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

Health Plan of San Joaquin (HPSJ) serves the Medi-Cal population in both San Joaquin and Stanislaus counties. HPSJ has a large impact on the health of some of our most vulnerable communities. HPSJ has positioned itself to create new tactics and collaborate with county public health departments and community-based organizations to develop targeted messaging for engaging communities of color while enhancing current vaccination efforts. HPSJ understands the power of partnership, collaboration and implementing best practices for promoting successful communities. HPSJ's 'Ask. Learn. Decide.' initiative, builds on our previous messaging campaigns, which included, 1) Masking Up for Protection, 2) Keeping Distance and Shelter in Place, and 3) Vaccinations for your Family and Community.

The 'Ask. Learn. Decide.' campaign will allow key partners like the Public Health Departments, providers, pharmacies and community-based organizations to have a consistent voice to help allow members to ask questions, receive accurate information from trusted sources like the California Department of Public Health and Public Health Departments, and lastly to allow members to decide for themselves. The campaign will include texts, calls, social media, town halls and billboards.

HPSJ also held stakeholder meetings with members, local leaders and community-based organizations where members stressed the idea of dispelling myths for those who are vaccine hesitant. Focusing on communities of color, targeted groups in specific zip-codes, and reaching the hardest segment of the community, HPSJ is developing a campaign that includes partnerships and initiatives to give our members the space to ask questions about the vaccine and to make informed decisions to be vaccinated. Developing this conversation with facts from our medical, academic, public agencies, and community partners using conventional and unconventional public health education models. We are confident that our members will benefit from direct, culturally appropriate messaging and resources, giving the power to Medi-Cal members to ask the hard questions, learn and share facts about vaccinations, and to decide for themselves what is best for their families and community.

- 2. Describe how the MCP will provide information on where to get the vaccine within the member's community. Character limit: 2,500 characters.**
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HPSJ will implement several programs and initiatives aimed at providing vaccine facts and education to support our members' decision to obtain the vaccine and direct them where to get the vaccine.

**Text and Call Campaign:**

Health Plan of San Joaquin will initiate a multi-pronged outreach strategy. In partnership with Stanislaus and San Joaquin County Public Health, HPSJ will initiate a text message campaign which will reinforce key health education messages and safety precautions around COVID-19, as recommended by CDPH, including for mask wearing in public, washing hands, staying home, and vaccine safety. Our vendor will send text messages through December 31, 2021, directing members to [myturn.ca.gov](http://myturn.ca.gov) to set up appointments for vaccines, and sharing facts about what to expect post vaccine. The campaign targets all Medi-Cal member households with members 12 years and older. HPSJ will supplement the text campaign with calls to connect members to appointments obtain the vaccine and connecting them to web-based education materials. HPSJ's Customer Service Department will also assist members to provide them information on vaccine sites that are closest to the members home and support them in coordinating transportation when appropriate. The HPSJ website is a source of resources to help support members in their choice to get vaccinated.

HPSJ will also segment the population based on age, language, chronic disease disposition and race to develop a culturally specific telephonic outreach campaign to answer questions by providing facts and resources to assist members in the choice to become vaccinated. HPSJ has developed call scripts that mirror messages shared by text to provide a personal touch, connecting members with community resources to obtain the vaccination.

Note: HPSJ has already received approval for the text message campaign and will update the current text scripts and file changes with DHCS. In addition to the approval of this plan, HPSJ is seeking approval to also continue to use an external vendor as our text and call provider.

**HPSJ Back to Care Initiative:**

COVID has limited the interactions that Medi-Cal members have with their primary care providers (PCP), creating multiple care gaps. The call and text campaign will also position HPSJ to leverage its campaign to close gaps in care by encouraging members to see their PCP. HPSJ will identify for providers, the members who are delayed in one or more preventative or chronic conditions and are currently non-vaccinated and collaborate to identify the best outreach strategy to encourage adherence to both their care needs and their decision to take the vaccine.

- 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.**

**HPSJ 'Ask. Learn. Decide.' Media Campaign**

HPSJ met with Black leaders from community-based organizations, employers, churches, associations, and staff from our network provider groups to receive input on ways to address vaccine hesitancy in the community. Feedback gathered largely included suggestions to partner and engage community practitioners who reflect

communities of color, culturally appropriate messaging, development of trusted messengers, ambassadors, and influencers of various ages in communities of color to carry the vaccination message and make the vaccine easier to get to for all members by dispelling myths and sharing facts and resources that make the vaccine attainable. HPSJ is also partnering with organizations like El Concilio, to close the gap of the unvaccinated for the Latinx community. HPSJ will partner with organizations to meet the unique needs of our population.

