Medi-Cal Managed Care Plan Name:	Central California Alliance for Health

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.

Prior efforts on building vaccine confidence and combatting misinformation will be leveraged. Since the start of the pandemic, evidence-based information was provided to all entities through promotion of the CDC guidelines as well as information from the local counties. In addition, research was done (i.e. literature review, informant reviews, member outreach surveys, feedback from providers from existing committees) on vaccine hesitancy for Black, Indigenous, People of Color (BIPOC) populations, agricultural workers, and children. There is an internal vetting process where content is reviewed by several subject matter experts and shared at the Pandemic Care Task Force for review and implementation. Information will continue to be provided through a variety of different mechanisms: 1) COVID-19 communication plan that includes updated information for members/providers/community on social media, website, newsletters, provider faxblasts, and letters to members, 2) All member touch points - use of talking points such as access, safety, and side effects of the vaccines for all member-facing teams, Alliance Call Center, Nurse Advice Line, etc. and 3) All external meetings, such as the Physician Advisory Group, Member Services Advisory Group, clinic and hospital joint operating committees, meetings and outreach to providers and CBOs, etc.

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

New efforts will include expanded discussion and promotion of the Vaccine Incentive Plan as well as new social media vaccine clinic promotion. Alliance staff work closely with local health departments and provider clinics to obtain information on local vaccination clinics. This information is shared with internal staff through a Community collaborative weekly summary report which ensures that member facing staff can share the most up to date information with members. Additionally, the Alliance website is updated with links to myturn and local vaccination sites. We will significantly expand prior efforts to promote local vaccination clinics and pop-up clinics through our social media page.

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.

The Alliance will develop a new paid media campaign for the Fall 2021 which will include a mix of digital, print and social tactics in all three counties. The Alliance will continue to post information about vaccine safety and availability on the Alliance's social media platforms, external website and in member, provider and community print and electronic newsletters.

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

The Alliance will deploy a paid media campaign later this Fall 2021 which will focus on the facts about the vaccine and encourage members to utilize trusted sources for factual vaccine information. The Alliance has already published Opinion articles in local newspaper publications

debunking myths about the COVID vaccine. This information was also shared on the Alliance's social media channels, website and in member, provider and community newsletters. The Alliance will continue to share factual information on these channels in order to correct misinformation.

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

The Alliance does not have tribal partners located within our Service Area. For trusted partners, we will identify and work on shared or complementary messaging as part of the local media campaign. This will include collaboration with providers, local public health department, schools, faith-based organizations, and other CBO's whom we had not previously partnered with, in additional to those with whom we have an existing relationship.

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.

The Alliance is developing expanded partnerships with local school districts to utilize current parent notification tools such as PeachJar, ParentSquare and school newsletters to share information with parents about testing and vaccination sites. The Alliance also plans to partner with school districts and CBOs to hold pop-up clinics for school sites.

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.

The Alliance will be taking further steps to help increase vaccine uptake among members, which include: 1) Leveraging State and local member incentives to promote the COVID-19 vaccine, 2) Monitoring inequities in vaccine distribution 3) Continuing COVID-19 member outreach and mass communication campaigns, which include targeted populations and key messaging, and 4) Supporting providers by sharing information and valuable resources. The Alliance will also be conducting an immunization survey for members to evaluate recent interventions and assess perceptions on receiving routine immunizations; this will assist in informing future interventions for COVID vaccinations and other routine immunizations. From February through May 2021, the Alliance outreach team conducted COVID-19 calls to members 16 and older — identified as high and moderate risk — to assist them with vaccine access, care coordination and transportation services. In addition, research was done (i.e. literature review, informant reviews, feedback from providers from existing committees) on vaccine hesitancy for BIPOC populations, agricultural workers, and children. This information was incorporated as talking points for use at all member touch points. Through our live outreach efforts, staff have been able to effectively address misinformation and provide COVID-19 vaccine information to extended family members. Moving forward, the outreach will focus on reaching members who are hesitant (fear of vaccine side effects, mistrust government, or cultural myths). The Alliance will equip outreach staff with information and facts that align with CDC and Government messaging. The information will be shared during outreach events, calls to members, or pop up clinics in the member's language by staff who live in their community. The Alliance will solicit input/feedback from a variety of different sources, provider, member, community, and internal/external committee meetings (i.e. Member Services Advisory Group, Physician Advisory Group, etc.) and act on countering misinformation and address vaccine hesitancy by consistently providing factual information and partnering with trusted partners in the community.

