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Medi-Cal Managed Care Plan Name:	California Health & Wellness
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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.

California Health & Wellness (CH&W) has conducted research to understand the current climate around vaccine hesitancy, as well as strategies around vaccine uptake. In addition, we have interviewed key County and Provider partners. As a result, our proposed strategy is a mix of enhancing our existing partnership framework, and delivering fresh messaging with strong feedback mechanisms.

Current & Proposed Strategies:

- CH&W has a division dedicated to Member Outreach & Engagement that performs tasks such as care coordination, emergency department diversion, and medication reconciliation. During the pandemic and for the foreseeable future, this engagement team will continue their targeted focus on vaccine outreach, primarily Medi-Cal Members in areas with the lowest vaccine rates. **Goal: Overcome barriers to vaccination, one Member at a time, until the task is complete.**
 - CH&W has dedicated teams and advanced capabilities in terms of stratifying and analyzing Member populations. As such, CH&W will continue to provide segmented Member data to Providers, community-based organizations (CBOs), Tribal Partners, and other local partners that allows for targeted outreach based on region, age, vaccine status, social determinant of health risk factors, etc. This service will be performed not only with CH&W Member data, but also with partner data as needed. **Goal: Leverage the power of analytics to ensure that outreach efforts happening at every stage in the care delivery life cycle are effective.**
 - CH&W employs ethnically/culturally diverse doctors, nurses, and pharmacists and community health workers (Member Connections) who have first-hand experience caring for COVID-19 patients. Through the Marketing and Communications department, CH&W will film a series of doctor and nurse testimonials that provide evidence-based information, address perceived risks
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and misconceptions, explore life in the hospital and the experience of a COVID-19 patient, and help people to better understand the process and experience of getting the vaccine. These videos will be promoted through existing CH&W channels, and shared with Providers, CBOs, Tribal Partners, and other local partners as a resource to support their outreach efforts. Conversely, CH&W will promote messaging developed by outside organizations that is relevant and actionable for key cultural, ethnic, racial, and demographic groups. **Goal: Use the networking power of digital content to amplify messages of critical value.**

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

Of the 3 C's Model of Vaccine Hesitancy: Complacency, Convenience, and Confidence, "convenience" is often the most overlooked likely based on assumptions that by this point, everybody who is open to being vaccinated has already done so. CH&W understands that socioeconomic and other limiting factors can make it seem impossible for Medi-Cal Members to find the time to take this life and community-saving measure.

Current & Proposed Strategies:

- CH&W currently uses geo-mapping technology to ensure access to care through time-and-distance analyses. Scaling this same technology, CH&W provides unvaccinated Members vaccine locations within their immediate vicinity. These locations are distributed through mail, outreach calls, in-person flyers, etc. By developing hyper-focused maps (i.e. urban within .5 miles, rural within 5 miles), we will offer education and solutions to Members within acceptable distances from their homes. **Goal: Assist members with the first step in their vaccine journey: having a plan for access and transportation.**
- By inverting CH&W's Member-facing geo-mapping solution, CH&W will develop and share maps showing clusters of unvaccinated Members. These maps will be shared with vaccine sites, as well as Providers, CBOs, Tribal partners, and other local partners that are performing Member outreach. To ensure focused targeting, these maps can be stratified based on age, preferred language, etc. **Goal: Increase the conversion rate for outreach efforts led by partners.**
- CH&W will leverage multiple outreach channels (i.e. call, mail, email) to send "invitations" to unvaccinated Members to receive their vaccines at a convenient location, on a specific day and/or time. These invitations will also be coupled with CH&W's pop-up vaccine efforts, and incentive offers. **Goal: Generate a motivating "call to action" for Members.**

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.

Every Californian who gets vaccinated is a win for the MCPs, care delivery providers, and the state alike. While our efforts are primarily targeted towards the Medi-Cal population, we believe strongly in contributing to the greater goal of vaccinating all eligible Californians. With this guiding principle, CH&W will bring to bear not only existing communication and publicity mechanisms, but deliver tools and resources to spread a shared message as far and wide as possible.

Current & Proposed Strategies:

- CH&W's Marketing & Communications division has an established set of channels that are used for press releases, advertising, and population health messaging. While this primarily features social media, TV, newspapers and radio, this also includes direct mail to Members, and multi-channel communications to Providers, CBOs, Tribal Partners, and other local partners. These channels, through existing communications campaign processes, will be used to directly and indirectly disseminate information to Members about vaccines, resources, and availability. **Goal: Cast a wide net in order to amplify key messaging.**
- Vaccine registry data shows that for Medi-Cal Members, children ages 12-18 are among the lowest in terms of vaccination rates. In order to address this directly, CH&W will promote messaging through social media platforms with content tailored to the younger demographic, along with adults in the home. Additionally, CH&W will develop and distribute messaging to schools, to be included in announcements, take-home bulletins, and newspapers. **Goal: Generate trust and confidence within the underage population, rendering other strategies to more effectively combat "complacency."**

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

Media campaigns will feature informative content from qualified professionals and trusted messengers, address perceived risks, and include clear calls to action.

