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Department of Health Care Services



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<b>Medi-Cal Managed Care Plan Name:</b>	<b>San Mateo Health Commission (dba Health Plan of San Mateo, HPSM)</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.**

HPSM created the following online resources, which we regularly review and maintain, including:

- A consolidated list of places members may register for vaccines, which is kept up to date in partnership with San Mateo County Health at [www.hpsm.org/vax](http://www.hpsm.org/vax)
- Online resources about vaccine hesitancy and FAQs, available under "Learn more about the COVID-19 vaccine": <https://www.hpsm.org/covid-19/vaccination>
- Social media promotion of vaccine safety information and information on where to register for the vaccine on Facebook and Instagram.
- Resources are reviewed and approved by HPSM Medical Directors, Population Health, and / or San Mateo County Health on a regular basis.

Additionally, HPSM is conducting a print communication campaign including:

- The production and mailing of a flyer and a booklet of COVID 19 Vaccine Safety information to address vaccine hesitancy. This material has been field-tested with members by our Population Health team and reviewed by HPSM Medical Directors and San Mateo County Health.
- A postcard promoting the benefits of vaccination, drawing on behavioral research about messages that have been effective at motivating COVID-19 vaccinations.

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

HPSM has created a set of online resources which consolidate information about where vaccines are available. This information is reviewed regularly, including internally by plan staff in recurring COVID Communications meetings, and with the San Mateo County Health Department. This website is promoted to members and providers through our existing communication channels including social media, print mail, electronic provider notifications, and newsletters.

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We will continue to update and maintain the information on our website, as well as maintain call center scripts that include up to date details on where members can get vaccinations. Targeted outreach to unvaccinated members will continue through our existing communication channels and through mailings to unvaccinated members that are co-branded with the member's assigned PCP.

**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.**

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

HPSM is currently collaborating with San Mateo County Health (SMCH) on an additional outreach campaign to disseminate information about vaccine resources and availability. The campaign will specifically target populations with the lowest rates of vaccination throughout the county. Several media channels will be utilized including local television, radio, community media and direct mail.

- A. Messaging will focus simultaneously on encouraging vaccine confidence while also promoting a sense of urgency. This will be achieved by addressing and dispelling common myths about the COVID-19 vaccines as well as by reminding the community of safety motivators (i.e., ensuring the safety of children returning to in-person learning, ensuring the safety of community gatherings). Campaign development is currently in progress. It will leverage the work done to date on a COVID-19 Vaccine Safety booklet that includes answers to frequently asked questions and information to dispel myths. The material in this booklet has been field-tested with members by our Population Health team.
- B. The vaccination effort in San Mateo County is led by the San Mateo County Health Department (SMC Health). Their efforts have been successful in part due to their strong relationships with local community-based organizations (CBOs), which act as trusted messengers for our diverse communities and provide critical feedback on member experiences. SMC Health and HPSM will continue to identify community members and providers to participate in webinars and media opportunities, while also exploring additional partnerships with community-based organizations to target the hardest-to-reach populations.

Additionally, HPSM is working closely with contracted providers on co-branding direct mail to unvaccinated members. HPSM will continue to share resources, hesitancy information and data with community organizations, county partners and provider offices.

**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.**

HPSM has been partnering with the Sequoia Teen Clinic's Youth Advisory Board (YAB) to develop marketing materials that target teens who have not yet been vaccinated and promote collaboration with schools. The Sequoia Teen Clinic is located on site at the Sequoia High School and many of our youth members are seen at the clinic, including the members of the YAB. The YAB has been meeting frequently through the public health emergency, and is currently focused on COVID-19 vaccine initiatives. In the past year, HPSM has provided materials and information which the YAB has used to create online videos for youth to dispel myths and provide confidence in the COVID-19 vaccine. This includes a step-by-step video on how different age groups, including HPSM members, can access vaccine appointments at some of our larger clinics and through our website. These have been posted on HPSM website and the YAB's social media channels, such as Instagram and TikTok. The YAB has also been instrumental in helping HPSM understand some of the reasons why teens are not yet vaccinated.

We will continue to partner with YAB to vet marketing materials that are targeted toward teens and will ask them to help develop new marketing materials, videos and other strategies as needed. HPSM also hopes to continue to leverage YAB's social media platforms. Finally, HPSM is piloting a new incentive program at the Sequoia Teen Clinic targeting well visits, during which teens are offered a vaccine and the opportunity to discuss concerns with their primary care provider (note that the incentive, a \$25 gift card, is focused on completing a well visit only).

