



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

<b>Medi-Cal Managed Care Plan Name:</b>	<b>Blue Shield of California Promise Health Plan</b>
---	--

**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.**

Blue Shield Promise will focus outreach and education efforts in SD County through best practices recommended by the Centers for Disease Control and Prevention (CDC) and Black, Indigenous, People of Color (BIPOC) organizations like the Vaccine Equity Cooperative. In collaboration with other SD plans, we will amplify credible community messengers through text, social media, mailers, and commercial media campaigns for a general reach of all community influencers/ decision makers. We aim to reach the target group members to boost confidence and connect to PCPs or nearby vaccination sites with a specific focus on:

- School age (12-25)
- 50–64-year-olds with underlying conditions
- Homebound
- BIPOC members

We will support community-based organizations (CBOs) and school district partners by promoting existing resources e.g., San Diego's COVID-19 toolkits for trusted messengers and existing vaccine hesitancy content to address the disproportionate impact in Asian, Black, LatinX and Pacific Islander communities. Partnering with vendors, we will seek to improve access to information about COVID-19 vaccines in hard-to-reach and vulnerable communities by empowering trusted community messengers, including CBOs, FQHCs, and faith-based organizations, quickly organizing and executing strategic, coordinated communication to members in their preferred language (English, Spanish, Cantonese, etc.) and format. We have delivered over 26k messages to our members to date.

We will deliver a focused messaging campaign to the members who fall in the 4 DHCS categories. Text messaging is a key component of our plan, because

members have access to cell phones and this communication pathway is most likely to be read (in comparison to email based on internal analyses).

Blue Shield Promise will expand its partnership with external vendors as needed. Members will receive curated content via text already approved by DHCS. The content will provide COVID-19 vaccine education, incentive information, and navigation support to vaccination sites. The content is specific to each cultural cohort in up to 15 languages. Blue Shield Promise will regularly amend the plan to ensure the approach remains relevant.

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

Blue Shield Promise member data show over 40% of our unvaccinated members in SD County are BIPOC – and most of unvaccinated BIPOC members are LatinX. Our proposed member communication plan will use collaboration with trusted messengers, technology, phone outreach and mailers to influence our targeted members. We will target children ages 12-25 via social media, text, and trusted messenger channels like school district partnerships. We will message members ages 50-64 through trusted messenger organizations, digital channels, and a call campaign, and reach our homebound members through direct mail, partnerships with home health providers and a call campaign.

BIPOC community members will be approached via collaboration with community-based organization in addition to text and digital channels.

Blue Shield Promise member support representatives and vendors will schedule member vaccine appointments with their PCP or a local vaccine site, offering supplemental services like transportation through a vendor to address any physical barriers.

Blue Shield Promise will support development of social media placements and influencer campaigns through media buys, prioritizing in-language and ethnic media channels. Efforts will be aligned with community partners, promotoras, and community health workers. Messages will amplify local vaccination events and providers offering vaccination, including providers such as pharmacies. We plan to work with pharmacies to host pop-up clinics and increase use of pharmacy walk-in hours with our members. Blue Shield Promise call center or vendors will provide phone call outreach in multiple languages that will bypass the digital scheduling interface and get people into a vaccine sites at their earliest convenience.

Blue Shield Promise will also use high-tech community engagement platforms to expand credible and accurate content. We will support trusted messengers and channels who are able to sustain outreach into communities most at risk and able to scale to others. These platforms will be leveraged to provide culturally and linguistically appropriate information on vaccine access and navigation in their communities. This will be done using SMS texts with links to information and community resources that are designed to increase vaccine rates.

**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.**

Blue Shield Promise will expand partnerships with our existing vendors and trusted community organizations. We will coordinate in-language, ethnic media buys by region and by community, as well as identify hyper local social media influencers, to amplify vaccination confidence content and promotion of vaccination sites and providers.

In collaboration with community leaders and other health plans, we will coordinate messaging about the vaccines and local vaccination sites and resources (including housing, food, etc.). Current data highlights Chula Vista, Mira Mesa, Escondido and Vista as key areas in SD to focus our efforts.

Blue Shield Promise has partnerships with San Diego service providers through the 211 network, several school districts through the Blue Sky program, Mama's Kitchen and others developed in partnership with the other MCPs. These partnerships will be critical to enhancing hyper local messages that are culturally and linguistically appropriate.

Blue Shield Promise is planning to integrate the existing communication strategy that incorporated content from local CBOs who serve BIPOC communities as well as member feedback into an enhanced local media campaign that will amplify our existing efforts, including stores, entertainment venues, billboards, and bus wraps. Blue Shield Promise is planning to expand recently developed COVID-19 messaging for Black, Pacific Islander and LatinX communities to include information about the incentive program.

