State of California—Health and Human Services Agency
Department of Health Care Services

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Medi-Cal Managed Care Plan Name:	Inland Empire Health Plan (IEHP)

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.

IEHP will utilize existing and explore new channels to provide evidence-based information to Members in the following ways:

- Printed fliers can be shared through our food distribution partners at all upcoming events where IEHP is present, through Promotoras and Community Health Workers (CHWs) and other high reach partners who are often in the field connecting to families.
- IEHP has a partner email distribution list of over X partners representing multiple sectors that we send updates regularly.
- IEHP will collaborate with partners that have their own distribution lists to spread information through their own channels and respective populations which include but are not limited to disability, seniors, youth and families, ethnic groups, faith-based groups, housing complexes, etc.
- The focus is often on healthcare professionals to tell the horrors of COVID, another thought is to create a piece that focuses on the experience of first responders such as fire personnel which may resonate with specific populations of interest.
- Agencies that work with youth will be key partners such as Young Visionaries, The Boys and Girls Club, Music Changing Lives, Never Stop Grinding, School Districts, University of Riverside, Riverside Community College, Cal State San Bernardino, and more.
- Agencies that focus on communities of color with be key partner such as the local chapter of NAACP, Black Chambers of Commerce, Hispanic Chambers of Commerce, Vision Y Compromiso, Todec, El Sol, and more.

IEHP will continue to utilize our internal physicians and provider network to deliver evidenced-based information to members; available in the threshold languages (with a focus on both youth and communities of color where a greater need has been identified), community-based organizations (CBO), tribal partners, and other local partners to establish trust, transparency, and encourage vaccine participation. Information will continue to be available through the public website, texting, social media channels, print material including newsletters, fliers, postcards, video, call center support, and any additional collateral and venues identified through research and survey data that are discovered as beneficial to the target audience. Information will be

coordinated with the county Departments of Public Health and aligned with State and Federal sources (California Department of Public Health, Centers for Disease Control, Food and Drug Administration, etc.) to ensure accuracy.

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

IEHP will continue to provide vaccine availability, locations, and additional opportunities on the public website, on-hold messaging, texting (SMS), social media channels, and offer this information along with assisting the member and/or household occupants with scheduling vaccination appointments in each incoming member call. In addition, we will continue to seek new opportunities and venues for communication of these resources.

Where to go to find a vaccine site near you is not as widely known as it could be. In the Inland Empire there are multiple sources that can be promoted (MyTurn, ConnectIE, 2-1-1). Connect IE is a free online website which provides community resources by zip code. Connect IE can connect Members to food pantries, transportation, housing services, and other low-cost or free resources. IEHP will inform the public on vaccine locations in the following ways:

- IEHP will explore the potential to purchase additional billboards in communities of interest that specifically promote how to find a vaccine location near you.
- Utilize new and existing bus shelter signs that specifically promote how to find a vaccine location near you.
- Utilize all IEHP social media outlets to post vaccine information and add a link button for the community to easily access vaccine locations within each post.
- Provide the public and Members information through the Community Resource Centers weekly fitness and educational video posts.
- Provide our marketing materials with our wide network of partners regarding vaccines and include information on how to find a vaccine location near you.
- Provide a contract to the local United Way that oversee the 211 help line who receive community calls and have them share the vaccine locations with each caller over the phone. This could also include assistance with registration as needed.
- Links to find vaccine locations will be posted in the IEHP website, social media and IEHP newsletters
- IEHP will identify Provider offices who are administering vaccines and make this information available to our Members.
- Increased emphasis will be placed on outlets that target communities of color, faith-based agencies and organizations that serve youth.

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.

IEHP will continue to advance educational information on the advantages of being vaccinated, risks of being unvaccinated, and the importance of protecting themselves and others via digital, outdoor advertising, texting (SMS), social media, radio, member

newsletters, educational video segments, messaging in public venues (mall signage, etc.), and any earned media opportunities that become available through partnerships and success stories.

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

   IEHP will continue the efforts to combat misinformation by utilizing feedback from public and member surveys, social media event comments/feedback, organized member committees (Public Policy Participation Committee), consistently updated FAQs available on the COVID vaccine section of the public website/made available to all call centers and develop material in response working with health officials and internal clinical leadership to remain responsive. Information provided is sourced from the CDC and CDPH website. In addition, IEHP will monitor and review evidence shared by the state, county public health departments, and key subject matter experts. IEHP will expand its focus on both youth participation and communities of color where a greater need has been identified.

