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<b>Medi-Cal Managed Care Plan Name:</b>	<b>Anthem Medi-Cal</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.**

Our plan will deploy a multi-faceted campaign to outreach and distribute evidence-based information across its Medi-Cal population, with targeted approaches to specifically address racial, ethnic, language, geographic, and age-related disparities. To do this, we will leverage the strong partnerships we have built over the years with providers, community-based organizations, sponsored partners, and other stakeholders to distribute up to date information, educate and equip our members and partners with information and resources, address barriers, and empower our members to take steps to receive the vaccination. Engage. Educate. Empower.

Members: Our plan will amplify its efforts in conducting targeted multitouch campaigns to its Medi-Cal members focusing on populations with low vaccination rates and high indices on the Social Vulnerability Index (SVI). These campaigns will include outreach from case managers to educate members with evidence-based information and removing barriers, such as suggesting transportation options and assistance with making appointments. Other components will include in-language/culturally matched text messages, and interactive voice response (IVR) calls to educate and engage members. Campaigns will focus on providing evidence-based information from trusted sources, informing members where they can get vaccinated, and helping to identify and address SDOH-related needs.

Providers: Our plan will work with our providers and medical groups to distribute information, recommend getting vaccinated, and administer or help schedule the vaccination. We will equip providers and medical groups with vaccination toolkits which will include but not be limited to a list of their members who have not been vaccinated and materials to help with outreach, such as call scripts, suggested text messages, and email templates. Our plan will remind providers of the importance of using their trusted voices to encourage vaccination.

Community and faith based organizations: Our plan will expand on our partnerships with trusted community-based and faith-based organizations to provide education to the staff and help distribute evidence-based and culturally appropriate information about the vaccine to encourage uptake. Our plan will utilize our CACs/MOUs, Stakeholder advisory board, and other public forums in the community to distribute evidence-based, county/region specific information and resources available to help encourage vaccine uptake.

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

Our plan will build on our outreach strategy, as described in question one, to concurrently provide information on where and how to access the vaccine within the members community using all our stakeholder relationships.

Our plan's multi-faceted member outreach campaign will include information about where the member can receive a vaccine within their community and assistance with transportation to and from appointments, if needed.

Vaccine toolkits for providers will have call scripts, text templates, and email templates that they can customize to include information about scheduling a vaccine and locations for getting a vaccine. Providers who vaccinate in their office will be encouraged to schedule vaccine appointments in their office. If this is not an option, they will provide information about how to schedule at a nearby pharmacy or vaccination site through MyTurn.ca.gov or a county-specific scheduling website if applicable. Our plan will provide reminders of our transportation benefit which can be used for travel to and from vaccination appointments.

Our plan will provide targeted outreach to our unvaccinated homebound members and link them to county-based resources for getting vaccinated when available. When those resources are not available, we will partner with an organization to outreach, schedule, and provide in home vaccinations to our members and their families.

Vaccination events by key partners will continue to be reposted on social media, especially from county partners and in geographies with low vaccination rates and high indices on the Social Vulnerability Index. Our plan will provide information about vaccination sites and events at County Public Health & Behavioral Health Meetings, quarterly Community Advisory Committee Meetings, and local COVID 19 Community Calls.

**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.**

Our plan has been leading strategic media campaigns to raise awareness, educate and influence positive outcomes since the beginning of the COVID-19 crisis. Thus, our plan is well positioned to leverage its expertise in executing both earned and paid media campaigns to amplify efforts that reach high-risk populations, dispel myths and address vaccination.

Our plan has several strategies to leverage earned media:

- Thought leadership editorials/commentaries may be placed in targeted print publications with high circulation rates among our members and high-risk groups.
- Press releases and news announcements with information about vaccination, access and resources may be distributed across targeted areas.

- Our plan has access to robust media contact lists that enables us to pitch content, interviews, outreach efforts, PSAs and more to earn media mentions that connect target audiences with information and resources to promote vaccination access.
- Through a member-facing blog, our plan can reach its Medi-Cal members to disseminate both print and video media content.
- Our plan will work with partners to promote media campaigns through existing partnerships newsletters, social media and other touchpoints.
- Our plan will continue to disseminate digital information organically through social media channels and customize digital campaigns to strategically reach audiences.

Our plan engages in paid media campaigns that include print and digital media ad buys as well as micro-targeting and social boosting:

- Our plan pursues ad placement, paid advertorials, and public service announcements in print publications that are highly read/circulated among focus groups.
- Our plan has digital campaigns that geo-target audiences and boost digital content to amplify reach. Video content and social media influencers are also promoted through paid campaigns.

As our plan continues to launch marketing and outreach efforts (i.e., roundtable discussions, sponsored events, informational videos, celebrity/influencer engagements, etc.), we will continue to use both paid and earned media campaigns to raise awareness and engage focus audiences.