Current & Proposed Strategies:

- CH&W employs ethnically/culturally diverse doctors, nurses, and pharmacists who have first-hand experience caring for COVID-19 patients. Through the Marketing and Communications department, CH&W will film a series of doctor and nurse testimonials that provide evidence-based information, address perceived risks and misconceptions, explore life in the hospital and the experience of a

COVID-19 patient, and help people to better understand the process and experience of getting the vaccine. These videos will be promoted through existing CH&W channels, and shared with Providers, CBOs, Tribal Partners, and other local partners as a resource to support their outreach efforts. Conversely, CH&W will promote messaging developed by outside organizations that is relevant and actionable for key cultural, ethnic, racial, and demographic groups. **Goal: Use the networking power of digital content to amplify messages of critical value.**

- Develop/leverage and promote alternate messaging around:
 1. Using evidence-based information.
 2. Member ambassador stories about receiving the COVID-19 vaccine.

Goal: Address Member fears and myths about the COVID-19 vaccine (i.e. infertility, etc.)

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

In the care delivery life cycle, those that deliver care directly are most trusted by Members. Other community trusted messengers, such as religious leaders, and community organizers are also capable of changing an opinion, or motivating an action. Strategically, CH&W will support and buoy their efforts in order to amplify messages in places that have the best chance of increasing vaccinations for the Members we serve.

Current & Proposed Strategies:

- CH&W is presently working with several Provider groups to develop pathways that steer Members to trusted Providers to address vaccine hesitancy and mistrust. Providers and other trusted partners targeted for focused partnership include, but are not limited to:
 1. Adventist
 2. Dignity
 3. California Medical Association
 4. California Consortium of Urban Indian Health
 5. Ampla
 6. Other health systems

Goal: Align incentives by uniting Members with partners in care that they trust, who also possess a vaccine supply they wish to distribute.

- Through partnerships with Providers, CBOs, Tribal Partners, and other local partners, CH&W will leverage existing communication channels to draw attention to vaccine sites, pop-ups, and other vaccine events held by partners in care delivery. **Goal: Generate buzz at the local level.**
- CH&W will inform other MCPs of upcoming community events for promotion through their communication channels, and encourage them to do the same. **Goal: Amplify messages from which everybody benefits, and present a united front to Members and partners in care.**

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.

Children and young adults ages 12-25 present a challenge, as their still-developing risk assessment skills make them less likely to be moved by messages that have been more effective for older populations. CH&W will leverage existing partnerships to deliver differentiating messages that are relevant and actionable to this audience. CH&W will share lessons learned and best practices with every partner, including MCP partners, and state entities that stand to benefit.

Current & Proposed Strategies:

- CH&W will explore partnership opportunities with School Districts to hold vaccination clinics for school-age youth in the counties we serve with a focus on regions with the lowest Medi-Cal vaccination rates among children and young adults ages 12-25. **Goal: Work towards enhancing "social proof" around vaccinations, creating a momentum that motivates other students to do the same.**
- CH&W holds strong relationships with the Boys and Girls Club. CH&W will share messaging and other vaccine resources, as needed. **Goal: Expand outreach efforts outside of traditional channels.**
- Develop/leverage and promote alternate messaging around:
 1. Shared goals of maintaining the positive progress of having children and youth back in schools/colleges.
 2. Non-lethal, yet unwanted outcomes of a COVID-19 infection (missed tryouts, skipped proms, etc.)
 3. Appeals to personal concerns and vanities (i.e. possible side effect of COVID-19 is hospitalization, long-haulers experiencing diminished cognitive ability, etc.)

Goal: Draw from lessons learned in distribution of other vaccines to deliver relevant, compelling messaging.

- Digital content generates analytics that serve as a useful tool. As CH&W strives to motivate children and young adults ages 12-25 with differentiated messages, data around engagement rates, click-thru rates, and vaccine registries will serve as great indicators of which messages are most effective. As this data matures and begins to tell a story, CH&W will distribute analytics reports to schools, MCP partners and care delivery partners in order to optimize messaging across the board. Conversely, as CH&W learns from others, messaging will be refined.
Goal: Maximize impact across the board to cut into vaccine gap for children and young adults ages 12-25.
- CH&W is assessing additional opportunities to partner with local community colleges in efforts to vaccinate their student, faculty, and staff populations. As a leader in medical and health care information, we offer speakers as needed to address our sub-populations. CH&W would continue to offer speakers to our community college and state universities to address vaccine hesitancy and current COVID-19 trends. **Goal: Maximize impact across the board to cut into vaccine gap for children and young adults ages 18-25.**

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.

Behavioral science tells us that Members that fall into the "confidence" category of the 3 C's Model of Vaccine Hesitancy are unlikely to be moved by facts and figures, and are even less likely to view their MCP as a trusted source of information. Given these challenges, CH&W will employ a strategy to align with those willing to join us in this challenge: trusted co-workers, friends, neighbors, and loved ones.

Current & Proposed Strategies:

- CH&W will engage a behavioral psychologist to develop video-based content on how to have effective, empathy-forward conversations around vaccine hesitancy. Strategies include, but are not limited to the following:
 1. Video guides on communicating effectively with vaccine-hesitant co-workers, friends, neighbors, and loved ones.
 2. Tailored messaging using health literacy media campaigns tied to each of the most common objections.
 3. Provider-facing training on how to "frame" the vaccine conversation.

These videos will be used to train internal employees, will be shared with Members directly, and distributed to schools, Providers, CBOs, Tribal partners, and other local partners. **Goal: Empower vaccinated Californians to do their part in this collective effort from which we all benefit.**

- CH&W through Centene Corporation is currently in partnership with Duke University's Center for Health Transformation. CH&W will deploy to Medi-Cal Membership the outcomes of their collaboration, which includes micro-targeted campaigns with specific tailored messages, focusing on areas with low vaccination uptake and a high density of high risk, vulnerable members. Any scalable solutions from these targeted campaigns will be shared with Providers, CBOs, Tribal Partners, and other local partners. **Goal: Through technology, execute campaigns of maximum efficacy.**

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.