With the feedback provided, HPSJ started implementing our 'Ask. Learn. Decide.' This campaign has been developed to utilize the community voice to influence community decision. Through the creation of a multi-media plan, HPSJ will:

- Utilize traditional and digital media such as billboards, transit, social media campaigns, posters, and print materials in retail and entertainment venues (such as grocery stores and movie theaters)
- Develop a vaccine specific Provider Tool Kit and distribute the information to our network providers and pharmacies
- Support our public health departments with promotional materials and translation of their flyer's and documents
- Develop community messaging with featured residents in the 12- to 30-year-old age group
- Create short videos and podcasts focused on vaccine facts to be shared on social media and in provider offices

HPSJ will also partner with our Public Health departments to train ambassadors of all ages in communities of color to share these messages modeled after similar efforts in bordering communities.

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

HPSJ's 'Ask. Learn. Decide.' campaign strategically focuses on messaging to start conversations, encourages members to ask questions, and seeks to resolve concerns or misinformation so that the member can make an informed decision. HPSJ's program will target segments of the population by age, language, chronic disease disposition, and race. The campaign will be deployed via a call campaign, text messaging, advertisements, podcasts, on social media, and in print. The campaign will answer questions by providing facts and resources to assist members in the choice to become vaccinated. The vendor and HPSJ have call scripts that mirror messages shared by text to provide a personal touch, connecting members with community resources to obtain the vaccination.

We will also partner with our Public Health departments to train ambassadors of all ages and in communities of color to share these messages. Partnering with trusted messengers in communities that are hesitant, is important to addressing misinformation and rumors among all segments of the community. HPSJ will continue to share CDC and CPHS resources while encouraging members to seek advice from their primary care provider.

**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 addition to partnering with organizations in communities of color to promote the vaccine, HPSJ will include member, residents, and influencers in the 'Ask. Learn. Decide.' campaign. We received feedback from our partners in communities of color and among the younger community that the information being shared is not of interest because it does not include those from the community that look like them. African Americans, in particular, noted that faceless and caricature of African Americans in media campaigns does not grab their attention.

HPSJ is including images and voices of San Joaquin and Stanislaus residents to participate in advertisements, podcasts, on social media, and in print. Realizing that the community does not know, and therefore does not trust, Healthcare leaders in the community, HPSJ's 'Ask. Learn. Decide.' campaign will deliberately reflect the diversity in our community and choose messengers who are known, trusted, and effective in our communities of color and among our youth.

San Joaquin and Stanislaus Community Partners:

HPSJ will leverage all partners who seek to come to the table and address the challenges of vaccinations among our hesitant members. While every relationship is different, HPSJ is taking on the role of collaborator and convenor to allow space for community members to make educated and informed decisions to vaccinate or not.

HPSJ's partners include:

San Joaquin County Public Health

San Joaquin Behavioral Health

Stanislaus County Public Health

San Joaquin County Office of Education

First 5 of San Joaquin

Golden Valley Health Center

Livingston Community Health

Community Medical Centers

San Joaquin County Clinic

National Coalition for the Advancement of Colored People (NAACP) – Stockton Branch

San Joaquin Medical Society

Stanislaus Medical Society

Local Malls (Tracy, Stockton, Modesto)

Little Manila Rising

Emergency Food Bank

El Concilio

Catholic Charities

NAMI California

California Health Development

Local Providers

#### **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.**

County Office of Education Partnership and College Partnerships

Health Plan of San Joaquin is currently exploring ways to partner with County Office of Education (COE) School Nurse program and school-based clinics to offer vaccinations to eligible youth and their parents. HPSJ will provide specific support to the schools that included vaccine education and vaccine incentives.

In addition, HPSJ is developing partnerships with local community colleges and universities; Delta College, University of the Pacific, and CSU Stanislaus; to encourage college students and others from the community to vaccinate through the CalVac program.

**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.**

HPSJ's "Ask. Learn. Decide" campaign strategically focuses on messaging to start conversations, encouraging members to ask questions, and seeking to resolve concerns or misinformation so that members can make an informed decision.