**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.**

Please see response to question 3.

**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.**

SMC Health currently identifies low-income neighborhoods with low rates of vaccination using their geo-mapping software. They have engaged community partners in those neighborhoods to host community talks about vaccine safety, provide pop-up vaccination events, and/or distribute educational materials about vaccine safety. HPSM is continuing to partner with SMC Health to support these events with materials, connections to local clinicians to attend events, and / or event promotion with our members.

Legal Education: HPSM will partner with the Legal Aid Society of San Mateo County and connect them with the efforts of SMC Health to (1) provide guidance on workers' rights about sick leave related to vaccination, (2) attend community talks to educate members on worker's rights and rental assistance/eviction protection, (3) provide 1:1 advisory appointments to address employment and immigration concerns about vaccination. HPSM will compensate Legal Aid for the attorney time required for these initiatives. This is a critical strategy as HPSM has received feedback that fears about losing one's job due to taking time off for vaccine symptoms ranks among the top concerns for our members.

Social Networking: HPSM will contract with a local organization to coordinate a social networking strategy in the neighborhoods identified by SMC Health. This strategy includes using Member Ambassadors who have shared demographics with unvaccinated groups but are themselves vaccinated and supportive of vaccination. Ambassadors will outreach to a list of identified HPSM members and others in their social networks to encourage vaccination, answer questions about vaccine safety and efficacy, and employ motivational interviewing techniques to move members along the stages of change. HPSM has identified an organization to take on this work based on their track record of community engagement. HPSM will provide funding for this organization which may be used toward a group incentive based on achieving vaccination rate targets. The specifics of the incentive will be determined by the Ambassadors to ensure it is meaningful to the local community. This strategy has been successful in past public health efforts and avoids concerns about duplication of incentives. For members who receive vaccination, the organization will help with claiming their \$50 grocery card provided through the existing state-sponsored vaccination program.

**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.**

HPSM has a long history of close collaboration with San Mateo County (SMC) Health. For example, HPSM collaborated with SMC Public Health and Emergency Medical Services to establish a Center of Excellence Program designating local nursing facilities with the capability to safely handle COVID patients. This program involved pay for performance incentives for facilities willing to participate, as HPSM is the payor for long term care. HPSM will continue to collaborate with the local health agency in vaccine response planning as follows:

- Regular meetings of SMC Health and HPSM teams, including leadership. Significant time in these meetings is devoted to pandemic response efforts, including vaccine planning. This group has been instrumental in raising vaccine response ideas for further research, and many of the ideas generated by this group are reflected in this plan. Vaccine efforts outlined in this plan will continue to be discussed and evaluated in this forum.
- Regular meetings among HPSM operational teams involved in vaccine response.
- At least biweekly calls between the Chief of Health and HPSM CEO to troubleshoot and coordinate overall vaccine response.
- Contributing to SMC Health vaccine response plans: These formal plans are updated frequently and guide the County's overall response. They ensure we continue to leverage the best ideas and most successful strategies from both organizations without duplicating efforts.
- Sharing data and analyses to measure progress and target efforts appropriately. HPSM shares data on unvaccinated members by risk-stratification, provider, and geographic location. County health data show more specific geographic locations (i.e., by census tract) while HPSM data can be risk stratified based on clinical information. Both organizations thus are able to leverage their expertise and data capabilities to maximum effect.
- Sharing of best practices and ongoing evaluation of intervention effectiveness. County Health and HPSM are continually reviewing and improving outreach efforts targeted at mutual members and clients who remain unvaccinated. For example, after the County hospital's telephonic outreach efforts were unable to reach many within the target population, SMC Health and HPSM staff began collaborating on expanding outreach strategies using local CBOs and peer to peer outreach, as described in question 6 above.

**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.**

HPSM has established a process and framework for risk stratifying members and regularly reporting on progress for highest risk members that we will leverage to meet future vaccination needs. This risk stratification is based on an algorithm that includes the number of medical conditions, including disability status, a member has that put them at higher risk of morbidity or mortality from COVID. It also includes social determinants of health that may correlate to either higher exposure risk or higher morbidity and mortality -- including race, ethnicity, geography, and language preference. For example, for members in an ethnicity subpopulation that has a higher COVID-19 prevalence, mortality, or morbidity per CDC data, their risk score is adjusted upwards in proportion to this increased risk. We continue to adjust this risk algorithm, with review and approval by our County Health partners, as new information comes in through clinical research or based on any new health disparities we see in our vaccination rates. This analytic capacity will allow us to more nimbly identify member vaccination needs in future years.