Trusted community organizations have a critical role to play in increasing vaccine levels, and stand to benefit just as much as the healthcare system. They have endured closures, and are presently subject to rules and guidelines limiting how they gather and/or conduct their operations. CH&W strongly believes that if these organizations are supported as they increase their vaccine-positive activities, significant inroads can be made.

Current & Proposed Strategies:

- In early 2021 as part of our COVID-19 vaccine grant distribution, CH&W provided a grant to the California Consortium of Urban Indian Health to support their ongoing educational sessions on the importance of COVID-19 vaccines. These educational sessions are led by a trusted tribal member, and carried out through Facebook Live—making it accessible to both the urban and rural AIAN communities. **Goal: Partner with trusted Providers to amplify COVID-19 vaccine content / messaging.**
- CHW will build upon the experience of Health Net who has partnered with Cedars-Sinai and medical providers to host COVID-19 Community Conversations (virtual town hall events) to provide an opportunity for the public to ask the clinicians questions about the vaccine. These virtual town hall events are held in multiple languages to address different cultural concerns about COVID-19 vaccines within various ethnic, racial, and linguistic populations. CH&W will explore hosting COVID-19 Community Conversations (virtual town hall events) in

the areas of greatest need in the counties we serve. **Goal: Partner with trusted Providers to address concerns directly.**

- CH&W will partner with trusted institutions (Community-Based Adult Service centers, Long-Term Services & Support centers, churches, ethnic community organizations and Tribal leadership) that serve populations / regions with the lowest vaccine levels to do the following:
 1. Provide helpful public-facing materials, including both informational and guidance on finding the nearest vaccine site, how to sign up, etc.
 2. Set up pop-up vaccine clinics on site.
 3. Conduct in-person presentations during religious/community gatherings that provide information and address misperceptions directly.
 4. Deliver training to community organization leaders on how to have effective vaccine conversations.

Goal: Align efforts with entities that are more likely to influence vaccine-hesitant Members.

- CH&W is committed to strengthening efforts of trusted organizations who are already executing their own vaccination strategies. CH&W will cross-walk Membership data from trusted organizations, such as churches and schools, with CH&W and State Medi-Cal Membership data, and partner with them to amplify COVID-19 messaging. As needed, CH&W can support these outreach efforts on behalf of the organizations as well. **Goal: Activate trusted organizations in our shared goal of increasing COVID-19 vaccination rates.**

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.

Through enhanced partnership with local public health agency partners, CH&W will bring operational strengths to bear and buoy collective efforts. This includes, but is not limited to outreach and program execution.

Current & Proposed Strategies:

- CH&W will continue to partner with local public health agencies in developing joint vaccination programs, targeting communities with the lowest vaccination rates. Based on perceived need, programs may include:
 1. Development and distribution of public-facing materials, including guidance on finding the nearest vaccine site, how to sign up, etc.
 2. Pop-up vaccine clinics and larger vaccination events with activities, incentives, etc.
 3. Conduct in-person presentations during religious/community gatherings that provide information and address misperceptions directly.
 4. Crosswalk Member lists to develop outreach targets, with outreach efforts supported by CH&W as needed.

Goal: Build together and leverage resources to support public operations.

- CH&W currently analyzes immunization registries via the Snowflake system, identifying CH&W Members who have been vaccinated. Going forward, CH&W will link outreach efforts, partnerships, events, and incentive programs with this data in order to determine the most effective measures, stratified by age, region, preferred language, etc. As CH&W learns, insights will be shared with local public health agencies. **Goal: Link efforts and outcomes to ensure highest and best use of resources.**
- Digital content generates analytics that serve as a useful tool. As CH&W strives to motivate Members with differentiated messages, data around engagement rates, click-thru rates, and vaccine registries will serve as great indicators of which messages are most effective. As this data matures and begins to tell a story, CH&W will distribute analytics reports to schools, MCP partners and care delivery partners in order to optimize messaging across the board. Conversely, as CH&W learns from others, messaging will be refined. **Goal: Maximize collective impact of messaging.**

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.

Processes are far easier to re-start than they are to initiate. CH&W, partners in care, and local organizations are doing magnificent work to address Member vaccination needs, with great effort. If and when these efforts are needed in the future, we would all do well to build on what is being developed today.

Current & Proposed Strategies:

- Document and share processes and operating procedures for key functions currently being set up in partnership with Providers, CBOs, Tribal partners, public health agencies, and other local partners:
 1. Content creation and distribution.
 2. Data and knowledge sharing.
 3. Outreach plans and incentive programs.
 4. Joint-planning and execution of events.**Goal: Increase speed-to-market of potentially life-saving measures.**
- CH&W both shares, and utilizes shared vaccine data through Health Information Exchanges (HIE) and an operating system for value-based care called Cozeva, which can treat vaccine status as a "care gap." Additionally, details around outreach attempts and outcomes are shared on an ad hoc basis. **Goal: Enable MCP and Providers to work in concert to vaccinate individual members through joint 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.

The social determinant of health factors that impact convenient access to vaccines mirror many of the same issues that Medi-Cal Members face when attempting to get access to quality care. CH&W's Population Health and Health Equity departments have spent years developing effective care coordination strategies, which can serve to remove these barriers for Members who are in greatest need.