Multiple resources will be developed to communicate all aspects of the Blue Shield Promise COVID-19 vaccination incentive plan to our members in collaboration with the other plans and partners. The Blue Shield Promise member page (COVID-19 Resources | Blue Shield of CA ([blueshieldca.com](https://blueshieldca.com))) currently features much of this information, including a recovery guide, videos, flyers, graphics, timelines and more. We also plan to facilitate access to toolkits to aid providers and community partners with their communication including resources for social media and their websites.

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

The local media campaign will focus on public health best practices for combating misinformation through public information or general in community outreach and engaging all members of the community in a comprehensive effort to counter misinformation with education, in parallel with focused targeted activities with

engagement of key community leaders and members in four key target communities.

Blue Shield Promise will support existing efforts through partnerships with local CBOs who are already conducting outreach and developing messaging to increase vaccine confidence. Our efforts will build a collaboration with the objective of promoting local resources within key regions with high rates of unvaccinated members like Chula Vista, Mira Mesa, Vista and Escondido. A feedback loop will be established through partnerships with engagement teams and CBO stakeholders through multiple channels, which may include Harmony Health, Member Advisory Committee and Table Talk.

The channels listed above can conduct surveys of Community Based Organizations and FQHCs using the product to reach their constituents. This survey will help understand the current information and hesitations driving low vaccine rates. Blue Shield Promise staff will attend and/or seek information in partnership with CBOs. This effort will continue and will advise the need to redirect messages should misinformation need to be countered.

Cohesive messaging and coordination of regional resources by trusted messengers will help minimize and counter the misinformation in communities created by fear, mistrust, and isolation.

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

We recognize and honor the wealth of knowledge, cultural wisdom and resilience that exists within communities. One of the greatest strengths of community leaders is their power of persuasion and influence. We value our partnerships with our local community leaders and rely on their established networks and collaborations to leverage healthcare. We intend to reinforce this strategy of respecting and valuing the insights of our community leaders in our local media campaign.

Building on BIPOC focused COVID-19 messaging we developed and distributed during the pandemic, Blue Shield Promise will launch an additional robust and hyperlocal media campaign informed by our trusted messengers and aligned with accurate and apolitical messaging around the safety and accessibility of vaccines.

We will collaborate closely with trusted partners and tribal partners where applicable to develop creative messages that speak authentically to their communities. We will listen to recommendations from our partners about local media sources that our hardest to reach communities rely on for their news and information and consider those channels favorably in our media buys. Ethnic media partners will be highly valuable advisors to learn important cultural nuances and insights for ad-buys, especially in light of the sensitivity of specific communities around vaccines. As we examine the effectiveness of our media campaigns with our target populations, we will also invite community and faith leaders to participate in public service announcements, speak at media events and help pen op-eds in local news outlets both in print and digitally.

Blue Shield Promise will coordinate social media creatives with and for our community partners to support their digital outreach and education efforts online.

**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.**

With most public and private schools, colleges and universities reopening at this point in the COVID-19 pandemic, most campus officials are grappling with the risks and opportunities of safeguarding students while keeping education front and center in the face of the pandemic. Blue Shield Promise has a vital role to champion for healthy kids, healthy schools, and healthy communities.

Some of the biggest concerns from parents, educators and youth is uncertainty and fear about taking the COVID-19 vaccine. Our recent survey showed that 71% of students are anxious about catching COVID-19 in school. Having accurate, apolitical, and evidence-based information will drive our support for these students and inform our engagement with campus communities and education system stakeholders. There is a universal belief that children should never be put in harm's way, and through our trusted community partners we intend to weave this message of empathy and understanding into outreach, education and program planning around vaccine safety and its immediate accessibility.

We have nurtured several trusted community partners through our Blue Shield Promise Outreach and Engagement program, the Blue Sky program, Community Resource Center efforts and in conjunction with IPAs to coordinate youth and school-focused efforts. The BlueSky program approach is grounded in research and boosts youth mental health by supporting programs that focus on three protective factors that the Center for Study of Social Policy has identified

as key for youth well being: emotional competence, social connections and concrete support. BlueSky has 20 middle and high schools in San Diego and Alameda counties with enrollment of over 20,000 students. Partnerships with these schools and leveraging the BlueSky model of care will be a critical success factor in reaching our vaccination outcomes in San Diego.