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

Our plan works closely with its community partners and advocates to address misinformation through educational efforts which extends to media via traditional and digital efforts as noted above in question 3.

We will continue to work with and support local organizations, providers and key influencers at the local level in efforts such as in creating video content that promotes factual based content to educate, engage and empower members and the community.

Our plan will boost efforts to further build activities such as cohosting webinars and town halls with key influential organizations (i.e. xxx, etc.) in person where appropriate or via virtual forums.

We will leverage materials and information from trusted resources and partners for use in media and outreach activities. Among items to be used is a toolkit which was developed via partnership with a trusted national organization and consists of fact-based and culturally relevant information to encourage informed conversations.

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

Our plan will leverage and expand its partnerships within key communities, including trade groups and health boards to address member concerns around vaccinations. Our plan works with and supports the xxx. Our plan is also building out partnership with the trade groups and is sharing information with xxx.

Our plan will distribute vaccine information and help encourage the community to get vaccinated. Using the data available, we will first identify and target the community-based organizations that can help us reach the membership underrepresented in vaccine data. We will share vaccine related collateral and seek their help in distributing the information. We will also use these relationships to gather feedback regarding the support they need or issues they are encountering in reaching the population. A toolkit will be provided including information the organization can distribute to members and information regarding where members can get vaccinated.

**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.**

Our plan attends the school district coordinated school council meetings. The meetings allow for an opportunity to share information on various initiatives and programs. Information on the importance of being vaccinated will be shared at these meetings. The information is then shared with the school nurses and teachers in the districts. Additionally, our plan will work with schools to attend parent meetings, back to school nights, and open house events where information can be shared. This same opportunity is available at the County Office of Educations, using their parent meetings and teacher meetings as a platform to share information. Our plan partnerships with Unified School Districts include, but are not limited to xxx.

Our plan also partners with colleges, xxx, and other youth led organizations to share information on COVID vaccines and sponsor events. Examples of college partnerships include, but are not limited to xxx.

**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 plan has been leading efforts to raise awareness, educate, and influence positive outcomes since the beginning of the COVID-19 crisis. We will continue to leverage and expand on key partnerships deep in the community to amplify efforts that reach high-risk populations, dispel myths, and address vaccinations.

We will continue to work with and support local organizations, providers and key influencers, including faith based leaders, at the local level in efforts such as in creating video content that promotes factual based content to educate, engage and empower members and the community.

Our plan will boost efforts to counter misinformation with events with our trusted partners, such as cohosting webinars and town halls with key influential organizations. Examples of trusted partners include, but are not limited to xxx.

Our plan will provide materials and information from trusted resources and partners for use in media activities, including a toolkit which was developed via partnership with a trusted national organization and consists of fact-based and culturally relevant information to encourage informed conversations.

With the FDA approval of the Pfizer vaccine, we are preparing to deploy social media posts, again targeting areas with low vaccination rates and high SVI, to instill another layer of confidence that the vaccine is safe and effective.

**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.**

Our plan has been actively involved in the community to support and partner on a wide range of efforts to assist with outreach and communication to communities at large, regardless of plan. We will continue these efforts with an even more focused approach to our Medi-Cal Fee for Service members, identifying those who need to be vaccinated.

To reach these members we will provide trusted resources with the tools they need to engage, educate, and empower members. Our plan will partner with trusted community-based organizations, including faith-based organizations, advocacy groups, foodbanks and race/ethnic-based organizations to help distribute vaccine information encouraging the community to get vaccinated. Using the data available, we will first identify and target the community-based organizations that can help us reach the membership underrepresented in vaccine data. We will share vaccine related collateral and seek their help in distributing the information. We will also use these relationships to gather feedback regarding the support they need or issues they are encountering reaching the population. A toolkit will be provided including information the organization can distribute to members and information regarding where members can get vaccinated. In addition to the partnerships outlined in question 5, Our plan has many partnerships with Indian health facilities including, but not limited to xxx.

Through our attendance at weekly County COVID 19 meetings in most counties we serve we share information, hear what other organizations are doing, and collaborate on campaigns to support the community through the pandemic in getting them vaccinated. We carry through with

this same approach at quarterly Community Advisory Committee meetings, attended by community based organizations, providers, and members.

**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.**

Our plan currently conducts quarterly MOU meetings with County Public Health Departments. Clinical care management staff participate in county MOU meetings to share resources, exchange best practices, and communicate any lessons learned from member-facing engagements. Care management staff reinforce county-specific public health resources during member calls and facilitate access to those resources (including support with navigating MyTurn and other county-driven vaccination programs). Additionally, county agencies are equipped with streamlined referral pathways to the clinical care management team, allowing for regular and consistent collaboration beyond the quarterly MOU meetings.