Current & Proposed Strategies:

- In 2020, CH&W provided Babylon, a unique telehealth vendor, to all health plan members to allow for continued access to behavioral and primary health care providers. Additionally, CH&W supports all costs related to ConferMed which enables primary care providers to virtually consult with specialists. This alleviates the burden for members by offering virtual specialty care. **Goal: Eliminating barriers to access.**
- CH&W has contracts in place with transportation vendors throughout the state, typically used to support complex case management and care coordination needs. These services will be offered during outreach calls to Members in need of transportation to vaccine sites. **Goal: Invest in cost-of-care reduction through vaccination.**
- CH&W has partnered with dedicated clinics and pharmacies to have designated COVID-19 vaccine appointments available to Members. CH&W's Member Outreach & Engagement division signs members up directly. In instances where designated appointments aren't available, the outreach team will set appointments on behalf of Members. **Goal: Brand MCP as one of the easiest ways to navigate the appointment-setting process.**
- In order to address health disparities associated with language barriers, CH&W has engaged Consejo Sano to develop targeted vaccine messaging in multiple languages and conduct member outreach via phone and text message. **Goal: Remove potential language 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.**

Time and distance. This is a concept that MCPs understand well, through working to understand the Member experience of getting to the nearest PCP or specialist. The principles are essentially the same; understand access for Members in need, and where gaps exist employ alternate strategies to bridge them.

Current & Proposed Strategies:

- Vaccine sites are programmed into CH&W's geo-mapping tool. This is used to inform Members during outreach calls as to where they can go near home, coupled with offers to get appointments and arrange transportation. **Goal: Present convenient options of which Members may not be aware.**
- In regions where unvaccinated populations are high and vaccine access is low, either due to limited supply or a relatively low number of sites, CH&W will work with a network of trusted Providers, CBOs, Tribal partners, and other local partners to co-host pop-up clinics or mobile units. Additionally, these pop-up clinics or mobile units will offer off-hour vaccinations in order to accommodate the work and school schedules of Members. **Goal: Deploy mobile vaccine resources where the need is greatest.**
- For homebound members, CH&W will arrange home visits through use of a mobile unit. In circumstances where planning is possible, the mobile unit will map routes through clusters of significant need. **Goal: Vaccinate homebound Members in need of specialized convenience.**

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

There is a difference between data sharing and knowledge sharing. Sharing data between MCPs and PCPs ensures efforts aren't duplicated. Yet for efforts to be optimized for efficacy, more than data must pass between partners in care.

Current & Proposed Strategies:

- CH&W shares vaccine detail (data and knowledge) with Provider groups and PCPs through the following channels:
 1. Member vaccine data is shared with PPGs and PCPs through a system for value-based care called Cozeva, which treats vaccine status as a "care gap."
 2. Member vaccine status data is available for download on CH&W's Provider Portal.
 3. Vaccination strategies are discussed in standing Joint Operation Meetings (JOMs), including progress levels, target Member segments, equity and social determinant challenges, and best practices. **Goal: Align efforts to drive towards outcomes desired by all involved.**

- CH&W is currently considering options around how best to incentivize Provider groups and/or PCPs for outcome-based vaccination performance. Programs may vary based on regional need and/or populations served. Incentive values, rewarded based on either reported results or tied to benchmarks, will be dependent on approved program funding. **Goal: Create shared incentives between MCP and Providers in order to drive toward goals.**

- CH&W is presently working with several Provider groups to develop pathways that steer Members to trusted Providers to address vaccine hesitancy and mistrust. Providers and other trusted partners targeted for focused partnership include, but are not limited to:
 1. Adventist
 2. Dignity
 3. California Medical Association
 4. California Consortium of Urban Indian Health
 5. Ampla
 6. Other health systems**Goal: Align incentives by uniting Members with partners in care that they trust, who also possess a vaccine supply they wish to distribute.**

- Digital content generates analytics that serve as a useful tool. As CH&W strives to motivate Members with differentiated messages, data around engagement rates, click-thru rates, and ultimately vaccine registries will serve as great indicators of which messages are most effective. As this data matures and begins to tell a story, CH&W will distribute analytics reports to Provider Groups and PCPs. Conversely, as CH&W learns from Providers through regular joint-operation discussions, messaging will be refined. **Goal: Maximize impact of efforts across the board.**

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

PCPs have endured a lot over the past year, and their experience is often overlooked when compared to the challenges faced by the hospital system. During this time, they have had to tweak their operating models to accommodate virtual care, have seen their patients suffer after having their elective surgeries deferred, and have mounting care gaps due to disruptions in regular operations. While encouraging them to take on a new function may be difficult, we can begin in the same place where they began as doctors, with a collective need for their help and expertise.

Current & Proposed Strategies:

- CH&W's Provider Communications team sends information directly to PCP offices via standard mail, email, and fax. This information includes steps on how enroll in CAIR2 to become a vaccination site. Additionally, CH&W will send geo-mapped reports showing unvaccinated Members within the immediate vicinity of their clinics, with a particular emphasis on existing health disparities. **Goal: Make clear for PCPs how much their support is needed.**
- Further distribution of grant funding will be provided to qualifying clinics to assist with vaccination supplies such as alcohol swabs, bandages, gauze and staff support items (bottled water, snacks) to accommodate extended office hours for after school and/or after work vaccinations. **Goal: Support PCP offices to be vaccination sites.**
- As a part of standing Joint Operations Meetings (JOM), CH&W will share details around which PCPs have not yet registered as vaccine sites, and create action plans to outreach to PCPs that are in areas of greatest need. **Goal: Combine efforts with PPGs, who are equally motivated to vaccinate Members.**
- CH&W is currently considering options around how best to incentivize Provider groups and/or PCPs for outcome-based vaccination performance. Programs may vary based on regional need and/or populations served. Incentive values, rewarded based on either reported results or tied to benchmarks, will be dependent on approved program funding. **Goal: Create shared incentives between MCP and Providers in order to drive toward goals.**

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 pop-up clinic concept has helped thousands of Californians get the care they need, while improving quality of life for marginalized populations, lowering costs, and reducing pressure on the healthcare system. CH&W seeks not only to continue to lead this work with an emphasis on vaccinations, but scale our operations to meet the ongoing need of these communities.