Community-based organizations are working at other schools doing Tdap and flu vaccines for kids as well as administering the COVID-19 vaccines. Some organizations are run by volunteer pediatricians, promotores, teen peers, mothers and grandmothers with the ability to invest the 20-minute one-on-one conversation with hesitant parents and hesitant young adults. Safe spaces with trusted messengers are critical to changing minds, transforming hesitancy, and eliminating fear around the COVID-19 vaccine. CBOs will do pop-up vaccine clinics after school for convenience and immediate access.

**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.**

Blue Shield Promise's strategy for countering misinformation and reaching vaccine hesitant individuals will be to scale existing COVID-19 health equity strategies. This will include those who have a fear of vaccine side effects, 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 insist on a person's right to not be vaccinated

From a sustainability perspective, Blue Shield Promise will support hyperlocal trusted community leaders and community-based organizations in San Diego County already addressing vaccination barriers. Blue Shield Promise understands that the best way to address the reason driving vaccine hesitancy is to lean into the reason, acknowledge the real concern of the member and community and offer resources for the member to make an informed decision, facilitate action by identifying local vaccination opportunities when the member is ready to act. We will partner with our local FQHCs where patient trust is already established to reach their patients through culturally tailored texting.

We will collaborate with vendors to survey targeted members to establish a baseline on whether they plan to get the vaccine, are unsure, or do not plan to get the vaccine. If member says yes, they will experience a seven-level outreach that lets them know they are eligible to get the vaccine at no cost if it is for a Californian 12 years or older (link to Blue Shield Promise COVID resource center), the vaccine is safe (link to CDC), what to do after they get the vaccine, and collect their name/birthdate and immunization status.

If member is unsure, they will be texted in a culturally tailored way that supports their language to address their fears (link to Myths/Facts about COVID-10 Vaccines on CDC), Staying Informed (FAQ about COVID Vaccination on CDC), Addressing Side Effects (Possible Side Effects After Getting A COVID Vaccine on CDC), Vaccine Safety (CDC), and collect their name/birthdate and immunization status.

If member says no, they will be texted in culturally tailored way that supports their language to address their fear.

**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.**

Blue Shield Promise maintains a consistent presence where our members live and work through our Community Engagement and Outreach team, which is grounded in health equity and views access to vaccines as a social determinant of health (SDoH) that must be addressed. Our team is passionate about social equity, because it lives and works in the communities it serves. Heat maps indicate a clear overlay of partner service areas with unvaccinated member hot spots. Capitalizing on this opportunity, our community partner strategy consists of three components: Outreach and Education, Information Sharing, and Program Development. Additionally, we will determine new partnerships with community-based organizations (CBO), tribal partners, and other local partners within SD County where the unvaccinated hotspots do not overlay with current partner service areas.

As we implement our strategy, we will assess the readiness of our partners to conduct vaccination outreach, education, and vaccine clinics in the most vulnerable locations. We will continue to gather new information, such as partially or unvaccinated member hotspots by zip code to develop updated guidelines to empower our partners to carry out universal and targeted outreach.

Community partners will design unique plans based on the population and geographic area or hot spot they serve, with a culturally responsive universal/targeted outreach and education approach, including in-language (or preferred language) outreach and educational materials, approach, and appropriate language access.

With official state and local health data, the team will develop a tailored public communication campaign combating vaccine misinformation, amplifying the safety and accessibility of vaccines and where to get one (e.g., special messaging for 50-64 year olds with multiple chronic conditions children ages 12-

24 and their parents, Black, Indigenous, People of Color, and those who are homebound.).

We will also develop communication briefs/scripts on vaccine safety and accessibility including from Blue Shield training of trusted messengers/promotores, pop-up vaccine clinics and vaccine locations. We will share examples and toolkits from successful partner campaigns such as <https://andalequeesperas.com/>, while also coordinating communications and interviews with mainstream and ethnic media (radio, tv, print, digital/social media etc.), participating in local community/health collaboratives to leverage community knowledge.

**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.**

Blue Shield Promise will continue to collaborate with local public health agencies, local legislatures, local government agencies including County Supervisors and City Mayors to coordinate regional vaccine response plans and learn best practices with a focus on members who are 50-64 with chronic conditions, homebound, youth ages 12-25, and members who self-identify as a person of color.

We will engage organizations and collaboratives, actively conducting vaccine outreach and vaccine pop-up clinics, to provide continuity of service, continue outreach and education, share information, and plan future programs. Some of the organizations will sunset their funding over the next few months providing an opportunity for Blue Shield Promise to step in and prevent any service gaps in regions such as San Diego.

The Blue Shield Promise Government Affairs team will coordinate efforts with local health officials, facilitating bi-directional updates and feedback, which will then inform our program strategies and scope of work and campaigns. We will maximize cooperation with local health officials to develop information that helps us pivot or change our approach to reaching unvaccinated members. Furthermore, Blue Shield Promise will document best practices, analyze, and synthesize relevant data and share these insights and lessons learned with our trusted partners and local health officials through meetings, forums, and reports.

