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DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

Medi-Cal Managed Care Plan Name:	UnitedHealthcare Community Plan of California, Inc
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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.

In addition to the COVID-19 information available on UnitedHealthcare (UHC) member and provider portals and through call centers, UHC will implement a multitiered member, provider, CBO, tribal partner, and other local partner outreach. This outreach will focus on further disseminating evidence-based information to build trust in the COVID-19 vaccines to increase the number of Medi-Cal members with an emphasis on the identified populations of focus in APL 21-010 that voluntarily elect to receive the COVID-19 vaccine. All information communicated will be information related to COVID-19 that directly comes from DHCS, the California Department of Public Health, or the CDC. UHC recognizes that organizations with community-level reach that represent, engage, or support these populations will be critical in identifying strategies and interventions to improve acceptance of the COVID-19 vaccine.

UHC is working with providers, CBOs, tribal partners, and other local partners to understand the local needs, identifying strategies and interventions, and finally, to implement and monitor identified strategies and interventions. UHC is participating in meetings with other MCOs that operate within the San Diego geographic service area to coordinate activities and support for local partners. UHC has reached out to the San Diego Refugee Communities Coalition, Chicano Federation, Champions for Health, the San Diego Promotores Coalition, and multiple network partners to understand the needs of the communities they represent.

Working with these partners UHC will identify what support and interventions can be taken to increase confidence in and access to the COVID-19 vaccine. Initial needs identified include information and material distribution, methods and platforms, venues and locations, trusted messengers, and event logistics. As final strategies and interventions are defined through this collaboration UHC will utilize its resources for direct marketing and targeted member call campaigns that are micro-segmented to specific cultural cohorts as guided by the input from the local partners.

UHC’s member Winter newsletter that is sent to all member households will contain evidence-based information to encourage vaccinations. The newsletter will also contain the latest and updated information on vaccination sites within San Diego County.



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

UHC's member call center is equipped with updated information on the location of standing and established vaccine sites. This information is reviewed weekly for accuracy. UHC will also ensure any CBOs that are engaged have updated information for standing and established vaccine sites. In addition, as details for any pop-up or mobile vaccine events are made available through continued MCO collaboration and CBO partnerships, this information will be made available to UHC member call center and partnered CBOs to communicate as well.

Using health inequity data and member vaccine data from the state and county, UHC is developing targeted marketing and call campaigns to directly outreach to members with messaging on where to get vaccinated in their community. UHC will also use its resources to assist with appointments and/or transportation to vaccine sites as appropriate. Finally, UHC will provide CBO partners with communication resources to support media outreach to promote vaccine events.

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.

UHC is developing culturally appropriate marketing, social media, and call campaign to deliver fact-based information that comes directly from DHCS, the California Department of Public Health, or the CDC on the COVID-19 vaccine and its safety. These campaigns will also promote the availability of resources to assist with scheduling and or for free transportation to and from the vaccine sites. The content of these campaigns will continue to develop as new information or resources become available to ensure updated information is being made available.

UHC has partnered with CBOs that focus on Hispanic populations to deliver a Spanish language COVID-19 campaign. The campaign will run September-November 2021 and will feature multiple segments and interviews with the CBO partners providing factual and culturally tailored COVID-19 information. The television and radio campaign will include segments and interviews on Telemundo, Televisa, Channel 50 KSDY, and Univision.

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

UHC will utilize fact-based information that comes directly from DHCS, the California Department of Public Health, or the CDC such as the CDC published COVID-19 Myths/Facts, FAQs, vaccine side effects and vaccine safety materials.

This fact-based information will be presented in a question-and-answer interview fashion as part of the above-mentioned Spanish language campaign.

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

UHC has partnered with CBOs that focus on Hispanic populations to deliver a Spanish language COVID-19 campaign. The campaign will run September-November 2021 and will feature multiple segments and interviews with the CBO partners providing factual and culturally tailored COVID-19 information. The television and radio campaign will include segments and interviews on Telemundo, Televisa, Channel 50 KSDY, and Univision.