Current & Proposed Strategies:

- At present, CH&W has the capability to deploy pop-up tents to vaccination sites in the catchment areas, which are ready to deploy as requested. CH&W will continue to offer this solution for vaccine distribution in locations who have a great need of reaching underserved populations facing disparities, such as building upon work done with the farm worker community. As the vaccine landscape evolves, CH&W's mobile resources will be deployed to areas where population health and vaccine data indicates the greatest potential impact. **Goal: Be present where needed, and move quickly when the need shifts.**
- As CH&W scales mobile operations with increased staffing of pop-up tents and possible purchase of additional RV(s), ideas are in development to enhance the mobile clinic experience to increase traffic:
 1. Live music
 2. Food
 3. Children's activities
 4. Setup in areas of community interest (farmer's markets, concert venues, stadiums, etc.)
 5. Off-hours availability to accommodate work and school schedules**Goal: Meet people where they are, and create a positive experience around vaccination.**
- The Government Affairs team at Health Net has partnered with multiple vaccination sites in Los Angeles and Sacramento Counties to offer CH&W employees volunteer opportunities at vaccine clinics. In addition to administering vaccines, Health Net staff have performed valuable services of canvassing neighborhoods, registering attendees, organizing and streamlining the vaccine process, and offering interpretation services. Health Net has also sponsored vaccine sites, and will continue to contribute where "boots on the ground" volunteer support is needed. Building upon Health Net's experience, CH&W will explore expanding similar partnerships with vaccination sites in the CH&W counties with greatest needs. **Goal: Connect employees with the "on the**

ground" experience to help them understand the significance of their contribution.

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.

In Customer Experience, "friction" is a phrase commonly used. It is defined as any step in the customer experience that impedes the customer from the intended outcome. In the vaccine customer journey, there are opportunities for friction at the point of setting an appointment, arriving, registering, waiting, and even receiving the injection itself. While some of these potential points of friction are inevitable, others can be influenced.

Current & Proposed Strategies:

- Health Net, in partnership with LA Care and LA DPH, has developed a Home Vaccination Program in partnership with Kedren Community Clinic & Oxford Home Health to administer the vaccine to homebound members in LA County. In the coming weeks, CH&W will expand this program to other counties in need, both through Provider/Vendor partnerships and via mobile clinic capabilities. Members not eligible for the initial Home Vaccination Program are registered via MyTurn to receive a call back to schedule their vaccine appointment through their Local Health Jurisdiction (LHJ). **Goal: Vaccinate Members in need of maximum convenience.**
- CH&W has contracts in place with transportation vendors throughout the state, typically used to support complex case management and care coordination needs. These services will be offered during outreach calls to Members in need of transportation to vaccine sites. **Goal: Invest in cost-of-care reduction through vaccination.**
- CH&W has partnered with dedicated clinics and pharmacies to have designated COVID-19 vaccine appointments available to Members. CH&W's Member Outreach & Engagement division signs members up directly. In instances where designated appointments aren't available, the outreach team will set appointments on behalf of Members. **Goal: Brand MCP as one of the easiest ways to navigate the appointment-setting process.**
 - 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.**

Utilization and claims data do not always tell the story of Members who are homebound. However, given the difficulty of their situations, homebound Members are often helped and supported by their community. By offering to join in the support of these Members, we can work to identify them and meet their needs.

Current & Proposed Strategies:

- CH&W will leverage deep existing ties and develop new relationships with CBOs, trusted local partners, Tribal partners, community health workers, promotoras, local health departments, and faith-based partnerships to expand joint vaccine program efforts. Standard check-ins within these partnerships will include a cross-walking of shared Member lists, checking for any Members who may be homebound or have any other focused need where setting them up in a home vaccination program is the best option. **Goal: Leverage local resources that know their community best in order to identify Members in greatest need.**
- Utilization and care management data holds countless clues as to whether a Member may be in need of a home vaccination solution. In collaboration with CH&W's Population Health & Clinical Operations division, the Member Outreach & Engagement team will identify target potential candidates for a home vaccination solution based on criteria including, but not limited to the following:
 1. Previous or ongoing orders of durable medical equipment (DME).
 2. Previous or ongoing enrollment in food delivery programs.
 3. Previous or ongoing orders of transportation support.**Goal: Offer Members in significant need a solution they may have not considered.**
- In partnership with Health Net, CH&W has identified CBO partners in each region served to collaborate on vaccinations for members aged 50-64 with chronic diseases, members that self-identify as black, indigenous, or people of color (BIPOC), and youth 12-25 years of age. Some of these CBOs include, but are not limited to:
 1. California Medical Association (CMA)
 2. California Pan-Ethnic (CPEHN)
 3. Latino Coalition for a Healthy California (LCHC)
 4. United Farm Workers (UFW) Foundation
 5. California Consortium of Urban Indian Health (CCUIH)**Goal: Leverage local resources to support communities in greatest need.**

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.