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

   IEHP will continue its media relations efforts and partner with local leaders, local tribal partners, community-based organizations, faith-based organizations, local medical societies, adjacent Low Income Health Partners (LIHPs) and our two county public health departments in identifying concerns, addressing barriers, and facilitating vaccine participation with a focus on both youth participation and communities of color where a greater need has been identified. In addition, identifying successes and new educational opportunities and bringing these to light with new media opportunities. IEHP will continue to seek partnerships such as the one with SAC Health System and the St. Paul AME Church in San Bernardino to understand barriers and provide education and vaccines to the surrounding community. To further the messaging on vaccine importance, a video was developed in partnership with these entities and is part of the paid advertising targeting communities of color. In addition, IEHP held a focus group of African American pastors and community leaders to assist with messaging around vaccine hesitancy.

   Our wide network of community partners are eager to be part of the solution to get us out of the current pandemic. IEHP will engage trusted partners in the following ways:

- All materials created by IEHP marketing will be shared with our large network of partners for distribution to their respective populations. These materials will be print, digital, videos, social media, etc.
- Those partners have their own distribution lists and newsletters, and we would ask that they all spread the information far and wide through their own distribution channels and to their respective populations which include but are not limited to (disability, teens, seniors, children and families, ethnic groups, faith-based groups, housing complexes, etc.).
- We will also look to engage and partner with large scale events and activities of interest for specific communities such as (concerts, festivals, events in the park, sports, arts, etc.)
- We will actively seek out partnerships and closer connections with tribal partners and their respective communities.
- Special emphasis will be placed on our partners who serve communities of color, faith based, and that serve youth.

4. Describe how the MCP will collaborate with schools and colleges to target youth who are 12-25 years of age. Character limit: 2,500 characters.
The Inland Empire has an extensive network of colleges, districts, and schools with 26 K-12 districts in Riverside County, and 41 K-12 districts in San Bernardino County. There are also 18 colleges and universities and growing. IEHP has established relationships with many of these colleges and school districts. IEHP will collaborate with schools and colleges to target the youth in the following ways:

- IEHP Marketing will create materials in various formats (social media, digital, print, video, etc.) specifically targeted to youth ages 12-25.
- Utilizing Membership data to target areas in which the vaccination rates are lowest and closely collaborate with designated school districts and colleges to provide information in the school newsletters, emails to parents and students, text messages to parents and students, and utilizing robocall technology where available.
- IEHP currently has CHWs who work closely in high volume schools and are already doing vaccine education and appointment assistance. We will continue this work and spread even further by utilizing CHWs and Promotoras from partner agencies to target youth who are age 12-25 years of age.
- Develop relationships with CHWs and Promotora partner agencies for specified COVID outreach efforts with youth ages 12-25 and their families.
- Collaborate with school districts and colleges to create incentivized programs for students.
- Explore contracting and collaboration with colleges by funding student employment positions that are COVID vaccine educators and ambassadors.

- Agencies that work specifically with youth will be key partners such as Young Visionaries, The Boys and Girls Club, Music Changing Lives, Never Stop Grinding, San Bernardino Unified School District (and other districts), University of Riverside, Riverside Community College, Cal State San Bernardino, San Bernardino Valley College, and more.

In addition, IEHP will collaborate with Kaiser Permanente on planned pop-up clinics within locations identified by Kaiser as being equity hot stops within the Inland Empire:
- Yucaipa-Calimesa Joint Unified School District
- Fontana Unified School District
- Colton Joint Unified School District
- Hesperia Unified School District
- Jurupa Valley

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.

IEHP will continue the efforts to combat hesitancy, fear, mistrust, and value of being vaccinated by utilizing feedback from public and member surveys, social media event comments/feedback, organized member committees (Public Policy Participation Committee), consistently updated FAQs available on the COVID vaccine section of the public website which is made available to all call centers and develop material working with health officials and internal clinical leadership to remain responsive. In addition, IEHP will monitor and review evidence shared by the state, county public health departments, and key subject matter experts. IEHP will expand its focus on both youth participation and communities of color where a greater need has been identified. IEHP will continue to stay connected to Kaiser Permanente and their efforts on countering misinformation within the community. Previously, Kaiser has hosted Vaccine Confidence Events in LA county targeting the African American and LatinX community. IEHP can explore identifying potential similar events in the IE.