**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.**

Blue Shield Promise's surveillance capabilities have been enhanced through the process of responding to the COVID-19 pandemic, with data ingestion now automated to have as close to real-time updates as possible. Plus, the data



dashboard is being enhanced to support conditions and vaccine status for future outreach opportunities, partnerships, and reporting needs.

The dashboard can stratify by, and show intersectionality of, race, ethnicity, age, gender, line of business, county, and area deprivation index, making available these data, along with guiding principles to ensure appropriate use, to all Blue Shield Promise employees, who use the information to close inequities and gaps in care.

Through our relationships with vendors and community partners, we can scale to meet the future needs of our entire membership with the ability to assess our members' clinical/social/behavioral/culture needs, educate, and help members navigate to appropriate resources, services, tools, and benefits in a culturally relevant way. These capabilities will assist with closing care gaps in future interventions and can be expanded to ease access to incentives through email and text campaigns that allow for digital incentives.

Partnerships will extend opportunities to reach communities that are disproportionately impacted by unhealthy outcomes and high social needs. We plan to explore expanding offerings for flu vaccines as well as other offerings in pharmacies to support our members in the future.

With expanded social needs and trauma-informed care screening, referrals, and treatment, we are better situated to respond to barriers impeding our member's vaccine access and overall health outcomes. In addition, Blue Shield Promise has begun training on Health Equity that will soon expand to all staff members. This increased understanding of the drivers of inequities, the history behind inequities and the actions needed will increase our capacity to serve SD County for vaccines and all future efforts.

**9. Describe how the MCP will provide information and support for members with access barriers, especially transportation, navigating appointment systems, and language needs. Character limit: 2,500 characters.**

Blue Shield Promise will implement a call campaign to reach prioritized unvaccinated members in San Diego County. To directly address any barriers to vaccination, our member support representatives will reach out to members, in their language or by linking to in-language services, to schedule vaccine appointments with their PCP or local vaccine site and offer supplemental services like transportation.

Additionally, Blue Shield Promise Community Health Workers (Community Health Advocates) are available to support the removal of social needs barriers and link to all Blue Shield Promise services. Through partnerships with CBOs and contracting with vendors, Blue Shield Promise creates a culturally tailored engagement designed to build trust and identify barriers. From that identification the members can be navigated to resources that address Social

Determinants of Health like transportation, navigating appointment systems and language needs. Our outreach partners support 15+ languages.

Blue Shield Promise is developing a partnership with pharmacy vendor to facilitate access to vaccinations. The vendor can host pop-up clinics throughout SD at schools or other community accessible sites. Promise is also working with the vendor to organize walk-in clinics, for members facing digital issue concerns, such as privacy of online information and difficulty with web-based scheduling. The pharmacy vendor can engage directly with our members and have a store manager, pharmacist or other pharmacy representative review details with members and help secure a vaccination appointment, which will alleviate some of the digital access issues and confusion regarding myTurn.

Through our partnership with the pharmacy, members will receive a confirmation call one to two weeks prior to appointment with logistics information, such as parking and building access. The pharmacy will provide online immunizations clinic appointment scheduler link to select an appointment time, and a vaccination consent form, safety guidelines and vaccine information statement(s) to be completed prior to arriving at the clinic

All partners will have key info to connect members to support services for transportation and other social needs through our call center and other County wide offerings.

**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.**

In San Diego County the majority of large Medi-Cal clinics have the COVID-19 vaccine available at their sites. Providers across San Diego have been conducting COVID-19 vaccination clinics for their members or allowed special hours for members to receive their vaccination. The providers have been following the COVID-19 vaccination protocol, in accordance with the age group specifications and timeframes when administering the vaccine. Specifically in San Diego we have worked with select providers who have the capability to administer the vaccine to anyone within the county. By doing this, we have further enabled access to our members who we are supporting with scheduling vaccine appointments. Additionally, these providers have been able to designate clinic hours to administer the vaccine on an ongoing basis to support their communities.

Blue Shield Promise evaluates the accessibility to the vaccine on an ongoing basis to ensure all members across the county can access the vaccine when they are ready, and we are working diligently to increase access to the vaccine and encourage members to get vaccinated.

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

Blue Shield Promise has a history of strong collaboration with our provider partners in San Diego to conduct member outreach for preventative health visits and that work extended into our partnership for distribution for the COVID-19 vaccine. Many of our contracted provider groups have outreach teams contacting members to discuss the importance of receiving the vaccine and while on the call assist them with scheduling vaccine appointments. When a member is reached by the team, they are warm transferred to their provider for scheduling or provided information on where a vaccine can be obtained near the members preferred location.

