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GOVERNOR

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| <b>Medi-Cal Managed Care Plan Name:</b> | <b>Alameda Alliance for Health</b> |
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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.**

Alameda Alliance for Health (Alliance) is honored to serve more than 8 out of every 10 Medi-Cal Managed Care Beneficiaries in the East Bay Area. The Alliance works with our local public health officials including, the Alameda County Health Care Services Agency (ACHCSA) and Alameda County Public Health (ACPHD), and provider partners to help keep our members and community healthy and safe.

We worked in partnership with our safety-net partners: ACHCSA, ACHPD, Community Health Center Network (CHCN), which includes the Native American Health Center Tribal Clinic, Alameda Health System (AHS), and Kaiser, to complete three rounds of COVID Vaccine outreach to date.

Beginning in January 2021, each round of outreach included letters with language and transportation assistance and resources, and FAQs, followed by an interactive voice response (IVR) automated calls and postcard reminders. The first round of outreach prioritized the Alliance IHSS Workers. The second round focused on Medi-Cal members 65+, members with complex conditions, and members 2-weeks overdue for the 2nd dose, based on CAIR2 data. The third round reached members who were homebound, all members 12 and older, and members who were 2-weeks overdue for the 2nd dose. The third round also included a \$600,000 Alliance investment to provide a \$10 grocery gift card member incentive.

Starting in September 2021, following approval from DHCS the fourth round of our outreach efforts will prioritize unvaccinated Medi-Cal member populations who are homebound, 50-64 years of age with multiple conditions, self-identify as persons of color, and youth 12-25 years of age. We will collaborate with safety-net partners, delegate and direct providers, local elected officials, Alameda County Care Alliance (ACCA) a coalition of local church pastors and leaders, and our Consumer Advisory Committee.

We will leverage our existing direct outreach efforts to find and reach these members. Our messaging will model local, state, and federal public health evidence-based information and resources. Specifically, the ACPHD, CDPH, and CDC, designed to help

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members make the best-informed decisions. We will conduct focus groups with unvaccinated member populations to evaluate hesitancy and strengthen our messaging.

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

Together with safety-net partners and providers, the Alliance will provide direct outreach with information about where and how to get the vaccine to our unvaccinated members who are homebound, 50-64 years of age with multiple conditions, self-identify as persons of color, and 12-25 years old. The Alameda County Public Health Department (ACPHD) website maintains the list of all active vaccination sites across the county including mobile vaccination clinics. The county list will be referenced in our social media and included in our printed materials. We will complete direct mailings, interactive voice response (IVR) automated calls, live agent outbound after-hours calls, member encounter scripts, and website updates referencing the county list. We will enhance these efforts with billboards and other display media and offer a \$50 grocery gift-card member incentive.

All calls to members, excluding Kaiser assigned members as they will conduct their own outreach, and mailings are in our member threshold languages: English, Spanish, Chinese, Vietnamese, and Tagalog, and have the notice of nondiscrimination and language assistance taglines. Member outreach communications include transportation resources, vaccine locations, FAQs, and website resources for evolving vaccine information, such as the county list of vaccination sites, [myturn.ca.gov](http://myturn.ca.gov), [vaccines.gov](http://vaccines.gov), and text your zip code to "GETVAX".

Efforts will include direct outreach to the member PCP and medical groups. We will provide gap-in-care unvaccinated patient lists created from CAIR2 and MCP data analysis. We will offer incentives to physicians to become vaccine providers, to reach out to their patients and vaccinate them, or tell them where to get vaccinated to improve vaccine equity. Our Provider Services team will conduct follow-up calls with providers to review the lists and answer any questions.

We will strengthen our messaging with local community faith-based organization church flyer handouts, boosts on Facebook, Twitter, and Instagram, and placing the billboards in census tract locations. Our delegated provider network includes Community Health Center Network FQHCs, Children's First Medical Group, and Alameda Health Systems. These groups will conduct direct outreach to assigned members through calls and text messaging, offer vaccine appointments at primary clinics and share information about vaccine locations as needed.