Through the call and text campaign that HPSJ and the vendor will implement, HPSJ will partner with Public Health and community organizations to create opportunities to train members of the community, and HPSJ Outreach and HPSJ Population Health teams will be vaccine ambassadors. Ambassadors will share facts about the vaccine and engage community members with compassion and without judgement. HPSJ will focus on the top 20 myths based on an earlier published 'Myth Busters' article. In addition to addressing these myths, we will encourage community members to share their own stories and experiences with the vaccine. HPSJ will develop and support forums and activities that target communities of color, youth and those members of the community who are not mobile.

**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.**

Through the established partnerships that HPSJ has with community organizations, there will be a focused effort to have consistency amongst various organizations to help educate the community to address vaccine hesitancy. Our partnerships include San Joaquin Public Health, Stanislaus Health Services Agency, First 5- San Joaquin, National Association for the Advancement of Colored People (NAACP)- Stockton Branch, NAACP- Modesto Branch, San Joaquin County Office of Education and The Resilient Community committee - San Joaquin. HPSJ will learn and adapt based on feedback from the community to help address dispel misinformation.

Communities of Color Partnerships:

HPSJ is reaching out to organizations and associations in communities of color to increase the number of members vaccinated in these communities. In partnership with the NAACP – Stockton Branch Health Equity Task-force, HPSJ will support efforts to address myths and hesitancy through storytelling, ambassadorship, influencers, community partnerships, faith-based partnerships, fact sharing, communication campaigns, and vaccine event sponsorship to

eliminate the barriers to accessing vaccines for HPSJ members who are transient, homebound, or in a care facility who are among Black and Brown communities.

Activities include:

- Coordination with local African American doctors as trusted messengers to conduct outreach.
- Coordination with local churches who are hosting feeding programs to also host pop up clinics.
- Outreach and education events, including holding presentations and discussions about COVID-19 and vaccination.
- Coordination of vaccine clinics to target youth and provide incentives.

HPSJ will also leverage its relationship in Latin-x, Asian, Pacific Islanders, Native American, and refugee communities to be implementation partners for the strategies to increasing the number of vaccinated people in communities of color.

Community Vaccine Clinics:

HPSJ will work with community providers and clinical volunteers to host pop-up clinics that are convenient and accessible for our members in places that are convenient, such as local malls, Health Plan parking lot, community clinic sites, churches and places of worship, and community centers. HPSJ is currently planning to coordinate vaccinations in October during Bi-national Health Week, Family Day in the Park, and along with our mobile mammography clinics. We will use current resources, outreach teams, population health teams, and HPSJ vans and event supplies to support providers and volunteers to perform vaccinations for our community.

**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.**

HPSJ has been working collaboratively with both the San Joaquin and Stanislaus counties public health department since the beginning of the pandemic to ensure that we were providing support to our community. HPSJ executive team has been holding regular meetings with the public health officers and HPSJ team has met with the counties counterparts to have a united messaging campaign. While each county departments' vaccine response is strong and county specific, HPSJ is currently working with both counties to identify gaps in outreach and education, particularly with communities of color and those who are homebound or lack the ability to be mobile. HPSJ is collaborating with San Joaquin Public Health department to host pop-up COVID clinics on HPSJ's campus.

HPSJ's approach and campaign messaging is developed in partnership with local public health officials and through a collaborative effort with trusted community-based partners, providers from our network, and community members. HPSJ convened several stakeholder meetings to discuss current strategies, logistics, and best practices. As the latest effort unfolds, HPSJ will continue to host frequent meetings to align efforts and make adjustment to outreach strategies and activities.

**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.**

HPSJ will evaluate the interventions and identify successful strategies, key partnerships that were successful in getting the members to access the vaccine, successful messengers in the

various communities and implement the best practices in the future. HPSJ will focus efforts on identifying member care gaps with the COVID vaccine. HPSJ will also provide comprehensive education on the importance of receiving the vaccine to all identified members through our communications strategies, including the member newsletter, mailers, social media, and PCP-patient conversations. HPSJ will also create campaigns that focus on following up with members about receiving the vaccine. Empowering members with knowledge and eliminating barriers to access will ensure HPSJ builds necessary capacity to vaccinate all members eligible to receive the COVID vaccine today and in the future.

**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.**

HPSJ will provide any member, potential enrollees, and the public who speaks any language other than English at any point of contact will have access to interpretation services at no cost including provision of free auxiliary aids and services for people with disabilities. Members who require vaccine informing materials in languages other than English HPSJ will provide the option to have the documents translated in the preferred language or have a translator translate the vaccine informing materials for easy access to our Limited English Proficiency members. HPSJ will initiate a telephonic and text messaging outreach strategy that will assist members make appointments to get the vaccine or refer them to [myturn.ca.gov](http://myturn.ca.gov) in English and Spanish. HPSJ teams performing outreach will help schedule appointments and transportation when appropriate.