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.

UHC will facilitate collaboration in two ways with schools and colleges to target youth 12-25 years of age. First, UHC is finalizing a grant of \$95,000 to HealthCorps, a national non-profit organization committed to improving lives by addressing health inequities in communities through programming that includes innovative and engaging experiences for adolescents in education, leadership, and service learning. Utilizing educational activities for grades 7-12 HealthCorps will support San Diego Unified School Districts' Wellness Initiative during the 2021-2022 school year through the Teens Make Health Happen (TMHH) program. TMHH is a weekly club that empowers teens to engage in wellness activities through health education, including the importance and safety of the COVID-19 vaccine.

Second, UHC has granted \$95,000 to San Diego County Medical Society Foundation, dba Champions for Health (CFH). This grant is for the purchase of and five-year maintenance for a mobile vaccination unit. This unit will be used to facilitate mass vaccination PODS in health inequity zip codes and underserved communities in San Diego County. During this period CFH and UHC will look to coordinate events with community colleges to engage students 18-25 years of age.

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.

UHC will utilize fact-based information that comes directly from DHCS, the California Department of Public Health, or the CDC such as the CDC published COVID-19 Myths/Facts, FAQs, vaccine side effects and vaccine safety materials.

UHC recognizes organizations with community-level reach that represent, engage and support the local community are critical in communicating fact-based information to the population. UHC is working with community partners to address common elements of vaccine hesitancy (e.g., confidence, convenience, complacency) among community members in a culturally and linguistically appropriate manner. Additionally, vaccine safety messaging is embedded within UHC member portals and are part of UHC's broader messaging framework.

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.

UHC recognizes that organizations with community-level reach that represent, engage, and support the local community are critical in communicating fact-based information to the population. UHC is working with providers, CBOs, tribal partners, and other local partners to develop outreach strategies and communication content that is culturally appropriate and community focused. This outreach will not be restricted to only UHC membership, but rather all members within the community that are exposed to the marketing and social media campaigns.

UHC has partnered with CBOs that focus on Hispanic populations to deliver a Spanish language COVID-19 campaign. The campaign will run September-November 2021 and will feature multiple segments and interviews with the CBO partners providing factual and culturally tailored COVID-19 information. The television and radio campaign will include segments and interviews on Telemundo, Televisa, Channel 50 KSDY, and Univision.

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.

UHC clinical and quality leadership engage and partner with Healthy San Diego, San Diego County, and the Public Health Alliance of Southern California to share best practices and collaborate on defining initiatives. UHC is also participating in COVID-19 vaccine strategy calls with the other participating MCOs in San Diego County to share and learn best practices and lessons learned.

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.

UHC will continue to monitor county vaccination data in conjunction with data from The California Healthy Places Index to identify future vaccination needs. UHC intends to survey network providers in rural areas to assess their needs. This information will be shared through the collaboration with other MCOs through the Healthy San Diego collaborative to identify and execute potential solutions for vaccine capacity in rural areas of San Diego County.

UHC has granted \$95,000 to CFH, as referenced in response #4, to increase capacity and to address member vaccination needs in the future. This grant is for the purchase and five-year maintenance for a mobile vaccination unit. Additionally, UHC has granted \$5,000 to CFH to fund a program to recruit and train three Promotores CHWs for their vaccine information and education program.

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.

UHC's established processes to assist members with transportation needs, making appointments, and translation resources will be made fully available to support all initiatives as part of the COVID-19 vaccination plan. In addition, UHC will make available to partnered CBOs and their CHWs a pathway to facilitate access for members to these services through UHC by ensuring CBOs have the most up-to-date information for phone contacts and online links as processes continue to evolve around this initiative. UHC will also provide to the CBOs an escalation contact should they encounter any barriers to quickly address and remove them.