**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.**

Along with local safety-net partners, the Alliance will continue disseminating information about the COVID-19 vaccine, resources, and availability, to unvaccinated Medi-Cal member populations, members who are homebound, 50-64 years of age with multiple conditions, self-identify as persons of color, and 12-25 years old. The Alliance finds these members by conducting a CAIR2 and MCP data analysis and completing a cross-reference of member aid codes, and demographic information such as mailing address zip code, age, and ethnicity. We are coordinating with the Alameda County Public Health Department (ACPHD) to target census tracts with low vaccinated members the Alliance will focus to improve the vaccination results for Black and LatinX members; followed by all other members 12 years and older.

The Alliance will enhance COVID-19 outreach efforts by implementing a local billboard media campaign. The billboard design will encourage members to get vaccinated and be placed in disparate member populations across the county such as Oakland, and other neighborhoods along the I-880 corridor. By placing the billboards in these locations, we will reach more of our Black and LatinX member populations that have the lowest vaccination rates. Among the Alliance members who are unvaccinated, a large percentage self-identify as LatinX, or Black. We will also consider adding BART kiosks and other media forums on public transit to help improve vaccination rates.

The Alliance will also use the Alameda County census tract and MCP data to further enhance our outreach media by boosting social media posts on Facebook, and Instagram, to reach unvaccinated Medi-Cal member populations. For example, the Alliance will use the “paid boost” feature to promote our COVID-19 vaccine social media posts in neighborhoods along the I-880 corridor in Oakland, San Leandro, Hayward, and Fremont. The data will also help direct efforts to distribute printed flyer handouts at local churches, direct postcard and letter mailings, and call campaigns for unvaccinated Medi-Cal members.

All Alliance media outreach will be filed with DHCS prior to publication on our public website to share more detailed information and resources to help our members access the COVID-19 vaccine.

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

To address misinformation, our messaging will model local, state, and federal public health evidence-based information and resources – specifically the Alameda County Public Health Department (ACPHD), California Department of Public Health (CDPH), and Centers for Disease Control (CDC), and be designed to help our members make the best-informed decisions.

The Alliance will develop messaging with local leaders and conduct focus groups with member populations to test messaging and to evaluate hesitancy. For example, the Alliance message will reinforce:

- The COVID-19 vaccine is safe, effective, and available at no cost.

- 8 out of 10 people in our county have completed at least one dose. There is strength in numbers, and we are stronger together. It's up to you to help strengthen our power to protect our community.
- Talk to your pastor, doctor, trusted friends, family, and loved ones about the vaccine. We are in this together, and we can all work together to be a part of the solution.
- We are in this together - and we are here for you. Complete your COVID-19 Vaccine to Protect our Community.
- We will work with our Community partners for threshold language-specific outreach.
- We will work with our Community partners on outreach materials that may speak to specific cultural awareness we need to consider.

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

The Alliance will work in conjunction with local safety-net partners, Community Health Center Network (CHCN) which includes the Native American Health Center, ACCA (Alameda County Care Alliance) a coalition of local church pastors and leaders, and our Consumer Advisory Committee, to engage trusted partners in our media campaigns.

We will fortify our media campaign with outreach to primary care physicians of unvaccinated members, members who are homebound, 50-64 years of age with multiple conditions, self-identify as persons of color, and 12-25 years old. Our provider outreach will include:

- New solo and group provider incentives for reaching and vaccinating a threshold number of unvaccinated Alliance members,
- Alliance gap in care unvaccinated patient lists created from CAIR2 and health plan data and shared with providers each month; and
- Alliance network provider COVID-19 resources and tools. For example, in the month of August 2020, the Alliance gifted 26 All-Purpose Vaccine Refrigerators to our network providers, to help them in obtaining compliance with facility site reviews.