Additionally, HPSM has developed, and is in the process of developing, internal staff training and member health education materials that may be adapted to future years. Our collaboration with San Mateo County Health to develop and share such resources is a successful model that we will continue to meet future vaccination needs.

**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.**

Transportation: HPSM Medi-Cal members can receive a free door-to-door ride through their NMT benefit and can schedule rides simply by calling HPSM's NMT provider. HPSM call center staff are also available to assist with ride scheduling and inform members of their ride benefit. HPSM's ride benefit is described on our website and a flyer describing the benefit and how to access it was mailed to all Medi-Cal members in June 2021 to minimize the role transportation may be playing as a barrier to vaccination.

Vaccine Appointment Scheduling: HPSM's Member Services and Integrated Care Management teams are trained on local vaccination locations and currently assist with vaccination scheduling and information.

Language Assistance: HPSM's member-facing teams include bilingual staff in HPSM's threshold languages: Spanish, Tagalog, and Chinese. Telephonic interpreter services are available for all members in over 150 languages, both when calling HPSM and during a provider visit, including for vaccination. Members are informed of their access

to an interpreter in the standard member materials, via the website, and in periodic publications such as the Member Newsletter.

**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.**

As of the submission of this plan, the majority of HPSM members are assigned to a PCP who is registered as a vaccinator. However many of our primary care providers, in particular solo practitioners with smaller practice sizes, are not registered as vaccinators today.

Geographically, the availability of vaccines in San Mateo County is robust, however we continue to work with San Mateo County Health to monitor zip codes with lower vaccination rates and ensure that pharmacy vaccinators, clinic vaccinators, or pop-up vaccination events are available in those locales.

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

HPSM has produced an organization-wide dashboard to monitor progress on vaccination rates among our members and among sub-populations as described in question 8 above. We will produce monthly provider-specific dashboards, and distribute these via an electronic portal to all in-network primary care providers (PCPs).

PCPs will be asked to submit a plan of action to HPSM in which they will provide their COVID Vaccinator ID, and a plan for how they will use incentive dollars to increase vaccinations, including but not limited to direct member incentives, staff outreach, mailings, or in-person/telehealth consultation to increase vaccine confidence. PCPs who submit such a plan will be eligible to receive an outcome incentive, per unvaccinated member who receives the vaccine.

HPSM will continue to promote and maintain a series of resources we have created to assist providers in answering questions about the vaccine in multiple languages.

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

In addition to the outcome incentive described in 10b, HPSM will offer a capacity-building financial incentive to PCPs who are registered as vaccinators at the beginning of the program, or once they become registered as vaccinators. This amount will be proportionate to the number of unvaccinated members a PCP has assigned at the start of the program, or in the month they become a vaccinator, whichever is later.

HPSM will continue to build on and maintain a set of resources we have created to support providers in becoming vaccinators, and will promote these resources through webinars and individual provider education by our Provider Services Department.

**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.**

As described in question 7, HPSM has been working closely with San Mateo County Health to share data and collaborate on rapid interventions to support communities with known health disparities, including communities of color and geographic areas with lower vaccination rates. HPSM is able to provide demographic and social determinants of health data about our unvaccinated membership to more precisely identify these needs. San Mateo County Health has provided operational oversight, and in many cases staffing and vaccine supply, to stand up pop-up events or initiate recurring events in defined "hot spots."

Through HPSM's close relationship with our provider network, we have also been able to connect providers interested in volunteering to staff such events. This includes helping identify volunteer clinicians able to answer member questions in their preferred language, which we know from experience and research to be an effective strategy in addressing vaccine mistrust. HPSM will continue this successful model of collaboration, including by providing data and fostering connections between geographic needs and providers with capacity to assist.