Our plan has many ongoing and planned partnerships with local public health agencies to coordinate vaccine response plans. Currently Our plan is partnering with xxx to exchange data, outreach to, and vaccinate our homebound members and their families in their homes. In xxx, our plan has partnered with the County Public Health Department and xxx by attending community events focused on high school age children and their families to provide vaccines.

**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.**

Our plan will evaluate and expand on vaccination strategies that result in improved vaccination rates, leveraging county-specific and population-specific data to drive targeted efforts. Best practices will be gathered from providers and community-based partners to inform future strategies.

Our plan will continue to explore innovative partnerships with providers, community-based organizations, county-based agencies, and others to meet and support our members in the communities and neighborhoods where they live. We will leverage extender resources, including community health workers, to facilitate member engagement and access to health-related education and health plan benefits.

Our plan will continue to refine data gathering and health care analytic strategies to drive tailored vaccination solutions for the populations we serve. Our plan is committed to sharing this data with network providers and trusted community partners to support their vaccination efforts.

**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.**

Care management is available to all our members and includes clinical assessment and identification of barriers to care. Physical, behavioral, and social determinant of health needs are addressed via health promotion activities, facilitation of referrals, and diligent coordination with members and their chosen support network. Specifically related to access barriers, education on our transportation benefit is reinforced in member-facing engagements. Interpreter services are utilized, as necessary, and members are educated on how to access interpreter services. Members also receive guided support with navigating various appointment systems, including but not limited to, PCP and specialist visits, ancillary services, and social services, with the eventual goal of self-management.

Our plan's network providers, community-based and county-based partners are equipped with provider-facing and member-facing materials to reinforce Our plan's available interpreter services and transportation benefit.

Our plan is proactively identifying and outreaching to our members with past transportation needs to screen for vaccination status, help schedule appointments, and arrange any necessary transportation. Our plan is partnering with county Public Health Departments and a vendor to provide in home vaccines to homebound members and their families.

**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.**

Based on claims and encounter data, which provide a partial view of vaccination activity, at least xxx% of our PCPs are providing the vaccine in their office. These PCPs have xxx% of our membership assigned to them.

Our plan is in the process of surveying its network providers to obtain more granular information about vaccine access in clinics and to outreach clinics who are interested in becoming vaccine providers to provide resources, support, and provider incentives.

There are gaps in vaccine access at PCP offices throughout the geography that we serve. The gaps are most pronounced in xxx, with the largest gaps in xxx. Our plan's outreach efforts to PCPs is widespread and special attention will be paid to the areas with the largest gaps.

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

Our plan will supply providers with vaccine toolkits, which will include a list of their members who have not yet been vaccinated, and materials to help with outreach, such as call scripts, suggested text messages, and email templates in multiple languages.

The kits will also include information about our transportation benefit, language translation support, and evidence-based educational materials. Covid Vaccine Teams are being developed to provide more intensive support to clinics in need to help operationalize their member engagement and vaccine outreach.

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

Many of our plan's primary care providers already administer the vaccine in their office. Our plan will encourage even more providers to administer vaccines in their office through outreach and support. Our plan is actively planning a provider incentive to enroll as a vaccine provider, and an additional provider incentive based on their member vaccination rates.

**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.**

Our plan has and will continue to expand efforts to provide support for vaccination pop-up clinics across counties, medical clinics, community and school-based organizations throughout California. Such support includes offering our staff volunteers, financial sponsorships, relevant COVID vaccine educational materials, as well as assistance, as identified, for onsite pop-up clinic staff.

Our plan will continue to collaborate and work closely with county public health departments to support pop-up vaccination events and disseminate information about events to the community, including social media posts and school partnerships.

Our plan will use data to further drive targeted support to those organizations addressing our members in communities of color, where there are high indices on the Social Vulnerability Index and where vaccination rates are low, including younger populations.

**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.**

There are many locations where our members can receive the COVID-19 vaccine, including provider offices, pharmacies, and vaccination sites or events. Our plan's various teams work to connect members to convenient locations where individuals can get vaccinated. The outreach, quality, and case management teams also, in their communication with members, work intently to address any barriers, including arranging transportation and language translation, if needed.

Our plan currently attends regular weekly County COVID 19 meetings in many counties. The meetings are an opportunity to share information and hear what other organizations are doing around the COVID pandemic. Utilizing its quarterly Community Advisory Committee meetings, attended by community-based organizations, providers, and members, Our plan will share



information and learn from others. Information on COVID vaccines is shared during these meetings and strategies are discussed.

**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.**

Our plan is committed to providing vaccine access to all homebound members. Our plan has existing and planned partnerships with several local public health departments to provide in home vaccines to homebound members and their families. When these partnerships are not available our plan will partner with an organization to outreach, schedule, and provide in home vaccinations to our homebound members and their families. Household members, regardless of health plan, can also be vaccinated in their home.