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.

The Plan will identify and work with schools, faith-based organizations, and other CBO's whom we had not previously partnered with, in additional to those with whom we have an existing relationship. We will partner to provide aligned messaging to our members and clients that will assist in addressing hesitancy and will provide information that will inform and educate regarding vaccine safety. We will also utilize the Alliance communications efforts which include information in the Alliance community newsletter, the "Beat", to distribute to local communities, radio messaging, and other Alliance messaging. The Alliance will continue to share resources including printed materials with CBOS to provide to clients. Alliance staff will also be present at community outreach events to support CBOs.

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.

Collaboration will be expanded around the Vaccine Incentive Plan. The Alliance has been collaborating with Santa Cruz, Monterey and Merced County Public Health Agencies throughout the pandemic. The Alliance Chief Medical Officer, Regional Operations Directors, Provider Services leadership and others will continue to meet with Public Health leadership on a regular basis to improve our response plan by identifying opportunities for vaccine clinic collaboration, developing outreach plans for member populations with lagging vaccination rates, and offering Alliance provider communication and connections to our public health agencies. Public health information will be shared with all involved Alliance department leadership through the Pandemic Care Task Force and the Community Collaborative weekly Summary. To this point, the Alliance has found public health agency collaboration to be invaluable for identifying opportunities to improve. Improvements in rural vaccination rates among agricultural workers have been achieved through these collaborations to date as evidenced by collaborative outreach with Public Health in Santa Cruz and Monterey County to rural/agricultural, predominately Latino members which have resulted in vaccine rates that do not significantly lag behind the overall County rates for these subpopulations in these locals.

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.

The Alliance has established a forum to address member COVID-19 vaccination needs through the Pandemic Care Task Force and can activate and coordinate activities such as member outreach, provider engagement, and community engagement as needed. During the pandemic, the Alliance developed and will continue to use a risk stratification methodology to identify and segment members who have not been vaccinated, create member rosters, and conduct outreach and follow up for targeted populations. In addition, a provider portal report was developed to identify members who have not received a vaccine to assist providers to outreach to members. To address member vaccination needs, in general, and sustain efforts for years to come, monitoring of preventive services is a core function of the Alliance Quality and Performance Improvement Program (QPIP) and incorporates identification, education, and follow-up. The Alliance Health Education Program is a core service within the QPIP, and member education materials, member incentives, and relevant vaccination information are promoted through this program. The Alliance has leveraged our partnerships with providers to promote enrollment in CalVax, assist with supplies or resources needed to support vaccine administration, and help providers to centralize efforts where one clinic may serve as a vaccination hub for multiple sites. We have also established strong partnerships with our Local Health Departments, with whom we meet regularly to better understand the vaccination landscape, including opportunities and barriers. Through these meetings, we are able to align health plan efforts with Public Health efforts to ensure that efforts are targeted to those community members most vulnerable and least likely to be vaccinated. Lastly, we have strong partnerships with local pharmacies who are planning to partner with us towards innovative outreach strategies to promote COVID and flu vaccination in our Service Area. These efforts will continue through 2021 and subsequent years, and will be complemented by provider incentives for CalVax enrollment (to increase vaccination

capacity), member and provider incentives for receiving or administering a COVID vaccine, and the support of the Alliance in providing useful and timely pandemic-related information and resources.

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.

Member outreach will now include expanded promotion of the Vaccine Incentive Plan. The Alliance launched several Member Outreach Campaigns, targeting members at highest risk of suffering serious COVID-19 disease. This has been an organizational effort with multiple departments involved, including member, providers and county partners. These ongoing partnerships have provided the opportunity for alignment in messaging and a better understanding to member's hesitancy towards the vaccine. Through these efforts we have learned that we have guided members through misinformation and addressed challenges with members who have low health literacy or language barriers. Resources and assistance were provided to members to access the vaccine, including vaccine locations, transportation services, websites or phone numbers with vaccine information, interpreter services, and translated materials.

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.