CH&W believes that one of the most effective ways to reduce friction for unvaccinated Members is to identify situations in which they are in closest possible proximity to vaccine supply. A trip to the pharmacist certainly qualifies. Additionally, pharmacies often have the most accurate contact information for Members, which can be an invaluable tool when attempting to reach Members who may be housing-challenged.

Current & Proposed Strategies:

- CH&W has partnered with pharmacies in order to have designated COVID-19 vaccine appointments available to Members, including Rite Aid to provide scheduled or walk-in vaccine appointments for members in Butte and Plumas Counties. Rite Aid, as well as other major retail pharmacies, allow for us to direct members to any participating location for a COVID-19 vaccine without appointment, which is currently done through outreach efforts based on Member convenience. **Goal: Direct Members to closest possible points of care.**
- Often times, and particularly with Medi-Cal Members, pharmacies and MCPs have different phone numbers for Members. CH&W can store and use alternate contact information, which enhances outreach efforts to Members less likely to engage. To enable this, CH&W will offer Member data exchanges with pharmacies in order to cross-reference phone numbers for viable alternates. **Goal: Increase engagement rates amongst the most vulnerable.**
- CH&W employs ethnically/culturally diverse doctors, nurses, and pharmacists and community health workers (Member Connections) who have first-hand experience caring for COVID-19 patients. Through the Marketing and Communications department, CH&W will film a series of doctor and nurse testimonials that provide evidence-based information, address perceived risks and misconceptions, explore life in the hospital and the experience of a COVID-19 patient, and help people to better understand the process and experience of getting the vaccine. These videos will be promoted through existing CH&W channels, and shared with Providers, CBOs, Tribal Partners, and other local partners as a resource to support their outreach efforts. These videos will be promoted through existing CH&W channels, and shared with pharmacies as a resource to support their outreach efforts. As needed, CH&W will also supply pharmacies with printed collateral material. **Goal: Use the networking power of digital content to amplify messages of critical value.**

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

One of the challenges with Members in need of home vaccination solutions is that, at present, they are pressed into a process designed to serve Members that need a more personal solution, but also to identify and engage them.

Current & Proposed Strategies:

- Utilization and care management data holds countless clues as to whether a Member may be in need of a home vaccination solution. In collaboration with CH&W's Population Health & Clinical Operations division, the Member Outreach & Engagement team will identify target potential candidates for a home vaccination solution based on criteria including, but not limited to the following:
 1. Previous or ongoing orders of durable medical equipment (DME).
 2. Previous or ongoing enrollment in food delivery programs.
 3. Previous or ongoing orders of transportation support.**Goal: Offer Members in significant need a solution they may have not considered.**
- In the coming weeks CH&W will expand upon a Home Vaccination Program developed by Health Net. Health Net, in partnership with LA Care and LA DPH, has developed a Home Vaccination Program in partnership with Kedren Community Clinic & Oxford Home Health to administer the vaccine to homebound members in LA County. CH&W will expand this program to other counties in need, both through Provider/Vendor partnerships and via mobile clinic capabilities. Members not eligible for the initial Home Vaccination Program are registered via MyTurn to receive a call back to schedule their vaccine appointment through their Local Health Jurisdiction (LHJ). **Goal: Vaccinate Members in need of maximum convenience.**
- At present, CH&W has the capability to deploy pop-up tents to vaccination sites in the catchment areas, which are ready to deploy as requested. CH&W will continue to offer this solution for vaccine distribution in locations who have a great need of reaching underserved populations facing disparities, such as building upon work done with the farm worker community. As the vaccine landscape evolves, CH&W's mobile resources will be deployed to areas where population health and vaccine data indicates the greatest potential impact. **Goal: Be present where needed, and move quickly when the need shifts.**

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.

As fast and reliable data transfer is the first step in effective outreach, the vaccine status of Members will continue to be analyzed in a variety of ways in order to extract both observations and insights. This not only includes filling the negative space in terms of Members who have not yet appeared in the vaccine registry, but also developing an understanding of positive patterns tied to geography, demographics, and social determinant factors.

Current & Proposed Strategies:

- CH&W currently analyzes immunization registries via the Snowflake system, identifying CH&W Members who have been vaccinated. Going forward, CH&W will link outreach efforts, partnerships, events, and incentive programs with this data in order to determine the most effective measures, stratified by age, region, preferred language, etc. As CH&W learns, insights will be shared with Providers, CBOs, Tribal partners, and other local partners. **Goal: Link efforts and outcomes to ensure highest and best use of resources.**
- CH&W utilizes a tool called Impact Pro that performs predictive analytics on claims and authorization data to assess Member risk for emergency department visits and/or admissions, in order to effectively target Members with Population Health outreach efforts. By coupling this technology with vaccine status, demographic detail, and social determinant of health data, CH&W will identify Member pockets with need, risk, and gaps in health equity requiring intervention. From there, targeted, culturally-sensitive outreach campaigns will be executed by outreach teams. **Goal: Perform outreach activities of highest value, with targeted messaging tied to stratified populations.**

- 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.**

MCPs leverage data in advanced ways to draw valuable observations and insights that inform activities tied to cost-of-care management. By making this capability available to Providers, CBOs, Tribal Partners, and other local partners, CH&W can scale the potential of this technology and reach goals in the most effective way possible; in collaboration with others similarly motivated.