**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.**

Working with local safety-net partners and providers, the Alliance will leverage existing partnerships to work with local schools and colleges to reach youth 12-25 years of age. The Alliance will work with the ACHCSA Center for Healthy Schools and Communities, ACPHD, and delegate provider CHCN to explore hosting COVID-19 vaccination clinics in school-based health centers. The Alliance will also work with these partners to

provide Alliance Back to School Safe Starter Kits with informational flyers on how and where to get the COVID-19 vaccine and incentive information, personal protective equipment such as face masks, and hand sanitizer, and school supplies. The ACHCSA Center for Healthy Schools and Communities includes the Alameda County Office of Education and 17 school districts:

- Alameda County Office of Education
- Alameda Unified School District
- Berkeley Unified School District
- Castro Valley Unified School District
- Dublin Unified School District
- Emery Unified School District
- Fremont Unified School District
- Hayward Unified School District
- Livermore Valley Joint Unified School District
- New Haven Unified School District
- Newark Unified School District
- Oakland Unified School District
- Peralta Community College District
- Piedmont Unified School District
- Pleasanton Unified School District
- San Leandro Unified School District
- San Lorenzo Unified School District
- Sunol Glen Unified School District

The Alliance will also work with the Peralta Community College District and local Universities to reach youth 18 to 25 years old.

Our safety-net partner, ACPHD, will also continue to coordinate community-based organizations and faith-based organizations partners with deep ties to the community to plan and implement health literacy, promotion, and outreach efforts around COVID-19 vaccination and COVID-19 mitigation in culturally and linguistically appropriate ways. Partners will be drawn from several existing partnerships, networks, and contractors that together represent nearly 50 organizations including Outreach and Health Education (OHE), Office of Minority Health and Health Literacy partners, Contracted Community Coalitions and Community Navigator Street Level Outreach Partners. This program may also include “virtual promotores” and training for social media influencers.

**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.**

Our efforts to counter misinformation will continue to be a part of all Alliance communications including:

- Focus groups with unvaccinated members
- Focus group with our Alliance Consumer Advisory Committee members.
- Direct outreach letters, interactive voice response (IVR) automated calls, postcards, and live after-hours calls.
- Direct physician outreach with gap in care unvaccinated patient lists, and provider incentives to reach members.
- Member Services Call Center, Case Management, clinical, pharmacy, and behavioral health member encounter scripts.
- Live calls with clinical staff to speak to members and answer questions about the vaccine.
- Digital website and social media Facebook, Instagram, and Twitter communications.
- Local community faith-based organization church flyer handouts.
- Billboard locations based on member populations census tract data.

We may partner with Alameda County Public Health mobile clinics. The goal would be to have County physicians hold “office hours” at specific sites, such as affordable housing and community centers, for members to ask questions and hear from physicians. Then the following weeks hold vaccination clinics at those sites.

The Alliance COVID-19 vaccine communications will also include vaccine FAQs and trusted resources to help dispel myths.

Our Health Analytics team conducts data analysis using CAIR2 and MCP data to learn who our vaccinated and unvaccinated members are, who their doctor is and where they live. Our data analysis includes an evaluation of monthly trends for fully and partially vaccinated members, and their primary care assignment, their mailing address zip code and city, their ethnicity, age, and gender.

The analysis also includes an evaluation of the members in high-risk zip codes and the top 15 cities with vaccinated members. For example, our members who live in Oakland have the lowest vaccination rates. Our outreach is informed by knowing our member and their vaccinations status and addressing misinformation through the selected media methods to improve vaccine uptake.

**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.**

Together with local safety-net partners: Community Health Center Network (CHCN) which includes the Native American Health Center, Alameda Health System (AHS), and our Consumer Advisory Committee - we will partner with trusted community

organizations to enhance messaging and content, and to become message ambassadors, including:

- Alameda County Health Care Services Agency (ACHCSA) / Alameda County Public Health Department (ACPHD)
- Alameda County Care Alliance (ACCA) a coalition of local church pastors and leaders
- Community Health Center Network (CHCN) Tribal Clinic
- Alameda County Foodbank
- First 5 Alameda County
- Rebuilding and HelpBerkeley

The Alliance delegated provider group, Community Health Center Network (CHCN) and the federally qualified health centers also will assist in these efforts by conducting in-reach to patients enrolled with the Alliance and deploy the following tested strategies and evidence-based interventions:

- Provider and nurse-led counseling to build vaccine confidence.
- Expanding partnerships with local organizations and employers to reach unvaccinated members through in-person and virtual events.
- Targeted messaging centering key populations.
- Peer outreach by community health workers from priority communities.
- Incentivizing social networks of community members to disseminate tailored messaging and link people to vaccine providers.