IEHP and LA Care partnered together to launch a multi-pronged educational campaign featuring Jaime Camil with a focus on our Spanish speaking population. IEHP's Medical Director held a live Q&A session with Jaime Camil for our Members in both English and Spanish. The educational campaign plan will include Public Service Announcements featured on television and radio; Billboards placed alongside designated freeways in San Bernardino and Riverside counties and promotional materials featuring Jaime Camil sent to all 1.4 million IEHP members via newsletters in October of 2021.

IEHP will develop communication to encourage the Community to talk with their Providers which includes PCPs and Hospitals about the COVID vaccine.

In addition, IEHP partnered with SAC Health and Loma Linda University Health to provide a COVID vaccine clinic at St. Paul AME church which aimed to reduce disparities and increase vaccine access in the African American Community. The "Hope is Alive" video was developed in partnership with these entities and is part of the paid advertising targeting communities of color.

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.

IEHP has established relationships with many trusted agencies that serve the Medi-Cal population and low-income families. IEHP will partner with trusted community organizations in the following ways:

- Disseminate large volume printed materials at X weekly large scale partner food distributions in the city of Riverside, Perris, and Hemet. Each location brings approximately X agencies who then go back and do food distributions in their own communities. These collaborative food efforts connect with thousands of families each week. We can ensure our partners are putting a flyer in every single food bag.
- Continue to collaborate with faith-based entities such as the Catholic Diocese, Congregations Organized for Prophetic Engagement (COPE), the Seventh Day Adventist communities, African Methodist Episcopalian, and more.
- The Inland Empire Disability Collaborative (IEDC) is a large network of agencies that serve seniors and people with disabilities. They are very tapped into communities of need and are agencies that are trusted in their respective communities. They have been very engaged and actively seeking to help the community during COVID they would be eager to partner on any activities and messaging we promote.
- Agencies that focus on communities of color with be key partners such as the local chapter of NAACP, Black Chambers of Commerce, Hispanic Chambers of Commerce, Vision Y Compromiso, Todec, El Sol, and more.

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.

IEHP has regular communication and established connections with both Riverside and San Bernardino County Departments of Public Health. IEHP will collaborate in the following ways:

- Our Chief Medical Officer, Dr. Wada, has regular meetings and calls with both county health officers and county directors of public health to stay abreast of how we are doing in each county, and opportunities for collaboration and coordination with county COVID related activities. He also participates on the County COVID Community Advisory Groups for both counties.

- IEHP continues to host one of the largest COVID vaccine clinics in San Bernardino County at our IEHP Headquarters in Rancho Cucamonga. This has been an extremely successful collaboration with SB County Public Health.
- San Bernardino County Public Health hosts a weekly meeting for vaccination partners, and CBO partners conducting outreach on COVID vaccines. We will continue to attend and engage in discussions around what is working, and what isn't working in respective communities. They also share data on target communities to focus on for future partnership efforts.
- Riverside County Department of Public Health hosts a regular Health Collaborative meeting with over X partner agencies all over the county. We will continue to be engaged and continue to provide feedback and support on messaging to promote vaccinations. We will also use this forum to push out any and all new materials developed by our IEHP Marketing team. Marketing and Communications Team regularly communicates and coordinates messaging with the county public information team.
- Stay in close communication with both San Bernardino County and Riverside County Public Health to collaborate for future response plans.
- IEHP has met with both county public health departments to discuss coordination of efforts related to the COVID incentive program. Both counties are developing and sharing lists of key community partners that worked with the counties on COVID vaccine outreach and administration. COVID activities will be coordinated with the counties in order to ensure alignment of messaging and tactics.

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.