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.

Using vaccination data from the state and county along with health inequity data from The California Healthy Places Index, UHC has identified 32 zip codes within San Diego County that are classified as health inequity areas and that have greater than 100 UHC members that are not vaccinated. These will be the initial areas within San Diego County that UHC will focus member and provider outreach. In addition, UHC is partnering with Walgreens Pharmacies to host multiple walk-in, no appointment needed, vaccine events in these health inequity areas. These events will be open to all San Diegans and not specific to UHC Medi-Cal members. Walgreens will also make blocks of scheduled vaccination appointments available to UHC to directly assist members with scheduling an appointment should they choose to do so. The appointments can be scheduled through assistance with the UHC member call center or by the member using the Walgreens mobile application.

UHC has granted \$95,000 to CFH, as referenced in response #4 above, to address pockets and/or regions that lack vaccine access based on analysis of provider surveys and member vaccination rates in health inequity areas. UHC will continue to monitor and conduct analysis on the data available and update CFH on new areas of focus that are identified.

UHC has also donated \$75,000 for vaccine acceleration activities to San Diego FQHCs designated as official vaccine distribution centers. San Ysidro Health, Family Health Centers of San Diego (FHCS) and La Maestra Health Centers have each received \$25,000 to help expand their efforts to vaccinate at-risk populations.

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

UHC continues to review the data from DHCS and the county to identify PCPs with non-vaccinated members. This information is being made available to the providers to reach out to these members to get them in for a vaccine or directed to a vaccination resource if not available through the PCP.

UHC is developing a provider survey to identify providers that do not offer COVID-19 vaccinations. Any areas identified as lacking access to vaccinations through the PCPs and established vaccination sites will be reviewed for inclusion in Walgreens and/or mobile events.

Under additional consideration as of this submission, UHC is exploring the potential for a coordinated and targeted outreach campaign across a subnetwork of FQHC providers. This program contemplates analysis of data of the CAIR and SDIR data sets, overlaid

with UHC's health inequity analysis, to provide targeted outreach to UHC members paneled to these FQHCs.

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

UHC is working to understand the needs and capacity of its current network by developing surveys for both urban and rural providers. This information will be shared through the collaboration with other MCOs to identify and execute potential solutions for vaccine capacity in San Diego County.

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.

Using vaccination data from the state and county along with health inequity data from The California Healthy Places Index, UHC has identified 32 zip codes within San Diego County that are classified as health inequity areas and that have greater than 100 UHC members that are not vaccinated. These will be the initial areas within San Diego County that UHC will focus member and provider outreach. In addition, UHC is working with Walgreens to host multiple walk-in, no appointment needed, vaccine events in these health inequity areas. These events will be open to all San Diegans and not specific to UHC Medi-Cal members.

UHC has granted \$95,000 to CFH, as referenced in response #4 above, to support mobile vaccine clinics with low vaccination rates. This grant is for the purchase and five-year maintenance for a mobile vaccination unit. This unit will be used to facilitate mass vaccination PODS in health inequity zip codes and underserved communities in San Diego County. CFH projects this mobile unit will facilitate vaccinations for a minimum of 5,000 San Diegans in health inequity zip codes and an additional 500 homebound members in San Diego County. Additionally, UHC has granted \$5,000 to CFH to fund a program to recruit and train three Promotores CHWs for their vaccine program.

UHC has also donated \$75,000 for vaccine acceleration activities to San Diego FQHCs designated as official vaccine distribution centers. San Ysidro Health, Family Health Centers of San Diego (FHCSO) and La Maestra Health Centers have each received \$25,000 to help expand their efforts to vaccinate at-risk populations.

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.

Using vaccination data from the state and county along with health inequity data from The California Healthy Places Index, UHC has identified 32 zip codes within San Diego County that are classified as health inequity areas and that have greater than 100 UHC members that are not vaccinated. These will be the initial areas within San Diego County that UHC will focus member and provider outreach. In addition, UHC is working with Walgreens to host multiple walk-in, no appointment needed, vaccine events in these health inequity areas. These events will be open to all San Diegans and not specific to UHC Medi-Cal members.