The Alliance will also work with Alameda County Health Care Services Agency (ACHCSA) to provide vaccine clinics at Santa Rita Jail. In addition to addressing the justice system, we are proposing to fund new mobile clinics to deliver vaccines in neighborhoods with low vaccination rates to reach the community. We will partner with Alameda County Care Alliance (ACCA) their health navigators to help provide outreach in churches. Collectively, these efforts will also help support the California Department of Public Health (CDPH) and Medi-Cal FFS vaccine efforts, by expanding beyond only the Medi-Cal Managed Care population and also reaching non-Medi-Cal residents by working with others in the county to take the vaccine to where people live.

The Alliance will partner with ACCA health navigators using CAIR2 data and census tract data, to identify who our unvaccinated members are, where they live, their mobility, chronic conditions, age, and ethnicity. The care navigators will work with their churches to provide materials that have appropriate messaging and how to receive the vaccine.

**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.**

The Alliance will partner with local public health agencies, Alameda County Health Care Services Agency (ACHCSA), and Alameda County Public Health Department (ACPHD) by attending and participating in regular agency meetings. As a best practice, we seek input and feedback from local public partners and providers and work together to create and implement a comprehensive vaccination plan.

We will also continue to participate in statewide public health agency meetings, to learn and share best practices in our collective efforts to achieve a shared goal to vaccinate members who are homebound, 50-64 years of age with multiple conditions, self-identify as persons of color, and 12-25 years old.

The Alliance may partner with County mobile clinics and at-home vaccination teams to take the vaccine to where people live. For example, County physicians would hold “office hours” at specific sites, such as affordable housing and community centers, for members to ask questions and hear from physicians. Then the following weeks hold vaccination clinics at those sites.

The Alliance may also employ a temporary consultant to help facilitate the execution of our vaccination response plan to improve COVID-19 Vaccine equity.

**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.**

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The Alliance may also employ a temporary consultant to help facilitate the execution of our vaccination response plan to improve COVID-19 Vaccine equity.

**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.**



Working together with local safety-net partners we will continue providing information and support for members with access barriers.

Our delegated transportation vendor Modivcare provides transportation to vaccination sites in Alameda County. The Alliance communication collateral includes transportation and other information that addresses access barriers for members, including:

- Direct mailings include language and transportation resources and support for members to access vaccine locations, as well as frequently asked questions (FAQs) and website resources for member access needs.
- Direct follow-up interactive voice response (IVR) automated calls and postcard reminders.
- Flyers available in print and digital formats that contain access information for local community faith-based organizations.
- Social media boosts on Facebook, Instagram, and Twitter.
- Alliance billboard locations based on census tract data and public transit.
- Call campaign phone outreach of live agent and after-hours calls conducted from 4 pm – 7 pm.
- Member Services, Case Management, behavioral health, and pharmacy member encounters messaging and scripts.

Our Member Services Call Center will also continue to help members with access needs navigate vaccine appointments, transportation, and language services. We also offer a 24/7 Advice Nurse Line to provide access for members. All Alliance COVID-19 communication collateral is available in our member threshold languages and includes language assistance services taglines and notice of nondiscrimination to support access for our members.

To further support members with access barriers, we may partner with County mobile clinics and at-home vaccination teams to take the vaccine to where people live. We will also explore hosting vaccination clinics at Santa Rita Jail. We will work with the Care Alliance health navigators to help connect people in churches with access barriers.

**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.**

All Alliance members can access the COVID-19 Vaccine at all of the available Alameda County Public Health Department (ACPHD) vaccination sites and points of distribution (PODs) including, churches, community centers, and Fire Departments in Alameda County. Alliance members can visit or call MyTurn.CA.gov, the ACPHD website

<https://www.primarybio.com/r/alco-vax-signup>, or text their zip code to GETVAX to find the vaccination location nearest to them.

Our members can also access the COVID-19 Vaccine at Alliance network primary care clinics and FQHCs in Alameda County, which include UCSF Benioff Children's Hospital Oakland (BCHO), the Community Health Center Network (CHCN) health centers that include Native American Health Center, Alameda Health System (AHS), and Roots.