Current & Proposed Strategies:

- CH&W both shares, and utilizes shared vaccine data with Providers through Health Information Exchanges (HIE) and an

operating system for value-based care called Cozeva, which can treat vaccine status as a "care gap." Additionally, details around outreach attempts and outcomes are shared on an ad hoc basis.

Goal: Enable MCP and Providers to work in concert to vaccinate individual members through joint efforts.

- CH&W has dedicated teams and advanced capabilities in terms of stratifying and analyzing Member populations. As such, CH&W will continue to provide segmented Member data to Providers, CBOs, Tribal Partners, and other local partners that allows for targeted outreach based on region, age, vaccine status, social determinant risk factors, etc. This service will be performed not only with CH&W Member data, but also with partner data as needed. **Goal: Leverage the power of analytics to ensure that outreach efforts happening at every stage in the care delivery life cycle are effective.**

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.

As our healthcare system is being tested in an unprecedented way, comprehensive access to health data is critical to ensure the health and wellness of our communities. As such, CH&W is actively retrieving data from every known source, and sharing with others wherever the need presents.

Current & Proposed Strategies:

- At present, CH&W retrieves vaccine data from the following sources:
 1. California Immunization Registry (CAIR2)
 2. RIDE Immunization Registry (Healthy Futures Registry for Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne Counties)**Goal: Ensure relevant outreach by way of the most up-to-date information.**
- CH&W currently analyzes immunization registries via the Snowflake system, identifying CH&W Members who have been vaccinated. Going forward, CH&W will link outreach efforts, partnerships, events, and incentive programs with this data in order to determine the most effective measures, stratified by age, region, preferred language, etc. As CH&W learns, insights will be shared with Providers, CBOs, Tribal partners, and other local partners. **Goal: Link efforts and outcomes to ensure highest and best use of resources.**

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

Identifying and understanding misinformation trends requires both a macro and a micro approach. At a macro level, vaccine data seeks to "prove the negative" by way of omitting Members who have not yet been vaccinated. Yet understanding the "why" requires more of a micro level of exploration.

Current & Proposed Strategies:

- By cross-walking vaccine registry data with Member rolls, CH&W identifies yet-to-be-vaccinated Members. This data is then stratified and organized by age, region, demographic, etc. From this point, CH&W will review relevant data sets with Providers (in joint operations meetings), community-based organizations (CBO), Tribal partners, and other local partners. Through this review, all sides will seek to understand the underlying factors driving vaccine hesitancy, and craft interventions tied specifically to salient issues. **Goal: Deliver relevant solutions to communities in greatest need.**
- Through outreach activities, CH&W has spoken with thousands of Members who, at the time of the outreach discussion, had not yet been vaccinated. The most common reasons for hesitancy include, but are not limited to:
 1. Infertility concerns.
 2. That the vaccine hasn't been around long enough.
 3. Perceptions of being in good health.
 4. Family or friend anecdotes.
 5. Personal choice.Reasons for both hesitancy and outright resistance are tracked, and will be analyzed to detect actionable patterns that can be shared with Providers, CBOs, Tribal partners, and other local partners. **Goal: Develop useful insights based on a significant sample size of vaccine discussions.**

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.

Once approved, MCP proposals will represent a large portfolio of incremental activities and collaborations. While the effort can be laid upon a solid foundation of analogous business functions, it will need to be managed holistically, with progress to target tracked centrally.

Current & Proposed Strategies:

- CH&W will map proposed strategies onto existing business areas, scaling productivity as needed by hiring additional staff and flexing responsibilities:
 1. Vaccine Data Management: Analytic Solutions Team
 2. Intersectional Vaccine & Population Analysis: Population Health Management & Health Equity Teams
 3. Vaccine Outreach: Member Outreach & Engagement Team
 4. Provider Vaccine Partnership Management: Provider Engagement Team
 5. Government & Community Vaccine Partnership Management: Government Relations Team
 6. Community Vaccine Events, Mobile Clinics, etc.: Medical Affairs & Community Engagement Teams
 7. Vaccine Program Oversight: Strategy & Execution Team
 8. Goal Accountability & Overall Portfolio Oversight: Medi-Cal Operations Team

Goal: Leverage strengths around people, processes and technology in the most effective manner.

- Member incentives will be overseen to ensure equitable and allowable distribution through one of two proposed mechanisms currently in the vetting process:
 1. Secure, real-time, online incentive database that tracks incentive distributions. Associates can reference this system during events to ensure members have not already received an incentive.
 2. Utilize an incentive vendor with specific requirements for distribution, including no duplication of incentives per Member.

Goal: Deploy a reliable and scalable process for ensuring Member incentives are distributed responsibly.

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

The MCP will work to avoid negative unintended consequences such as abrasion, pressure, and negative repercussions. Freedom of choice is quintessential to the success of our vaccine initiative. The MCP will educate Members and clarify myths related to the COVID-19 vaccine, while holding to our commitment to Member choice. Members will be able to make informed decisions, whether pro or con, without fear, pressure, or repercussion.

Current & Proposed Strategies:

- CH&W's Cultural & Linguistics (C&L) team has been critical in ensuring that the messaging used by outreach teams and community engagement staff is culturally appropriate and meets the needs of our Members without overstepping.

Goal: Communicate with Members in a way that is not only appropriate, but most effective.