The Alliance provider network is broad and spans three counties, with vaccine access modeled differently in each area. Generally, FQHCs and large clinic systems are directly providing COVID-19 vaccines to their assigned members and often to other members of the community. Pharmacies and County-supported vaccine sites are also an available access point, particularly for those members whose PCP does not administer the COVID-19 vaccine. The Alliance makes available to all providers the current COVID-19 access points, and we support provider's in member outreach activities to increase vaccination rates through the provision and sharing of vaccination status for assigned members on the Alliance provider portal. An example of these activities is our recent engagement in quarter 3 with a large FQHC in Merced County to leverage their staff and vaccine supply to vaccinate Alliance members assigned to other providers. Specifically, the Alliance reached out to contracted PCPs who showed low vaccination rates for their Alliance linked members, and we connected those PCPs with the FQHC to establish vaccination events at the PCP's office. This work is newly launched, and we are hopeful that member vaccination rates will increase as a result of this innovative partnership. Rural vaccination rates among agricultural workers have shown to be lower than the overall county rates across CA. Improvement in these populations have been made through collaborative outreach with Public Health in Santa Cruz and Monterey County to rural/agricultural, predominately Latino members which have resulted in vaccine rates that do not significantly lag behind the overall County rates for these subpopulations in these areas. These efforts will continue with the collaboration and outreach to these populations. A review of Immunization coverage of our counties on August 25th shows that significant gaps remain between our Alliance population and the overall population respectively with at least one dose of COVID 19 vaccine. The plan has analyzed vaccine coverage by zip code and race/ethnicity with Merced County having the lowest rates in our service area. For racial ethnic groups, Blacks and Alaskan Native/American Indian were identified as having the lowest regional rates.

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

Throughout the pandemic, the Alliance has supported providers through active outreach to determine what challenges and barriers to vaccination may exist to provide support and to assist with mitigating challenges. This assistance has included sharing relevant local, state, and national information (including CalVax enrollment information and requirements), supporting access to timely and current vaccine data for assigned members (available through the provider portal), and providing information which can be shared with members regarding local vaccine access and vaccine-related topics (such as tips and tricks to overcome vaccine hesitancy). An example of these activities is our recent engagement in quarter 3 with a large FQHC in Merced County to leverage their staff and vaccine supply to vaccinate Alliance members assigned to other providers. Specifically, the Alliance reached out to contracted PCPs who showed low vaccination rates for their Alliance linked members, and we connected those PCPs with the FQHC to establish vaccination events at the PCP's office. This work is newly launched, and we are hopeful that member vaccination rates will increase as a result of this innovative partnership. We will continue to support PCPs in identifying their unvaccinated members and encouraging vaccination through provider and community-based access points. The Alliance has a Provider Portal report available to our network of primary care providers that reports the vaccination coverage of each linked member, including dates of vaccination. These data are updated weekly as data becomes available from DHCS and CDPH. We have promoted this report with the provider network and utilized by the clinics to conduct member outreach for unvaccinated members. In September, the Alliance will outreach to contracted PCPs who show low vaccination rates for their Alliance linked members are not fully vaccinated. This outreach campaign will encompass 42 PCPs in Merced County, 37 PCPs in Monterey County and 23 PCPs in Santa Cruz County. We will ensure that these PCPs know about additional resources that could help assist them in vaccinating the members and inquire about how we could assist them in increasing vaccination rates within their practice. We will continue to develop and share communications as emerging messages are identified about COVID-19 vaccination to our providers. These activities will continue through 2021 and beyond

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

The Alliance has actively shared information on how to enroll as a vaccine provider with our network, including materials posted online, shared through phone calls, and made available through email and Alliance eNewsletters. We have offered and will continue to offer to support to those providers who need assistance enrolling in CalVax. We recognize that not all providers will seek to enroll, and we will continue to leverage larger practices and alternate locations (pharmacies, etc.) as COVID-19 access points to which providers may direct members. The Alliance will plan to offer a minimum of two incentive opportunities for providers. The first will be an incentive for providers to enroll in CalVax to be eligible to administer COVID-19 vaccines. The goal of this incentive will be to increase the number of access points for members to receive vaccines from trusted sources, recognizing that a member's provider is typically the most trusted source of information on vaccinations. The second will be a per-encounter payment made to providers (primary care providers and potentially pharmacies and specialists) upon vaccination of an eligible Alliance member. The goal of this incentive will be to increase the number of members who are vaccinated, and the Alliance will support this effort through the provision of member hot lists to providers which detail those members eligible for but who have not yet received a vaccine.