The Alliance identified unvaccinated member populations, and members who are homebound, 50-64 years of age with multiple conditions, self-identify as persons of color, and 12-25 years old, and their primary care providers, using Alameda County census tract data, CAIR2 data, and Alliance member data. The Alliance is also conducting direct member and provider outreach to encourage network providers to become COVID-19 vaccine providers and reach out to their patients to help them get vaccinated. We will supply our providers with gap in care reports of their unvaccinated patient lists and resources such as All-Purpose Vaccine Refrigerators to help improve vaccination rates.

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

Following approval from DHCS, the Alliance round four outreach efforts will prioritize unvaccinated Medi-Cal member populations who are homebound, 50-64 years of age with multiple conditions, self-identify as persons of color, and 12-25 years old. Between September 2021 through February 2022, the Alliance will conduct direct outreach to PCPs and their assigned members. We will provide gap in care reports of unvaccinated patients lists and resources to providers and offer an incentive for these providers to become COVID-19 Vaccine providers, and to reach out to their patients to help them get vaccinated.

The Alliance through the funding offered by DHCS will offer incentives to the physician and the physician's office to increase their assigned members' vaccination rates.

The Alliance will also share provider resources and tools, such as All-Purpose Vaccine Refrigerators, to improve vaccination rates.

We will also increase our member COVID-19 Vaccine incentive from \$10 to a \$50 grocery gift card, and directly reach out to our members with letters with language and transportation resources, vaccine locations, frequently asked questions (FAQs), and website resources, interactive voice response (IVR) automated calls, postcard mailings, and live after-hours calls from 4 pm to 7 pm. The Alliance member encounter scripts, church flyer handouts, billboards, and social media posts will include COVID-19 Vaccine information and resources.

Our delegate provider Community Health Center Network (CHCN) health centers will provide direct outreach to assigned members through telephone and text outreach. Members will be offered a vaccination appointment at their primary clinic and information on how to access vaccination through other venues when needed. Evidence-based phone outreach may include provider calls.

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

The Alliance is currently working with our County Public Health department on outreach to our contracted network. The goal is to help physicians sign up to become vaccine providers and help them better understand cold chain custody questions.

The Alliance has conducted outreach to our pediatric network and to all providers that the Alliance purchased vaccine refrigerators for during the pandemic.

The Alliance will work with Alameda County Public Health on the next steps and which providers they want us to outreach/target next.

**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.**

The Alliance will work with schools, churches, faith-based and community-based organizations, neighborhoods, pharmacies, the Santa Rita Jail to offer pop-up and mobile vaccination clinics, and county mobile vaccination teams for homebound residents.

Alliance delegate provider Community Health Center Network Health Centers may also partner with local organizations and businesses to provide vaccine information and deliver vaccinations on-site in areas with low vaccination rates.

**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.**

The Alliance will adopt existing direct outreach efforts to continue to target members who are homebound, 50-64 years of age with multiple conditions, self-identify as persons of color, and 12-25 years old, modeling local, state, and federal public health evidence-based information and resources - specifically ACPHD, CDPH, and CDC, and designed to help members make the best-informed decisions.

Our outreach efforts will prioritize unvaccinated member populations, homebound, 12+, and 2-weeks past due for the second dose. We will reach out to 12,000 unvaccinated Medi-Cal members based on census tract data and their primary care providers first, and then 78,000 unvaccinated members based on CAIR2 and Alliance member data.

We will offer a new provider incentive for reaching a threshold of unvaccinated members as determined by the Alliance that is based on gap-in-care report unvaccinated patient lists and increase our member incentive from \$10 to a \$50 grocery gift card. We will also offer provider resources and tools such as All-Purpose Vaccine Refrigerators. All of our communication collateral will include information and resources to access the COVID-19 Vaccine.

We will work with our County partners to explore offering vaccines after church services. For example, we may work with churches in the coalition to host mobile clinics after drive-up and traditional church services. We will also work with church health navigators to reach out to members of their congregation. In partnership with the Care Alliance, we develop scripts, tools, and resources to share at churches.