There are various ways that IEHP can build additional capacity which could include utilizing more focused calls and texts to Members, designating additional IEHP teams to outreach to Members identified as unvaccinated, increasing commercials addressing the benefits of the vaccine and dispelling vaccine misinformation, additional billboards, especially around school zones, adding scripting to the call center to provide Members options for obtaining their vaccines where most convenient for the Member, using CHWs to visit Members and discuss their concerns, encourage vaccines and schedule follow up visits, stocking Provider offices with Member facing materials on vaccine hesitancy and partnering with community partners, schools and providers to offer regular periodic vaccine fairs with incentives offered to Members for attending especially in areas where there is lower vaccine uptake. In addition, IEHP will identify unvaccinated Members who are in high-touch Care Management programs such as Complex Case Management, Health Homes and Enhanced Care Management to utilize their trusted care managers to provide education and facilitate vaccinations. Experience with geo-mapping, identification of underserved areas, and key community partnerships developed during our COVID vaccine activities may be leveraged for future activities. IEHP will consider leveraging best practices and key learnings in contact tracing and event notification that could be transferrable 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.

IEHP will continue applying current strategies to help facilitate the vaccination process for Members. These strategies include: providing vaccination locations and scheduling assistance at IEHP Community Resource Centers; making live outbound calls to our Members who have been identified as homebound to assist them in scheduling a vaccination appointment through MyTurn, to receive their vaccination at home by a county contracted Provider; various marketing campaigns such as robocalls, texting, and on-hold messaging while waiting to speak with a Member Services Representative, all including information on how to obtain assistance with scheduling an appointment.

In addition, for every incoming Member call, IEHP Member Services Representatives ask the Member if they have received their vaccination. If the Member has not received their vaccination and is interested in getting one, assistance is provided for scheduling the appointment. During all Member calls, there is the opportunity to assess for any barriers Members may have to obtaining a vaccination, most often transportation and/or language barriers. IEHP continues to provide transportation for any Member needing a way to get to and from a vaccination site. Interpretation services can also be arranged for any Member needing this support to help ensure they have a complete understanding of the vaccination process as well as getting answers to any questions they may have. Members who are vision and/or hearing impaired can also receive assistance such as TTY, amplified telephones, screen reading software and special talking Braille devices. Will also explore options for having text messaging translated into other threshold languages as well as use of other social media platforms such as TikTok or Gen Z.

To address any potential Provider barriers which in turn impact the Member, IEHP will outreach to those PCPs who are not registered with CalVax to identify and assist in removing barriers to providing the vaccine. Provider offices as well as facilities could be supplied with Member materials to post and/or distribute to inform Members that IEHP will assist in scheduling a vaccination appointment, arrange for transportation, and provide language support. Lastly, support materials for Providers in how to best engage members around barriers and concerns including cultural concerns will be provided.

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.**
> County data shared with IEHP captures Provider location details and serves as a basis for IEHP's analysis of areas of deficient access to the COVID-19 vaccine. Currently there are X Primary Care Provider sites identified as access points for the COVID-19 vaccine across San

Bernardino and Riverside Counties. IEHP will work towards making this data available on the Provider Portal. Areas of deficient access would be addressed through the partnership of IEHP's Quality and Provider Relations teams to determine and address barriers to the primary care enrollment to administer the vaccine.

b. **How will the MCP collaborate with PCPs to conduct outreach to members? Character limit: 2,500 characters.**
IEHP will collaborate with PCPs through texting and call campaigns to reach Members due for vaccines and meeting with PCPs to learn more about how the plan can help address the barriers/challenges around vaccine administration. IEHP will share with PCPs through our Provider Newsletter, COVID-19 web page and blast fax process best practices for outreach to Members and strategies for dispelling vaccine misinformation. IEHP will also collaborate with PCPs through the provision of Member specific rosters that PCPs can access online to identify their assigned Member's current vaccine status and identify those Members who have not received the vaccine. IEHP can support PCPs by aiding in focused outreach to those unvaccinated individuals or utilizing a tiered incentive approach for PCPs based on vaccine gap closure. In addition, IEHP will identify which network providers have the highest numbers of unvaccinated IEHP Members and will reach out to those providers to offer support. For these providers, IEHP will consider funding to support the use of CHWs to assist with outreach.

c. **How will the MCP encourage more PCPs to enroll as vaccine providers? Character limit: 2,500 characters**
IEHP will encourage PCPs to enroll by identifying the common barriers to enrolling as vaccine providers, partnering with the local medical societies to host informational meetings on enrollment, equipping IEHP's Provider Relations team with more information to share with PCPs on the enrollment process via calls and office visits and potentially off setting some of the PCP's enrollment costs or offering PCP incentives such as enhanced reimbursements/P4P program for increasing vaccination rates, contingent upon criteria established by the plan. IEHP's Quality department can assist in training PCP staff on the storage, preparation, and administration of the vaccine as well as information on the side effects and provision of Member facing FAQs regarding the vaccine. EHP can also provide materials to address vaccine hesitancy on the part of PCPs and their staff and incorporate that into our PCP communications, training materials and Provider meetings.