UHC has granted \$95,000 to CFH, as referenced in response #4 above, to make getting vaccinations convenient and easily accessible. Additionally, UHC has granted \$5,000 to CFH to fund a program to recruit and train three Promotores CHWs for their vaccine program.

UHC has also donated \$75,000 for vaccine acceleration activities to San Diego FQHCs designated as official vaccine distribution centers. San Ysidro Health, Family Health Centers of San Diego (FHCS) and La Maestra Health Centers have each received \$25,000 to help expand their efforts to vaccinate at-risk populations.

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.

UHC compiled data for members that have claim experience for hospital beds, home oxygen, feeding tubes/enteral nutrition, wound vac, home infusion of medications, and home health. Once identified, those members were compared to the vaccination data from the state & county to identify potentially homebound members that are unvaccinated. UHC clinical case workers are working with Champions for Health and Aging and Independence Services to help coordinate COVID-19 vaccination services for homebound members.

UHC is finalizing a grant of \$100,000 to Family Health Centers of San Diego (FHCS) for funding of two mobile units specifically designed for a broad array of in-home care. Units will initially provide education to unvaccinated members regarding the vaccine as well as scheduling appointments for vaccine services. Current estimates have this mobile unit deploying in Q4 of 2021.

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.

Using vaccination data from the state and county along with health inequity data from The California Healthy Places Index, UHC has identified 32 zip codes within San Diego County that are classified as health inequity areas and that have greater than 100 UHC members that are not vaccinated. UHC is working with Walgreens to host multiple walk-in, no appointment needed, vaccine events in these health inequity areas. These events will be open to all San Diegans and not specific to UHC Medi-Cal members.

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

Using vaccination data from the state and county along with health inequity data from The California Healthy Places Index, UHC has identified 32 zip codes within San Diego County that are classified as health inequity areas and that have greater than 100 UHC members that are not vaccinated. These will be the initial areas within San Diego County that UHC will focus member and provider outreach. UHC is working with Walgreens to host multiple walk-in, no appointment needed, vaccine events in these health inequity areas. UHC has also reached out to Champions for Health and FQHCs in these health inequity zones to inquire on partnering for additional vaccine events and to offer marketing and promotion for their events.

UHC has granted \$95,000 CFH, as referenced in response #4 above, to make available to members mobile and home vaccinations. This grant is for the purchase and five-year maintenance for a mobile vaccination unit. This unit will be used to facilitate mass vaccination PODS in health inequity zip codes and underserved communities in San Diego County. CFH projects this mobile unit will facilitate vaccinations for a minimum of 5,000 San Diegans in health inequity zip codes and an additional 500 homebound members in San Diego County.

UHC is finalizing a grant of \$100,000 to Family Health Centers of San Diego (FHCS) for funding of two mobile units. Homebound members will be one of the targeted populations for COVID-19 vaccines from the mobile unit. Current estimates have this mobile unit deploying in Q4 of 2021.

UHC has also donated \$75,000 for vaccine acceleration activities to San Diego FQHCs designated as official vaccine distribution centers. San Ysidro Health, Family Health Centers of San Diego (FHCS) and La Maestra Health Centers have each received \$25,000 to help expand their efforts to vaccinate at-risk populations.

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.

Using vaccination data from the state and county along with health inequity data from The California Healthy Places Index, UHC has identified 32 zip codes within San Diego County that are classified as health inequity areas and that have greater than 100 UHC members that are not vaccinated. These will be the initial areas within San Diego County that UHC will focus member and provider outreach.