We will also explore hosting mobile clinics at community events such as concerts and sporting events. For each vaccination site, including pharmacy vaccination sites, we will work to offer member incentives at the site of care.

**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.**

Partnering with local safety-net partners we will target members who are homebound, our partners include Alameda County Health Care Services Agency (ACHCSA), Alameda County Public Health Department (ACHPD) and Alameda County Care Alliance (ACCA) a coalition of local church pastors and leaders.

The Alliance will analyze member aid code, encounter, and utilization data to help identify members who are homebound. We will collaborate with the County to help facilitate home visit vaccine distribution and street medicine teams at LifeLong and Roots FQHC street medicine mobile units and work to offer incentives at the site of care. We will also create vaccine member encounter messaging and collateral, and vaccine coordination for delegated durable medical equipment home deliveries.

**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.**

We will increase our member COVID-19 vaccine incentive from \$10 to a \$50 grocery gift card. We will include information about access to the vaccine in all outreach communication collateral, including, but not limited to, direct member mailings, automated and live call campaigns, printed and digital flyers and handouts, social media posts, billboards, and member encounter scripts.

The Alliance will explore pharmacy vaccine distribution sites with member incentives at the site of care. We may develop a script with member incentive information for member encounters in pharmacy settings. We will also explore sharing member vaccination status with contracted pharmacies to offer vaccines during member prescription pick-ups and collaborating county mobile clinics. For example, the “Shot Proof” campaign will provide prescription bag tagging with tailored messages for members and reminders from tech and/or pharmacists.

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

Together, with local safety-net partners, we will work to bring vaccinations to where people live. Partners in these efforts include Alameda County Health Care Services Agency (ACHCSA), Alameda County Public Health Department (ACPHD), Community Health Center Network (CHCN) that includes Native American Health Center, Alameda Health System (AHS), ACCA (Alameda County Care Alliance) a coalition of local church pastors and leaders, and our Consumer Advisory Committee.

Following DHCS approval, we will increase our member COVID-19 vaccine incentive to a \$50 grocery gift card. We will include information about access to the vaccine in all outreach communication collateral, including, but not limited to, direct member mailings, automated and live call campaigns, printed and digital flyers and handouts, social media posts, billboards, and member encounter scripts.

We will work with our provider partner street medicine teams such as LifeLong Medical Care, Tiburcio Vasquez Health Center, Bay Area Community Health, and Roots FQHC Street Medicine mobile units to bring vaccinations to members. We will also work to offer vaccine incentives at the site of care.

**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.**

The Alliance will continue to use CAIR2 data and Alliance member data to identify unvaccinated Medi-Cal members. The Alliance will also use Alameda County census tract data and member zip codes to identify geographic areas with low vaccination rates and prioritize these locations for outreach. For example, recent data analysis of CAIR2, census tract, and member data, have identified the top 10 geographic locations to prioritize outreach. We will partner with churches to reach members and unvaccinated populations in these places.

Our data analysis includes an evaluation of monthly trends for fully and partially vaccinated members, and their delegate and direct primary care assignment, their mailing address zip code and city, their ethnicity, age, and gender. The analysis also

includes an evaluation of the members in high-risk zip codes and the top 15 cities with vaccinated members. Our members who live in Oakland, CA, have the lowest vaccination rates. The Alliance uses data to inform our work.

- 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.**

The Alliance will conduct direct provider outreach for unvaccinated member populations. The Alliance will share gap and care reports of unvaccinated patient lists with primary care providers and delegate provider groups including, Native American Health Center, and Alameda Health Systems to help 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.**

The Alliance uses CAIR2, Alameda County census tract, and Alliance member systems of record data to identify, track and target unvaccinated members. The Alliance receives CAIR2 data weekly and compares it against MCP claims and encounter data to find unvaccinated members. This data analysis informs our outreach strategy. The Alliance may also use member incentive gift card reports and delegated networks data to identify and track unvaccinated members.