**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.**

HPSJ has identified specific zip codes and pockets of our community with high rates of unvaccinated members. The areas with high number of unvaccinated are in South Stockton, Southeast Modesto, West Modesto and rural areas. HPSJ will partner with providers in areas with high unvaccinated members and schedule vaccine clinics. We will also offer providers \$25 incentive to help host vaccine clinics in rural areas.

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

HPSJ will provide administrative, outreach, and resource support to network providers who will take on vaccine education and administration for their patients. HPSJ will perform the member outreach and education work for the PCP through the text and call campaigns prior to setting up an appointment. HPSJ will also ensure that providers can focus on supporting a patient's decision to vaccinate by:

- Developing an incentive plans that are not difficult for the PCPs to achieve.
- Administering member incentives that are immediate and easy for member access.
- Developing information collateral that PCPs can easily hand out if a member is hesitant but willing to learn.
- Assisting with identifying members who are not vaccinated and provide education and preparation for the vaccine prior to an appointment.
- Providing assistance for staff that desire to be an ambassador

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

HPSJ's Provider Partnership Program strengthens care delivery to increase quality of care for HPSJ members. Our largest primary care partners are formal partnership program partner offices caring for HPSJ membership. HPSJ will leverage these partnerships to ensure that as many PCPs as possible are enrolled as vaccine providers. Increasing the number of vaccinating PCPs will ensure members have immediate access to vaccines at their PCP office. The strategies used to enroll more partnership program providers will also be used to enroll non-partnership PCP provider offices. HPSJ will use incentives, relationships, resources, and educational tactics to eliminate any barriers preventing non-partnership PCPs from becoming a vaccine provider. HPSJ also intends to offer providers \$25 incentive. This incentive will help encourage providers to enroll as vaccine providers.

**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.**

Community Vaccine Clinics:

HPSJ will work with community providers and clinical volunteers to develop regular pop-up clinics that are convenient and accessible for members in places such as local malls, HPSJ parking lots, community clinic sites, places of worship, and community centers. HPSJ is currently planning to coordinate vaccination pop-up clinics in October during Bi-national Health Week, Family Day in the Park, and mobile mammography clinics. We will be using our current resources to support providers and volunteers to perform vaccinations with ease. In addition, HPSJ will support by helping with translation, incentives, administration, and other needs so San Joaquin Public Health and Stanislaus Health Service Agency can continue to provide pop-up clinics.

**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.**

HPSJ has identified zip codes where there is a disproportionate low number of members that are vaccinated. HPSJ plans on hosting vaccine pop-up clinics and have a targeted marketing campaigns in these areas.



- 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.**

HPSJ will educate members to overcome any hesitancy through storytelling, ambassadorship, influencers, community partnerships, faith-based partnerships, fact sharing, communication campaigns, and vaccine event sponsorship to eliminate the barriers to accessing vaccines for HPSJ members who are homebound.

HPSJ will partner with our local FQHCs, who have mobile clinic capacity, to identify, locate and schedule mobile appointments for vaccines to homebound patients. We will use claims and other health record data to identify assigned patients of these provider groups who are presumed homebound and will also ask that our FQHC partners identify any patients we were unable to identify through our process. In addition, we will continue to partner with our Public Health Department to schedule Medi-Cal members who have been identified by our community partners for vaccines through the county appointment system.

- 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.**

Pharmacy Incentive:

HPSJ Pharmacies are important partners in this initiative. The pharmacy is a place where our members frequent and can receive their COVID vaccine. We will work with participating pharmacies to educate and provide vaccines at the time a member received their prescription. To support this strategy, the pharmacy will receive a \$25 incentive for each member vaccinated at their location.

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

HPSJ, as noted in question 12.a, have partnerships with our FQHCs and Public Health Departments to provide vaccination to patients who are identified as being homebound. In addition, working with these partners, HPSJ will 'hotspot' neighborhoods and areas of our county to provide mobile vaccinations. There are specific areas in San Joaquin (Stockton, Lodi, Manteca) and areas in Stanislaus (Modesto and XXX) where HPSJ will schedule, plan and host our FQHC and Public Health mobile clinics in neighborhoods of great need. These include low-income, communities of color, and communities that have large numbers of people 12-24 years of age.