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 expand support of pop up clinics, especially in communities of color and/or communities with lower vaccination rates. In Merced County, the Alliance has worked with the local public health department to form the Merced County Vaccination Implementation Hub Steering Committee in which any requests for pop up clinics are submitted and facilitated. Through this endeavor, the Alliance has helped support pop up clinics at migrant

housing complexes, African American churches, local flea markets, and other ethnic community-based organizations. The Plan will collaborate with organizations that serve the Black communities in Monterey County to offer pop-clinics. The Alliance will continue to look to support additional pop up clinics by providing incentives and having Alliance staff present during the event. As stated above, the plan has analyzed vaccine coverage by zip code and race/ethnicity and areas with lower rates will be prioritized. A review of racial ethnic groups has identified Blacks and Alaskan Native/American Indian as having the lowest regional 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.

Additional efforts to ensure pop-up clinic access will be made. The Alliance launched several Member Outreach Campaigns, targeting members at highest risk of suffering serious COVID-19 disease. As part of the outreach effort, the member-facing teams utilized a list of resources and vaccination sites (updated daily) to assist members for ease and access to obtain the vaccine. The Alliance will work with partners to ensure that pop up vaccination clinics are available in our member's local community and in areas that are frequented such as stores that sell food, organizations that provide food boxes, community resource centers, churches, malls and open-air markets. We will also work to ensure that the hours of operations of the clinic are in line with our members ' needs. Additionally, the Alliance will assist in arranging transportation to vaccination appointments for any members who needs it.

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

Expanding on previous efforts, ongoing and newly identified access issues will be addressed. Starting on June 8, 2021, the Alliance conducted member outreach campaign focusing on outreach for Alliance homebound members. Alliance staff conducted outreach calls and assisted members with COVID-19 vaccine access, care coordination, and providing assistance with transportation services. If members did not receive the COVID-19 vaccine, staff assisted members with MyTurn clinics and whether they wanted to be vaccinated at home or off-site. As of 8/25/21, Alliance data indicated that a significant number of homebound members received at least one COVID vaccine dose. Community Care Coordination Collaboration and planning with our local CBO's, local partners and faith-based organizations on how to obtain vaccination for any homebound member will move forward. Frontline staff will continue to receive real time information via internal resources such as the Community Collaborative weekly summary and the COVID Vaccination Opportunity resource. The Alliance will continue to provide information and up to date resources to members so they are able to obtain vaccines for homebound members.

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.

1. The Alliance will help coordinate COVID vaccine clinics hosted by pharmacies. This will help us expand the access points for our members.
2. The Alliance will directly provide the list of non-vaccinated members to the participating pharmacies at which the members have filled one prescription in the last 90 days. The pharmacy personnel will reach out to the members to help schedule a vaccine visit and address any vaccination hesitancy concerns. The Alliance will provide an incentive payment to those pharmacies that are successful in vaccinating eligible Alliance members. This approach will help increase the number of vaccinations among our membership.

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

A new call campaign based on population health information will be added. A call campaign was completed by the Alliance's Your Health Matters volunteers to all high risk home bound members with information on how to obtain a vaccination at home and encouragement to get vaccinated.

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 data tracking system will be utilized for vaccine promotion. COVID 19 Vaccination Data is collected weekly through the DHCS-CDPH Files. Additionally, monthly files are matched with both CAIR2 and RIDE Immunization registries for complete vaccination histories on our membership. These data are matched with demographic variables for the members and uploaded to a Tableau database. The database allows staff to monitor in near real time to assist in determining vaccination coverage by target populations by race/ethnicity, age group, spoken language and geography. These data support planning for outreach and member engagement. These data are also used for additional in-depth analysis to better understand any significant correlations between vaccination rate and SDOH variables, diagnoses (SMI/SUD), which can enhance our understanding and ability to target populations for additional engagement.