**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.**

Based on external public health polling and behavioral research, HPSM has refined its vaccination strategy to focus on the following barriers that we believe are driving lower vaccination rates among our membership:

- Language accessibility (including of external scheduling platforms)
- Ease of access (including geographic access, hours of operation, transportation access, and information about where to get the vaccine)



- Vaccine confidence barriers, including lack of access to accurate and personalized information from a trusted source

To address these barriers:

- We have created materials in multiple languages (as described in question 3) to answer questions and serve as talking points for trusted partners, providers and CBOs to use.
- We have promoted information about where to get the vaccine (see question 3), and have conducted data sharing with San Mateo County Health to inform decisions about where vaccination pop-up or recurring events occur.
- We have promoted information about our transportation benefit (see question 9) to reduce transportation barriers.
- We have partnered with San Mateo County Health to offer mobile/in-home vaccinations to members with limited mobility as described in question 14.
- To build vaccine confidence, research suggests that conversations with a trusted family member, trusted community leader, or trusted clinician are the most effective at increasing vaccinations. Therefore, we will continue to connect clinician volunteers to staff vaccination events in prioritized areas, and will support community partners with additional funding as described in question 6.

**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.**

HPSM has several trusted local partners and CBOs, which include community health workers, who are having conversations with members about their interest and willingness to get vaccinated. They are also linking members with healthcare providers and pharmacies to get vaccines in arms. Based on polling data from the Kaiser Family Foundation and other external vaccine confidence research, HPSM believes that the person the member is working most closely with (typically a CBO, provider or other community partner), is often the most effective to take the lead on discussions about vaccinations.

In addition to the partnership strategies described in question 6, HPSM has created talking points to address vaccine hesitancy and other questions, pulling from CDC literature, as described in question 3. These documents are provided in multiple languages to CBOs and other partners who don't have educational materials readily available.

It is worth noting that early in the pandemic HPSM and Aging and Adult Services (which includes IHSS, Adult Protective Services, and other programs focused on older adults and people with disabilities) shared data to identify mutual clients and members who were homebound. Together they developed a specific vaccine response plan that included launching mobile vaccine capability and jointly oversaw plan implementation, troubleshooting

and adjusting operations as needed. As a result, a significantly high percentage of HPSM members initially identified as homebound have been vaccinated. We continue to tweak our homebound identification processes to ensure we are reaching as many members as possible who need to be vaccinated in their homes or other congregate locations.

**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.**

HPSM has worked with local pharmacy partners on COVID vaccination efforts in many ways including, but not limited to: promotion of vaccine accessibility, member communication/educational materials, data sharing, and coordination in prioritizing/scheduling vaccinations for high-risk members in times of supply scarcity.

Pharmacy staff leverage existing member visits to pharmacies as opportunities to promote and administer COVID vaccinations. Discussions with pharmacies suggest general data sharing may have limited benefit as pharmacy staff regularly engage patients on COVID vaccination already whenever vaccination status is unknown. Data sharing with pharmacies tied to COVID efforts has occurred before and may occur again if it is deemed relevant and adds value.

Similarly, the feedback we received from pharmacies suggests that financial incentives to pharmacies will not increase the level of focus on COVID vaccinations. Given the high reimbursement rate associated with COVID vaccine administration, vaccination is already a high priority for pharmacies at the corporate level.

From a member engagement standpoint, our research suggests that as of the submission of this plan, some of our members are unaware that local pharmacies carry the vaccine and vaccinate teens. We will use our health education materials to highlight vaccine availability at local pharmacies. We also plan to make our members aware of any existing pharmacy incentives (such as grocery discounts) through some of these materials. We will continue to promote pharmacy vaccination access via our website, raise awareness through member engagement activities as mentioned elsewhere in this document, and explore content improvement opportunities.

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

HPSM has partnered with County Health to support a local vendor with clinical and non-clinical staff who are currently administering Covid vaccinations in a member's home with appropriate consent. HPSM sends outreach lists of homebound or mobility challenged members (based on claims and supplemental data) for outreach and in-

home vaccinations. Additionally, members can self-refer to receive these in-home vaccinations. Both one and two dose vaccines are being delivered.

**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.**

HPSM has an established process to consolidate vaccination data from various sources, including DHCS and CAIR2. This process refreshes member level vaccination status on a frequent basis. Once the data sources have been consolidated and vaccination status for each member is determined, additional member characteristics (such as age, language preference, race and ethnicity, place of residence, indicators of mobility barriers, and indicators of housing insecurity) are incorporated to identify opportunities for outreach as described in section 8. This information is tracked and shared with various internal stakeholders and teams who are involved in member outreach. Disparities among subpopulations are highlighted and tracked, in order to ensure we are making improvements in each of the identified areas.