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.

IEHP has been very active in partnership with various pharmacies, SACHS, and counties in providing pop up clinics throughout the Inland Empire. These clinics have been at schools, churches, partner agencies, etc. IEHP will provide popup clinic support in the following ways:

- Continue to respond to partner/community needs on good locations for new popup clinics.These include but are not limited to churches, schools, workplaces, community partners, city activities, etc.
- Contract and collaborate with churches and non-profits that serve communities of color to ensure when a popup clinic is planned that the turnout will be worthwhile. This has continued to be a recent challenge. Ensuring there are several activities happening at the same time can help, such as other services including but not limited to food distributions, utility assistance, rent assistance, etc.
- We are already experimenting with attending existing events (sporting events, concerts, festivals, park events, city events, etc.) to provide education and vaccine pop-ups in these locations. The strategy is to bring the education and vaccines to people where they are already congregating, versus expecting them to come to our popup site. We have heard from others that this new strategy is proving to be successful.
- We will actively seek out new large volume events already planned in areas of interest and engage event planners to persuade them to make the events vaccine required, and even offer vaccines onsite as necessary.
- Agencies that focus on communities of color with be key partner such as the local chapter of NAACP, Black Chambers of Commerce, Hispanic Chambers of Commerce, Vision Y Compromiso, Todec, El Sol, and more.

IEHP will utilize geo-mapping to identify target areas with low vaccination rates to set up popup clinics. IEHP will reach out to key partners to set up pop up clinics in areas with low vaccination rates. IEHP will explore providing a fixed rate to support the outreach and logistics of the clinic then provide a fee for services for each vaccine administered at the pop-up clinic.

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.

IEHP will continue applying current strategies to help facilitate the vaccination process for Members. These strategies include: live outbound calls to Members, including Members who are homebound, to assist in scheduling the Member for a vaccination appointment; robocalls and texting campaigns to provide Members with information on how to schedule a vaccination appointment or request help in scheduling an appointment; posting information on the public website about IEHP's on-site vaccination clinic as well as other vaccination clinic locations, including any not requiring an appointment; on-hold messaging; providing vaccination locations and scheduling assistance at IEHP Community Resource Centers; and for every incoming Member call, asking if the Member has received their vaccination and if not, and the Member is interested in getting a vaccination, assist the Member in scheduling an appointment; and providing transportation for Members if this is a barrier for getting the vaccination.

IEHP will identify unvaccinated Members who are in high-touch Care Management programs such as Complex Case Management, Health Homes and Enhanced Care Management to utilize their trusted care managers to facilitate vaccinations.

Each community will have different congregating spots that will provide convenient access not only to the vaccine but to information about the vaccine. Partnerships with local businesses and community- based organizations may result in a willingness to host a "pop-up" vaccination clinic.

Another strategy is to utilize data and geo-mapping to identify focus population Members and link them with the most accessible walk-in clinic sites. In addition, IEHP will outreach to those PCPs who are not registered with CalVax to identify and assist in removing barriers to providing the vaccine.

    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.**
IEHP has established relationships with many organizations that serve seniors and people with disabilities, and the homebound population. IEHP will collaborate with CBOs in the following way:
- Utilizing the Inland Empire Disability Network, find and contract with agencies who serve home bound population to do vaccine outreach and home appointment assistance.
- Explore contracts with agencies who use CHWs and Promotoras to provide in-person outreach to homebound population not responding to telephonic outreach. We would utilize them as a second tier of connection when our numerous telephone calls are not going through. They would also assist with making vaccine home appointments.
- IEHP has developed a method to identify Members that are likely to be homebound based on diagnoses codes, use of specific DME, and utilization of certain services such as home health. IEHP has contracted with a home health agency to assist with outreach and scheduling for in home vaccinations.
- If a CBO or other partners identify an IEHP Member who is homebound, IEHP will develop a process to forward this information to the home health agency administering the in-home vaccines.