- The Member Outreach & Engagement team, which has been performing vaccine outreach since the outset of vaccine availability receives regular training to ensure that accurate / factual information about both COVID-19 and the vaccine is shared with Members. **Goal: Maintain performance levels of teams during a protracted outreach challenge.**
- In all communications, where appropriate, CH&W makes very clear to Members that there are no negative consequences from their MCP if they choose not to be vaccinated at this time. **Goal: Manage expectations in a factual and compliant manner.**
- CH&W will engage a behavioral psychologist to develop video-based content on how to have effective, empathy-forward conversations around vaccine hesitancy. Strategies include, but are not limited to the following:
 1. Video guides on communicating effectively with vaccine-hesitant co-workers, friends, neighbors, and loved ones.
 2. Tailored messaging using health literacy media campaigns tied to each of the most common objections.
 3. Provider-facing training on how to “frame” the vaccine conversation.

These videos will be used to train internal employees, will be shared with Members directly, and distributed to schools, Providers, CBOs, Tribal partners, and other local partners. **Goal: Empower vaccinated Californians to do their part in this collective effort from which we all benefit.**

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.

Delegated agreements include very strict oversight criteria, and delegates are audited regularly to ensure both compliance and responsible business dealings. While vaccine response strategies may not be in the stated scope of these arrangements, the MCP's close oversight presence and data review capabilities provide a unique opportunity to partner. Additionally, existing service providers, through a prescribed set of additional steps, will play a critical role in assisting with the vaccine effort.

Current & Proposed Strategies:

- CH&W is currently tracking vaccination status by delegated group and PCP to help identify best practices and providers needing more support. CH&W will seek to expand those efforts further to better assess vaccine interventions and ensure

adherence to any agreed-upon activities. **Goal: Effective oversight for any response plan efforts entrusted to others as CH&W maintains ultimate accountability for serving Members.**

- Through partnership with HealthBegins and regular oversight of their efforts by way of the Vendor Management team, CH&W will connect with on-the ground partners and CBOs to work directly with Members. **Goal: Expand community footprint while ensuring efficacy of response plan.**
- Delegated and subcontracted service providers, many who serve a large volume of Medi-Cal beneficiaries and their communities, perform a host of duties that support complex care management and care coordination efforts. These services include:
 1. Physician & Specialist Care
 2. Home Health Caregivers
 3. Respiratory Therapists
 4. Durable Medical Equipment (DME) Providers
 5. Disease Management
 6. Palliative Care Support
 7. CalAIM Enhanced Care Management (ECM) & In Lieu of Services (ILOS) Providers

CH&W will request that, where appropriate, they report vaccine status of Members served. Additionally, CH&W will provide vendor education on how best to refer Members back to their MCP to coordinate vaccination.

Goal: Utilize every available channel, even CH&W's bargaining position as a long-standing client, in order to tackle the challenge at hand.

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

Of the 3 C's of Vaccine Hesitancy, direct incentives seek to solve for the issue of "complacency." Complacent Members are a unique subset, as they may not have significant concerns about receiving the vaccine, nor are they in situations where access is the true issue. The key is to provide incentive options that Members feel are relevant to their unique needs and preferences, and are of sufficient value to motivate action.

Current & Proposed Strategies:

- CH&W will set up an incentive program, subject to regulatory guidelines, with payouts not to exceed \$50 per Member. Age-appropriate incentive options can be selected by Members either via phone or an online portal, and include both "practical" items (groceries, school supplies, household items, backpacks, food bank vouchers, blankets, etc.) and "fun" items (movies, app downloads, online

purchases, gift cards, etc.) **Goal: Empower Members to self-select the incentive that would be of greatest value to them.**

- Studies have shown that some people find the idea of receiving a financial incentive to perform a life-saving measure to be in poor taste. For Members that fall in this camp, CH&W will offer options to donate their financial incentive to the charitable cause of their choosing. **Goal: Ensure Members have the option to dedicate their incentives to what they feel is of the highest and best use.**
- For mobile clinics and community events, CH&W will link incentive offerings with associated experiences on offer in the immediate area. Examples include:
 1. Gift cards for concessions at pop-up vaccination sites near stadiums, theme parks, zoos, etc.
 2. Gift cards for local businesses at community vaccine events.
 3. Charitable donations on behalf of the vaccine recipient to the worship or community center where the event is held.**Goal: Offer to enhance the day's experience in the moment.**
- Member incentives will be overseen to ensure equitable and allowable distribution through one of two proposed mechanisms currently in the vetting process:
 1. Secure, real-time, online incentive database that tracks incentive distributions. Associates can reference this system during events to ensure members have not already received an incentive.
 2. Utilize an incentive vendor with specific requirements for distribution, including no duplication of incentives per member.**Goal: Deploy a reliable and scalable process for ensuring Member incentives are distributed responsibly.**

- 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.**

In order to maintain compliance with DHCS guidelines, CH&W will place proper controls to ensure member incentives do not exceed \$50 per member.

Current & Proposed Strategies:

- No incentive denominations will be issued beyond the \$50 limit. Incentives will not be pooled, and they will not be distributed to anybody besides the vaccine recipient. The same guidelines will apply for any donations made in lieu of Member incentives. **Goal:**

Comply with all DHCS guidelines while eliminating opportunity for error.

- Member incentives will be overseen to ensure equitable and allowable distribution through one of two proposed mechanisms currently in the vetting process:
 1. Secure, real-time, online incentive database that tracks incentive distributions. Associates can reference this system during events to ensure members have not already received an incentive.
 2. Utilize an incentive vendor with specific requirements for distribution, including no duplication of incentives per member.

Goal: Deploy a reliable and scalable process for ensuring Member incentives are distributed responsibly.