**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.**

Our plan will use pharmacy data to target outreach to specific populations and geographies with lower vaccination rates and encourage members to get vaccinated during their routine pharmacy visit. Our plan will partner with pharmacies to provide education and outreach to unvaccinated members. Information about the vaccine and getting vaccinated can be included on a member's pharmacy bag when they fill a prescription related to a chronic condition.

Our plan will share pharmacy data with our delegated groups and providers to help target outreach and increase vaccination rates.

Our plan's outreach campaign will promote pharmacies as one of several options for a location to receive their vaccine.

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

Leveraging available data, our plan will provide targeted outreach to unvaccinated homebound members and facilitate referrals to county-specific agencies or organizations who are equipped with resources to vaccinate members and their families at home. Agencies may include, but are not limited to, local public health departments, health systems, and other partner organizations.

Our plan will securely exchange data on unvaccinated homebound members with local county partners, network providers and delegated groups who have capacity to deploy mobile health units to administer the vaccine. Our plan will equip providers with appropriate collaterals to support outreach and education around the vaccine. Incentive arrangements may be established with providers to facilitate mobile vaccination activities, with our plan providing oversight and

gathering outcome data from participating providers. In addition, our plan will partner with an organization to outreach, schedule, and provide in home vaccinations to our members.

**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.**

Our plan receives regular vaccination data from DHCS and has built a vaccination dashboard with demographic information including age, sex, race and ethnicity, language, and geography. This has allowed our plan to identify populations with the largest disparities in vaccination rates and target those populations with high touch outreach and support.

**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.**

Our plan will provide vaccination toolkits for providers that include lists of their unvaccinated members. Our plan's outreach campaign will be based off of this data and will allow identification and targeting of our populations with the largest disparities.

**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.**

Our plan leverages all available resources and data sets to maximize our ability to track vaccination rates and target efforts. Our plan uses a variety of data sources to better understand COVID-19 immunization status amongst its members. Pulling from medical administrative claims, pharmacy claims, CMS data, clinical data pulled from electronic health records, and from individual state immunization registries, we use a hierarchical logic to de-duplicate and assemble as much information as we can around members' immunization. This cleaned dataset is then made available across the enterprise to key associates who have the appropriate level of access to obtain metrics and/or request member level information to conduct needed outreach. We propose to continue this process with further help from CDPH, DHCS, and other entities like our Health Information Exchange, Manifest Medix, because of the need to clean and match data as expeditiously as possible.

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

Our plan uses several sources, in addition to media, to identify trends and determine root causes for low vaccination rates and vaccine hesitancy. We take an agile and data driven approach to meet the needs of each county.

We work closely with organizations, such as xxx, who provide information about local trends. By partnering with community and faith-based organizations who have direct member interaction, we gather and exchange information about opportunities to remove barriers for vaccinations. This allows us to meet people where they are and provide information from a trusted source.

These efforts have led us to cohosting webinars and town halls with key influential organizations (i.e. xxx, etc.), creating and promoting evidence-based video content, and providing informative materials from trusted resources and partners.

**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.**

Our plan is committed to using a collaborative and data driven approach to oversee the coordination of our outreach activities, member support, and member incentives. Our plan has a data and analytics support team that tracks our member's vaccines and outreach efforts to ensure non duplication of efforts and member incentives.

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

Our plan is committed to avoid coercion with its outreach, support, and with member incentives. Our plan engages its members through trusted information channels to allow for evidence-based educational opportunities and support when wanted and needed.

**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.**

Our plan's multi-faceted campaign to outreach and support our members will rely on both internal and external efforts, including partnering with subcontractors. Our plan has performed digital and telephonic outreach to members and will partner with subcontractors to expand these efforts. Our plan will partner with subcontractors to outreach and vaccinate homebound members and their families in their homes.

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

Our plan will use direct member incentives as a strategy to increase vaccine uptake. Our plan will provide member incentives in the form of a \$50 gift card upon confirmation via report from

DHCS of a member's first vaccine dose, or upon confirmation of the second dose of a two dose series if the first dose was received prior to September 1, 2021. The \$50 incentive will be available to all of our members who meet criteria, regardless of provider. One hundred percent of the funds available for member incentives will be distributed directly to members. All guidance from Section II. Direct Member Vaccine Incentives will be followed.

Our plan is working with our providers and subcontractors to explore the opportunity and create a work flow to have them distribute, track, and ensure non duplication of member incentives.

- 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.**

Our plan is committed to adhering to all DHCS guidelines for members incentives and ensuring that members incentives do not exceed \$50 per member. All eligible members with verified, qualifying vaccines will be cross checked using our member vaccine database prior to the distribution of a direct member incentive.