We are also partnering with our Hospital and Public Health departments to host vaccine clinics at participating schools. With a focus on High Schools, HPSJ will be co-hosting our first collaborative vaccine clinic at a High School in Stockton in partnership with Sutter Health and San Joaquin Public Health. HPSJ is also reaching out in Stanislaus to develop these same relationships for our partners to serve schools in areas of high need.

**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.**

HPSJ will use CAIR data, merged with other data sources, to track vaccination amongst our population. To identify target populations for outreach efforts, HPSJ will segment its population by age, ethnicity, zip code, language, and PCP. The plan will identify groups that have high disparity and high impact to prioritize for intervention and monitor for progress improvement.

**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.**

HPSJ will provide trusted partners, such as PCPs, and FQHCs, with current applicable vaccine data. Vaccine gap information will be furnished to PCPs and FQHCs who are willing to take up the gap lists and outreach to their patients. Gaps in COVID vaccinations will be shared among trusted partner organizations, allowing partners to outreach in conjunction with the plan to members who are in need of the vaccine. These will be done for various events such as county Public Health events, health fairs, church events, etc. Data will include the provider's and partner's top zip codes with Covid vaccination gaps, patient contact information, age, age group, ethnicity, language, home bound status, and chronic conditions. Data sharing with providers will be provided weekly. For partner organizations data sharing will commence once events are planned/scheduled.

**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.**

Currently, HPSJ utilizes data from CAIR and RIDE, as well as from our local Health Information Exchange to determine which plan members remain non-vaccinated. This is combined with internal plan demographic data to determine which persons and groups to outreach to.

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

HPSJ will build on its strengths as collaborators and conveners to create opportunities that address poor vaccination rates in our communities using a line of sight to those vulnerable to the worst health outcomes. HPSJ's plan elements are varied and allow for flexibility in response to the needs, diversity, and expertise that exist in our region. HPSJ will continue to consult with trusted partners, the Community Health Council, Public Health and other governmental agencies to stay up to date the trends of hesitance and address root causes in partnership.

HPSJ will continue to invest in creating opportunities for Medi-Cal members to be better informed about their choice to vaccinate or not through this initiative.

**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.**

HPSJ will assign a project manager to support implementation and oversight of the plan. In partnership with medical, outreach, health education, and marketing departments, a leader from each area will be assigned to monitor progress, support plans for implementation, and support changing course should there be tactics that are not successful. In addition to plan oversight, HPSJ will develop an automated attestation process that will 1) ensure that Medi-Cal members are accounted for once they receive their vaccine and 2) Providers are able to track their vaccination success through the attestation process.

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

Ask... the questions; Learn... the facts; and Decide... if the vaccine is right for you campaign, will consist of marketing materials, provider vaccine toolkit, text and call scripts and articles, that will be developed with the patient's choice in mind. HPSJ will develop our messaging with respect of a person's choice, an understanding of their background, and capacity to address their concerns to avoid coercion and unintentional consequences.

**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.**

Kaiser has developed a vaccine strategy to reduce barriers to members getting the vaccine. Attached to this plan is Kaiser Permanente NCAL vaccination plan. We are asking for permission from DHCS to delegate vaccinations and coordination of member incentives to Kaiser Permanente directly.

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

HPSJ will offer its members' incentives of \$50 for any single vaccine dose completed. Members can earn this incentive the day of their vaccine from a participating location or access the incentive online with our vendor of choice, on HPSJ MyRewards application. HPSJ is seeking permission from DHCS to 1) Delegate incentives to an external vendor for management similar to our care gap incentives; 2) Delegate member incentives to Kaiser Permanente NCAL consistent with the attached proposal.

- 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 Person: Gift cards will be tracked when provided at the provider offices and at events through attestation. When a member receives their vaccination at the provider office or in the community, an attestation must be completed electronically or by paper with the demographic, vaccine information and gift card number. Attestations will be available electronically on HPSJ website and will be tracked immediately.

Electronically: During community events where vaccines are given by HPSJ community based- partners, HPSJ will encourage members to complete the attestation and use the myRewards program. This platform allows members to attest to receiving their vaccine and a gift card can then be electronically downloaded on their phone or device. HPSJ will validate vaccine administration and ensure eligibility for the vaccine prior to releasing the incentive. The vendor will track electronic gift card fulfillment and submit weekly/monthly reports to verify incentive adherence.

Delegated Provider (KP NCAL): Kaiser Permanente NCAL will manage member incentives and provide reports to HPSJ to provide accounting for incentives distributed to members. HPSJ will include KP membership in total reporting back to DHCS.