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.
IEHP's Pharmacy department will collaborate with pharmacies through round table calls with the chain pharmacy leaders on COVID vaccine topics, review with pharmacies to determine potential Member incentives (i.e. vouchers) for getting the COVID-19 vaccine at the pharmacy and explore potential pharmacy capacity grants to increase pharmacist/vaccinator labor. Data on vaccination rates by geographic/region/zip code

will be utilized to design targeted vaccination efforts and shared (if permissible) to target pharmacy specific vaccination efforts.

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

To assist in bringing the vaccines to the Members, IEHP has hosted mobile and drive-thru vaccination clinics at the IEHP Community Resource Centers. These events were quite successful and IEHP will continue to look for opportunities to host future vaccination events. IEHP care teams continue to make live outbound calls to Members who have been identified as homebound to assist them in scheduling a vaccination appointment through MyTurn, to receive their vaccination at home by a county contracted Provider. IEHP has partnered with X Home Health to outreach and administer vaccines to Members who are homebound.In addition, IEHP is exploring a partnership with Kaiser Permanente to collaborate on pop up clinics using their KP mobile vaccination unit.

Another opportunity for possible collaboration is through Riverside University Health System, which is building mobile immunization teams to support the most under-resourced, vulnerable communities in Riverside County. The teams will provide vaccine-related education to the public, schools and medical care provider offices. For public interactions, the teams will be comprised of Members that represent the communities that they serve in terms of race/ethnicity, language, cultural background and geography and will continue to support vaccine distribution. Riverside County is also building mobile health equity teams who will address root causes of COVID-19 inequities and work with elected officials, community-based organizations, and specific data tied to each of the districts to improve health outcomes related to COVID-19 and other infectious and chronic diseases.

IEHP will continue to foster relationships with local businesses, community-based organizations, schools, and places of worship to collaborate on standing up "pop-up" vaccination clinics in these neighborhoods. In addition, IEHP will outreach to those PCPs who are not registered with CalVax to identify and assist in removing barriers to providing the vaccine so that Members can receive the vaccine during their regular appointments.

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.

IEHP has already established a process to intake data obtained from DHCS to track vaccination data at geographic and demographic levels. IEHP will use methods currently used to track vaccination rates by populations, demographics, and by geographic regions which includes the use of mapping techniques and dashboards to allow the use of this data in as near as real time as possible for outreach efforts. The dashboard will have the capability to break out fully vaccinated, partially vaccinated, and unvaccinated populations by age, race/ethnicity, sex, preferred language, and region. IEHP will utilize this data to target areas with low vaccination rates and partner with

Community Based Organizations (CBO) and Providers in the area to work towards closing the disparities.

  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.**

  IEHP has established relationships and a partner email distribution list of over X partners representing multiple sectors that we regularly send updates to. IEHP will ask partners that have their own distribution lists and newsletters to spread the information through their own distribution channels and to their respective populations which include but are not limited to (disability, teens, seniors, children and families, ethnic groups, faith-based groups, housing complexes, etc.).

  IEHP Quality team will create a monthly status report that can be sorted by region or various populations to make useful to partners who serve very specific communities and utilize this monthly status report to share the data with trusted partners so we can stay abreast of the progress we are all collectively making in moving the needle towards higher vaccination rates in both San Bernardino and Riverside Counties.

  IEHP currently provides the immunization data to Providers via the Provider Portal. During the development of our outreach strategies, IEHP will develop a process to share data with community partners and providers.

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.

IEHP adds any obtained data from all available sources (COVAX, CAIR2, encounters, claims, and health information exchange data) to the centralized vaccination data set. This data is captured within organizational tools and resources, such as geo-maps and dashboards which are utilized to identify higher risk Members for outreach.

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

IEHP utilizes multiple methods to identify misinformation and vaccine hesitancy trends among Members. IEHP partners with a Vendor to outreach to Members and during this outreach, if Members express vaccine hesitancy, the Vendor will invite the Member to a virtual peer group with Members from the High Desert community. Members of the peer group have completed the COVID vaccine series and are available to answer common

questions identified by Members that have expressed vaccine hesitancy. Within the scope of this project, common reasons for vaccine hesitancy include:
- The vaccines were 'rushed' through and it's too soon to take it
- Need to check with their Doctor since the member is managing a medical issue
- Care giver or family told me not to get it yet
- They don't know what's really in it so they won't take it (nervous/scared)
- It's no one's business if they got it or not (treating it as a political stance)
- They know people who have had bad experiences with it
- They have been fine so far and don't think they need it