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 provider notification system will be promoted. The Alliance has had a Provider Portal report available since this spring to our network of primary care providers that reports the vaccination coverage of each linked member, including dates of vaccination. These data are updated weekly as data becomes available from DHCS and CDPH. More recently, the Alliance has been tracking clinics/clinic systems by overall vaccination rates and initiated outreach to those clinics with below average vaccination coverage for the 12+ population to ascertain if they are administering vaccine or referring for vaccine and what types of measures they may be using to improve vaccination. Furthermore, throughout the pandemic our Provider Services teams have been reaching out to clinics to determine what challenges and barriers to care may exist (adequate refrigeration, etc.) to provide support and assist with mitigating challenges.

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 has been collecting the immunization status of each member through claims and encounter data from clinicians and pharmacy, DHCS FFS files, and monthly matching of membership to the registry. These data are linked to other available claims and encounter files which are then used for additional in-depth analysis of the member's health history which provides insight into conditions (SDOH) and diagnoses (SMI/SUD) that can enhance our understanding and ability to target populations for additional engagement.

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

Member outreach efforts will continue and be expanded to populations identified with lower vaccine rates. Starting in spring of 2020 the Alliance has maintained robust outreach campaigns to our highest risk members. The campaigns were initially focused upon providing basic information about the disease, safety messages and offering

resources including food, transportation and linkage to mental health services. Since vaccine has been available, much of these messages have continued along with linkage to vaccination. While engaging with the members, our staff have carefully tracked the responses from these members, noting themes of misinformation, cultural beliefs, and vaccine hesitancy. The team has resources and some training to respond to these concerns while on the calls. We've also used these data to formulate improved outgoing messaging and responses in addition to formulation of communication campaigns developed and implemented by our Communications Department. Literature reviews and use of other data sources specific to vaccine hesitancy have also complemented this work to ensure that evidence-based practice has been implemented. On an on-going basis, the Alliance will continue to solicit feedback from members, providers, community, and local county partners at the various touch points or meetings to assess and address misinformation trends. In addition, data analysis of members who have not received the vaccine, those with delayed 2nd doses, geo-analysis of service areas and ethnicities/race, and other means to assess root causes for low rates will be reviewed, informed by, and acted upon in collaboration with internal and external 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.

The Alliance launched in 2020 a Resuming Care Task Force which consisted of a cross-functional group of Alliance leaders coordinating activities across members, providers, and community stakeholders to ensure the continued provision of timely care during the first half of the pandemic. This task force transitioned to the Pandemic Care Task Force (PCTF) in January 2021, with the additional focus of supporting Alliance members in receiving the COVID-19 vaccine. The PCTF has oversight of all COVID-19 vaccine-related member and provider outreach activities, as well as media campaigns and engagement with County and community stakeholders. As a sub-effort of the PCTF, Alliance leaders are developing and will implement DHCS Vaccine Incentive Plan with oversight by the Chief Medical Officer and led by the Quality Improvement & Population Health Director, with support for project management from Operational Excellence Department. Through this collaborative work, we are able to ensure effective coordination and the best utilization of non-duplicative resources. For member incentives, the Alliance uses the weekly (CAIR2) data feed to create standardized reports that identify members who have received their COVID-19 vaccine and those who are unvaccinated. The Alliance report will be used to monitor vaccination rates and identify members who have received the incentive every month. In addition, the report will include a flag for each member that has received an incentive and will exclude them from future incentives. The report will allow staff to monitor in near real-time to assist in determining vaccination coverage by target populations by race/ethnicity, age group, spoken language, and geography. Lastly, Alliance will ensure that there is no duplication (i.e., each eligible member receives only one gift card) and will accomplish this as follows: For those provider/CBO sites participating in the POS incentive program, the Alliance will provide a list of unvaccinated members as well as gift cards to distribute upon vaccine administration. Providers/CBOs will provide a monthly report to the Alliance that includes a list of members who received a vaccine and were given a gift card. The Alliance will run a monthly report identifying all members that are eligible for the incentive (i.e. received at least one vaccine dose). The Alliance will reconcile the monthly report against the list of members submitted by the providers/CBOs, to whom the providers/CBOs have provided a gift card. This will ensure that only those vaccinated members that did not receive a gift card at the POS would still receive a gift card in the mail from the Alliance. When an Alliance member has been identified as meeting the member incentive requirement and not already having received a POS incentive, a gift card will be mailed. This incentive plan ensures that all members that receive a vaccine during the incentive program period will receive a gift card regardless of vaccinating provider and will also ensure no duplication of incentive distribution.