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

The Alliance will work with our Board of Governors and Consumer Advisory Committee to help determine local misinformation trends. We will also conduct focus groups with unvaccinated members and our Consumer Advisory Committee to further evaluate misinformation trends. We will track our member call logs and conduct multi-media monitoring to evaluate misinformation trends. The Alliance will also poll our local partners, such as Alameda County Care Alliance (ACCA), to better understand what they are hearing. Using this information, we will create action plans for our messaging to counter 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.**

The Alliance will use Health Suite and ODS member systems of record data, COVID-19 vaccine call logs tracking reports, and member incentive gift card fulfillment reports, for

administrative oversight and to prevent duplication. For example, when a member calls to claim their COVID-19 Vaccine gift card incentive, our Member Services Representative confirms that the vaccine is complete by reviewing our internal CAIR2 report of vaccinated members. After the member vaccine completion is confirmed, our Member Services Representative submits a service request in our HealthSuite system of record to initiate the gift card fulfillment. The Alliance maintains reports for members who completed their vaccine, members who call to claim their gift card, and mailing fulfillments with gift card serial numbers, request received, and mail dates.

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

Together, with local safety-net partners and providers, the Alliance will be intentional about only sharing messaging with factual information to help members make the best decision for their health. We will encourage our members to know the facts, ask questions, and take action to stay safe, and we will refer members to speak with trusted sources such as their PCP and Pastor or Priest.

**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.**

The Alliance will work with local safety-net partners and members who are homebound, 50-64 years of age with multiple conditions, self-identify as persons of color, and 12-25 years old, to increase vaccination rates.

Our delegated providers include Community Health Center Network (CHCN) that includes Native American Health Center, Alameda Health System (AHS), Children's First Medical Group (CFMG), and Kaiser, and delegate behavioral health provider Beacon, and pharmacy provider PerformRx.

The Alliance will create gap in care reports of unvaccinated members for each delegated provider group. The Alliance will incentivize providers to become vaccine providers, and for reaching out to their patients and helping them get vaccinated. The Alliance Provider Services Team will conduct follow-up calls to answer any questions providers may have about the incentive program. The Alliance will also create provider tools, resources, and member encounter scripts that primary care, behavioral, pharmacy, and durable medical equipment providers can use.

We will also coordinate the "Shot Proof" campaign with participating pharmacy providers to create a mechanism for ongoing vaccine reminder messaging and administration. For example, the "Shot Proof" campaign will provide prescription bag tagging with tailored messages for members and reminders from tech and/or pharmacists.

As a part of our work to implement this plan, the Alliance will continue to convene regular ongoing meetings and plan-do-study-act (PDSA) feedback with partners. The Alliance will also share and request process and outcome measures and reporting from delegate provider partners.

The Alliance may also employ a temporary consultant to help facilitate the execution of our vaccination response plan to improve COVID-19 Vaccine equity.

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

Following DHCS approval, we will increase our member incentive from \$10 to a \$50 grocery gift card and include vaccine access and incentive information in our communication collateral: including, but not limited to, direct mailings, automated and live agent call campaigns, faith-based organization church flyer handouts, social media posts, billboards, public transit kiosks, and member encounter scripts. In addition, our member mailings will include language and transportation resources, vaccine locations, frequently asked questions (FAQs), and website resources.

The Alliance will continue to leverage existing direct outreach efforts to continue to target members populations, and members who are homebound, 50-64 years of age with multiple conditions, self-identify as persons of color, and 12-25 years old. Our outreach efforts will prioritize these unvaccinated Medi-Cal members. We will continue reviewing CAIR2, census tract, and MCP data to inform our strategy.

Our messaging will model local, state, and federal public health evidence-based information and resources and be developed in partnership with member population leaders and providers. Our messaging will be designed to help members make the best-informed decisions. We will also conduct focus groups with unvaccinated member populations to test messaging and evaluate hesitancy.

- 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.**

Following approval from DHCS, the Alliance will offer a \$50 grocery gift card member incentive for completing the COVID-19 vaccine between September 21, 2021, and February 28, 2022. The Alliance will use CAIR2 data to verify member vaccine completion. The Alliance member incentive gift cards will be restricted, disallowing alcohol, tobacco, or firearm purchases. We will use our membership system to record and report fulfillments, and prevent duplication.