The IEHP Member Services team also supports the collection of Member information related to COVID vaccine status. During inbound calls, the IEHP Member Services team asks Members if they have received the COVID vaccination. The Member Services Representative (MSR) will assist Members with appointment scheduling, if requested. MSRs also track Member responses of not interested, additional information requested, or already scheduled. IEHP also collects Member feedback from texting campaigns, Member surveys, and Public Policy Participation Committee (PPPC) to identify trends or commonalities in misinformation or vaccine hesitancy. IEHP will monitor and review evidence shared by the state, county public health departments, and key subject matter experts.

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.
IEHP will leverage the existing member incentives process to administer the new COVID-19 vaccine incentives. In accordance with that process, IEHP will generate the Vendor gift card list on a bimonthly basis. A unique primary key is established within the database using the IEHP Member identification number and measure code (i.e., COVID-19) combination. When Members are initially identified as eligible to receive the COVID-19 vaccine gift card, eligibility details are captured on a "master" Member level detail table using the unique primary keys. Prior to providing routine Member level detail reports to the gift card vendor, the bi-monthly Member list are compared to the cumulative Master list for all previously submitted Member data. This process checks against the "master" table to ensure that bi-monthly vendor data does not include Members previously awarded gift cards for corresponding measures.

In addition, IEHP will monitor the volume of new gift cards to be sent via a standardized report to ensure reasonability prior to finalizing each gift card distribution cycle.

IEHP may also explore opportunities to provide Member incentives at the time of their vaccination. IEHP will develop a process for tracking Member incentives provided at time of service to avoid incentive duplication.
IEHP will be establishing a new business unit, called the Department of Health Services Special Initiatives, to focus on implementation and oversight of the COVID vaccination 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.

The tone of IEHP messaging will be encouraging, focused on the positive outcome, and gently lead the unvaccinated to feel comfortable in choosing the vaccine. In addition, call center staff will be trained in best practices and support materials for Providers in how to best engage members around barriers and concerns including cultural concerns will be provided.

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.

IEHP will share our Vaccination Response Plan with our Independent Physician Association (IPA) Subcontractors and request support from the IPAs in outreaching to the IPAs' contracted PCP networks for education and the provision to the IPAs of the IPA assigned Member vaccination status to promote outreach to unvaccinated Members. IEHP will assume the majority of the outreach efforts due to limited resources at the IPA level. IEHP will meet to discuss our mutual strategies with subcontractor Kaiser Permanente and share best practices for outreach to include in this implementation.

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

IEHP will identify Members that have not received a COVID-19 vaccination. IEHP will mail Members in this population an informational letter educating them on the importance of the COVID-19 vaccination and inform that if a COVID vaccination is received by 2/28/2022, Member would be eligible for a $X gift card as follows:
-$X-for receiving a COVID-19 vaccination (Pfizer, Moderna, or Johnson & Johnson)

IEHP would utilize all available data sources to identify Member eligibility for a gift card reward. Data sources may include CAIR 2, medical claims/encounters, or pharmacy claims. IEHP data elements captures dose type, ensuring the incentive value reward for each Member is awarded. Following proof of service receipt for the COVID-19 immunization dose and type, IEHP will generate a Member listing and provide to IEHP's current Member incentive vendor, Customer Motivators. The vendor will mail each Member the reward certificate which contains a unique claim code for the Member to make a gift card selection via phone, mail, or internet.

IEHP can attest that the Member Incentive offering for the COVID 19 vaccine meets the six safeguards set forth in the U.S. Department of Health and Human Services Office of the Inspector General Guidance.

IEHP may explore opportunities to provide Member incentives at the time of service. A tracking process will be developed to eliminate duplication.

IEHP intends to delegate the Member Incentive to Kaiser for their assigned Members pending state approval.

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.**

IEHP will identify Members that have not received COVID- 19 vaccination. IEHP will mail Members in this population an informational letter educating them on the importance of the COVID-19 vaccination and inform that if a COVID vaccination is received by 2/28/2022, Member would be eligible for a $X gift card as follows:

-$X-for receiving a COVID-19 vaccine (Pfizer, Moderna, or Johnson & Johnson)