other community partners to determine the common reasons for vaccine hesitancy and themes of misinformation in disproportionately unvaccinated populations and act on those findings by developing direct interventions to combat those challenges/barriers. ABH-CA also plans to conduct a full-scale review of existing resources and literature available including the DHCS QI Toolkit Sections D. Health Equity QI Resources and Section E. COVID-19 MCP Resources to utilize in addressing vaccine hesitancy and misinformation.

18. Describe the MCP's plan for administrative oversight of the coordination activities (including controls to ensure no duplicative member incentives). Character limit: 2,500 characters.

ABH-CA will hold monthly meetings with strategic CBO and community partners to share vaccination data based off incoming State CAIR2 COVID-19 reports for member incentive rewards management and rate tracking. The plans rewards benefit manager will reconcile all ongoing files to ensure newly identified members who have received the COVID-19 vaccination on or after 9/21/21 will not receive duplicative rewards cards. Additionally, development of COVID-19 events and promotion of member incentives will be in coordination with the provider network and community partners to bring continuity of messaging and limit potential for duplicative member incentives at events or for targeted populations.

19. Describe the MCP's intentional efforts to avoid negative unintended consequences, including but not limited to vaccine coercion. Character limit: 2,500 characters.

ABH-CA will collaborate with community organizations, public health agencies, and MCP partners, to identify a streamlined communication strategy for members and providers to limit risk of vaccine coercion and abrasion.

20. Describe the MCP's plan to partner with Subcontractors (i.e., delegated health plans) to increase vaccination rates, coordinate strategies, and implement this Vaccination Response Plan. Character limit: 2,500 characters.

Externally, ABH-CA plans to continue to build on our existing relationships with IPAs, provider networks and community organizations to promote vaccination education and information while also cultivating new community and local level relationships with long standing reputable organizations. The member incentive component will be directly tied to the State received CAIR2 COVID-19 vaccination reports and will be distributed by an approved DHCS vendor for the plan. ABH-CA will work with IPAs and the provider network to communicate the COVID vaccination campaign and incentive to members. ABH-CA will share real time data to help drive ongoing targeted outreach and intervention strategies. ABH-CA intends to leverage all communication opportunities internally as well as externally. ABH-CA will build a communication network via internal and external sources including CBO partnerships as well exploration of new vendors who specialize in member or community outreach for hard to reach and at-risk populations.

21. Are direct member vaccine incentives a planned strategy? If so, please explain the strategy. Character limit: 2,500 characters.

Yes, direct member vaccine incentives are part of the planned strategy. All unvaccinated ABH-CA members who receive their vaccination on or after 9/21/21 will be sent a \$50 gift card for completing a health activity as part of the Aetna Better Care Rewards program. The most current member address on file will be used for mailing notification of reward and physical gift card for member activation. Member identification will be based on the weekly received CAIR2 COVID-19 reports received from the State. ABH-CA members will be sent a COVID-19 incentive postcard as well provided electronic messaging that can include text or IVR to notify member incentive. Additional information around the COVID-19 incentive program will be added to the plan's webpage, member newsletters and shared with the IPAs, provider network and community partners for promotion and general awareness.

- a. If direct member vaccine incentives are used as a vaccination strategy, demonstrate how the MCP will meet DHCS guidelines for member incentives below and verify member incentives do not exceed \$50 per member (single or multi-dose). Character limit: 2,500 characters.**

As part of this APL 21-010 Vaccination Response Plan, ABH-CA has also completed the member incentive proposal and the States Member Incentive (MI) Program Request for Approval Form attached to this response. Unvaccinated ABH-CA members are eligible for a single one-time \$50 gift card for receiving their COVID vaccination, and appropriate oversight will be done to ensure no duplications.