**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.**

HPSM is able to create and publish lists of unvaccinated members per assigned primary care provider or per other affiliated care partners, such as community-based organizations, for outreach. HPSM will leverage existing data sharing mechanisms including our online provider portal for data sharing. Providers and other care partners can log in to this portal and view current member lists with vaccination status for outreach purposes. HPSM has also created population level data dashboards to monitor/assess the impact of ongoing outreach interventions.

**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 described in question 8, HPSM has established a process and framework for risk stratifying members and regularly reporting on progress for the highest risk members. We will leverage this framework to meet future vaccination needs. This risk stratification is based on an algorithm that includes the number of medical conditions a member has that put them at higher risk of morbidity or mortality from COVID, including disability status. It also includes social determinants of health that may correlate to either higher exposure risk or higher morbidity and mortality -- including race, ethnicity, geography, and language preference. For example, for members in an ethnicity subpopulation that has a higher COVID-19 prevalence, mortality, or morbidity per CDC data, their risk score is adjusted upwards in proportion to this increased risk. We continue to adjust this risk algorithm, with review and approval by our County Health partners, as new

information comes in through clinical research or based on any new health disparities we see in our vaccination rates.

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

HPSM will consult with County Health's Equity team to identify local trends in misinformation and best practices for addressing misinformation. A majority of HPSM's employees reside in our local community, and many have family and friends who are HPSM members, who act as a source of feedback as well. HPSM recently received the results of a survey organized by San Mateo County Health's Chief Equity Officer, which includes responses from over 80 CBOs and local stakeholders addressing priorities for low-income residents. HPSM will analyze these results for insights into local trends and priorities.

**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.**

As described in question 2 and 7, HPSM has established a number of regular oversight meetings to govern different aspects of our COVID-19 vaccination work, including internal COVID Communications meetings, and meetings with San Mateo County Health. To ensure effective use of incentive dollars, HPSM will limit direct member incentives to those delivered by PCPs as part of their member engagement approach. As described in question 10, PCPs will be required to submit a plan of action to HPSM which our Provider Services Department will collect and monitor.

To ensure oversight of CBOs/Community Assets, HPSM will designate a primary contact and an escalation contact to oversee HPSM's contract with the partner organizations who are coordinating our social networking and legal education strategies. Oversight will include regular touchpoints and reporting. Reporting will include process metrics as well as outcome metrics, to be determined based on the details of each implementation plan.

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

Accurate & Complete Information: HPSM will provide a resource packet to our community partners and network providers that includes key messaging regarding vaccine safety and efficacy. This information is intended to ensure partners and providers present vaccination information in a clear, accurate, and approachable way

that avoids misinterpretation or coercion. This messaging includes clear and accurate descriptions of common and uncommon side effects from vaccination to ensure members have informed consent if they opt for vaccination.

Limited Financial Incentives: The dollar amount of the community incentives offered by our partner organization and providers will be limited. By not offering excessive financial incentives, HPSM will limit the risk of financial coercion. Additionally, partners may choose to offer members incentives for actions other than just vaccination (e.g., attending a community talk). In this way, incentives are aimed at spreading accurate information and less likely to result in a member feeling pressured or coerced.

**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.**

HPSM does not delegate to other health plans other than Kaiser Permanente. HPSM has reviewed Kaiser Permanente's Vaccine Response Plan, and will be monitoring progress through our quarterly JOMs and other operational discussions. Kaiser Permanent will be eligible for provider incentives described in question 10 proportionate to their assigned membership.

Additionally, HPSM has been collaborating with Kaiser Permanente Medical Group and San Mateo County Health since May 2021 to jointly identify vaccination events with high potential to reach HPSM members, and to connect Kaiser Permanente clinicians to help staff these events and answer member questions. We recognize the importance of having clinicians available to answer member questions at vaccination events as a key strategy for building vaccine confidence. We will continue to partner with Kaiser Permanente in this way.

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

HPSM will not be providing direct member incentives, beyond providing funding to PCPs to increase vaccination engagement as described above. PCPs may choose to use this funding in part to offer member incentives. PCPs who wish to do so will need to outline this in their plan of action submitted to the Plan, including attestation that member incentives will not exceed \$50 per member (single or multi-dose).

- 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.**

See above.