UHC will track and update member's vaccination status as the state and county update their data each week. As new data emerges UHC will continue to conduct analysis on zip codes and populations of focus to ensure resources are utilized where they are most needed to increase vaccinations. UHC will utilize available demographic information for these members to help identify culturally appropriate member outreach for these members to educate the members on vaccination importance and safety along with facilitating transportation to or assisting with appointments for vaccinations.

- 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.**

UHC will only communicate with a member's PCP about a member's vaccination status to help drive direct outreach to the member from their trusted PCP. UHC will work to establish BAA as needed with CBOs and local partners to facilitate a more robust data sharing opportunity. UHC will not share member specific data with vendors or community partners without having a BAA in place.

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.

Using vaccination data from the state and county along with health inequity data from The California Healthy Places Index, UHC has identified 32 zip codes within San Diego County that are classified as health inequity areas and that have greater than 100 UHC members that are not vaccinated. These will be the initial areas within San Diego County that UHC will focus member and provider 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.

UHC recognizes organizations with community-level reach that represent, engage and support the local community are critical in communicating fact-based information to the population. UHC is working with community partners to address identified elements of vaccine hesitancy (e.g., confidence, convenience, complacency) among community members in a culturally and linguistically appropriate manner. UHC will continue to monitor and review trends and root causes for low vaccination rates and vaccine hesitancy and tailor the fact-based information as needed.

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.

UHC has formed a multi-discipline work group within the health plan with participation from operations, clinical, quality, marketing, and data analytic resources to develop, coordinate and administer this vaccination plan. Using the state and county vaccination information UHC will identify all UHC members that receive a first or second shot vaccine on or after 09/21/2021 through 02/28/2022. Members will receive by mail a \$25 gift card incentive for each of the two shot vaccines received during this time, or one \$50 gift card incentive for the single shot vaccine received during this time. Members will not be eligible to receive more than \$50 in total incentives. The distribution and dollar amount of incentives will be tracked by UHC staff to ensure compliance with APL 20-010.

For homeless members UHC is coordinating with contracted Health Homes CB-CMEs and partner CBOs specializing in homeless outreach to educate homeless members on COVID-19 vaccine and help facilitate the distribution of member incentives.

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

UHC recognizes organizations with community-level reach that represent, engage, and support the local community are critical in communicating fact-based information provided by DHCS, the California Department of Public Health, and the CDC to the population to garner trust and acceptance of the COVID-19 vaccine. To avoid unintended consequences, especially those caused from misunderstandings, UHC is working with community partners to address identified elements of vaccine hesitancy (e.g., confidence, convenience, complacency) among community members in a culturally and linguistically appropriate manner.

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.

Rady Children's Hospital is the only delegated partner in the UHC Medi-Cal provider network. UHC has inquired with Rady on what support they may need or if there is opportunity to partner on any vaccine promotion activities. As these opportunities are identified UHC will add them to the already planned partnered initiatives.

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

Using the state and county vaccination information UHC will identify all UHC members that receive a first or second shot vaccine on or after 09/21/2021 through 02/28/2022. Members will receive by mail a \$25 gift card incentive for each of the two shot vaccines received during this time, or one \$50 gift card incentive for the single shot vaccine received during this time. Members will not be eligible to receive more than \$50 in total incentives. The distribution and dollar amount of incentives will be manually tracked by UHC staff to ensure compliance with APL 20-010.

For homeless members UHC is coordinating with contracted Health Homes CB-CMEs and partner CBOs specializing in homeless outreach to educate homeless members on COVID-19 vaccine and help facilitate the distribution of member incentives.

- 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.**

Using the state and county vaccination information UHC will identify all UHC members that receive a first or second shot vaccine on or after 09/21/2021 through 02/28/2022. Members will receive by mail a \$25 gift card incentive for each of the two shot vaccines received during this time, or one \$50 gift card incentive for the single shot vaccine received during this time. Members will not be eligible to receive more than \$50 in total incentives. The distribution and dollar amount of incentives will be manually tracked by UHC staff to ensure compliance with APL 20-010.

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