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

Under the complex conditions brought by the COVID-19 pandemic, member outreach was critical to inform, foster dialogue, and provide support to our at-risk members. This has been an organizational effort with multiple departments involved, including members, providers, and county partners. These ongoing partnerships have provided the opportunity for alignment in messaging and a better understanding of our members' needs towards

vaccine hesitancy. It also supported our goal to be intentional to ensure no unintended consequences including coercion occurred. For each member outreach effort there is an internal team that comes together to identify members, develop standardized scripting (each effort has a targeted population, key messaging based on members feedback, cultural considerations are incorporated, and pertinent resources). In addition, the majority of our outreach staff team members are trained in motivational interviewing, trauma-informed care techniques, and have registered for an upcoming COVID-19 vaccine communication training (August 2021). The training will prepare staff to effectively communicate information about COVID-19 vaccines with members. The training course will teach staff 1) how to provide concise and engaging answers to frequently asked questions about the safety, efficacy, availability, and access to COVID-19 vaccines, and 2) how to identify individual and community-level barriers and enablers of vaccination, especially among communities most impacted by the pandemic. Staff will be able to apply principles of health coaching, motivational interviewing, and cultural humility to support individuals through different stages of vaccine acceptance, readiness, and action planning.

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 does not delegate to IPAs, medical groups, or other health plans. While the Alliance does subcontract with a PBM to provide pharmacy benefits to Medi-Cal members, the Alliance intends to engage directly with pharmacy providers to increase vaccination rates.

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

Based on previous member outreach COVID-19 calls to high-risk Alliance members, we learned that outreach is crucial in engaging with members and that these incentives coupled with other interventions will have the greatest impact to motivate Alliance members to complete their COVID-19 vaccines. The Alliance has identified the following strategies in the Alliance tri-county service area. Incentive Strategy: All Alliance members who receive at least one vaccine dose between 09/01/2021 and 02/28/2022 will be eligible to receive a $50 gift card, regardless of which provider and/or vaccination site through which they receive the vaccine. The Alliance will implement a point of service (POS) incentive in geographic areas with the greatest need and lowest vaccination rates through Providers and CBOs serving those geographic areas and hard to reach populations. Eligible Alliance members will receive the gift card either at the POS from providers' and CBOs' vaccine sites that are participating in the VRP; or through the mail from the Alliance for vaccines received from any other provider. With this approach, the Alliance will ensure that the incentive is equally available to all eligible members such that they will receive a gift card regardless of vaccine provider or site. This incentive strategy will also allow the Alliance to leverage community providers and CBOs with relationships to some of the hardest to reach members, thereby increasing vaccine penetration within the community including at-risk and hard-to-reach populations.

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.

The Alliance uses the weekly (CAIR2) data feed to create standardized reports that identify members who have received their COVID-19 vaccine and those who are unvaccinated. The Alliance report will be used to monitor vaccination rates and identify members who have received the incentive every month. In addition, the report will include a flag for each member that has received an incentive and will exclude them from future incentives. The report will allow staff to monitor in near real-time to assist in determining vaccination coverage by target populations by race/ethnicity, age group, spoken language, and geography. Lastly, Alliance will ensure that there is no duplication (i.e., each eligible member receives only one gift card) and will accomplish this as follows: For those provider/CBO sites participating in the POS incentive program, the Alliance will provide a list of unvaccinated members as well as gift cards to distribute upon vaccine

administration. Providers/CBOs will provide a monthly report to the Alliance that includes a list of members who received a vaccine and were given a gift card. The Alliance will run a monthly report identifying all members that are eligible for the incentive (i.e. received at least one vaccine dose). The Alliance will reconcile the monthly report against the list of members submitted by the providers/CBOs, to whom the providers/CBOs have provided a gift card. This will ensure that only those vaccinated members that did not receive a gift card at the POS would still receive a gift card in the mail from the Alliance. When an Alliance member has been identified as meeting the member incentive requirement and not already having received a POS incentive, a gift card will be mailed. This incentive plan ensures that all members that receive a vaccine during the incentive program period will receive a gift card regardless of vaccinating provider and will also ensure no duplication of incentive distribution