**Provider Incentive Program**

Promise will be launching a new provider incentive program centered around vaccine administration in September 2021. Our provider groups will receive an incentive at both the first and second dose, in hopes of getting more members back to receive their second dose and to support administrative costs of reaching members to schedule vaccine appointments.

Blue Shield Promise will pay provider groups a per dose incentive for administering the vaccine to our members. Incentives will be distributed at the contract level. We are tracking vaccine tracking data from multiple sources such as provider encounters and claims, immunization registries, DHCS and other sources. This incentive is subject to the approval of DHCS, through the submission of our APL 21-010 response plan.

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

Blue Shield Promise monitors the MyCaVax provider database on an ongoing basis. This is compared to our internal network to ensure continuous support for our providers who are COVID-19 vaccination sites and those who are not. Blue Shield currently sends information regarding unvaccinated members to IPAs that see a high proportion of unvaccinated members. This will expand in coming months with an increased incentive. For the providers who are

currently non-vaccine distribution providers are encouraged to become vaccine providers on a continual basis. Provider engagement and education is conducted to providers who are currently not distributing vaccines. This engagement includes identifying the resources a provider may need to distribute vaccine and troubleshooting any additional barriers that a provider may have on a case-by-case basis.

Blue Shield Promise is also partnering with our contracted IPAs to implement a joint outreach program to providers who are not yet providing COVID-19 vaccine. At times, the IPAs may have a better line of sight into true barriers limiting the provider from becoming a vaccine provider, which allows us to conduct better outreach and engagement.

Additionally, leveraging the new provider incentive program will help encourage providers to enroll as vaccine providers. Many providers mention funding resources as a limitation to taking on new initiatives. By implementing this incentive, we are helping providers solve their funding concerns and allowing them to better serve their members.

**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.**

Blue Shield Promise will work to expand the locations and hours of operation of established vaccine sites through various methods and channels, including repeat pop-up vaccine clinics that have gained credibility and traction in the communities we serve.

We will fund and support the work of our partners who have experience conducting safe vaccine clinics at places such as church parking lots, school sites, local grocery stores and traditional food markets, such as tortillerias frequented by communities of color.

We will rely on vaccine clinics vetted by community partners as safe places to send their family and friends to, and we will amplify messages via language-appropriate outreach materials and community-partner coordinated media campaigns.

Blue Shield Promise will adopt a culturally congruent strategy in developing vaccine sites that lean on community wisdom, gather feedback on sensitive issues such as vaccinating elders in indigenous communities, and mitigating cultural protocols.

We will consult with tribal experts and lean on partners such as the United American Indian Involvement. We will respond to language access needs of

members, and coordinate with disability advocates and other senior-serving organizations, for outreach support to the elderly.

We have a keen interest in reaching immigrant and refugee communities and will be working with our various partners, including SD County public health officials and collaboratives such as the Service Planning Areas collaboratives with direct CBO memberships, which are essential to organizing best practices for reaching diverse communities with multiple ethnicities, languages, and dialects.

BSCPMP will work with DHCS to offer incentives to members as approved by DHCS, and we are exploring a partnership with a retail pharmacy to provide a hyper local vaccination destination for communities of color. The convenience of extended hours of operation and multiple locations provided by the pharmacy, offer the readiness and prompt service members prefer. The pharmacy will coordinate with our community partners' free pop-up clinics, appointment setting and vaccine appointment reminders directly to members.

**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.**

Blue Shield Promise providers across SD County are proactively engaging members in our provider clinics and hospitals. Signage on vaccine safety and vaccine accessibility, with or without an appointment, are located throughout the facilities, parking lots, and grounds. At appointment check-ins and in-person visits, unvaccinated members are provided vaccine options with consultations promoting vaccine safety with a trusted messenger, such as their nurse and doctor.

We are now working on partnership with a pharmacy that will allow members throughout California to receive a vaccine directly without making an appointment. The convenience of having a neighborhood vaccination location with extended hours, along with the ability to pick up prescriptions or other market items, will provide members with an easy vaccination option.

Since it takes on average six different touchpoints to get a consumer to change behavior, we will employ a combination of mainstream and ethnic, (print, and digital) hyper localized media campaign that will help drive these touchpoints for our members. We will then reinforce these touchpoints, driven by outreach and education conducted by trusted messengers such as community leaders, faith leaders, legislatures, health officials, promotoras, and social influencers. As our efforts on the touchpoints begin to take effect, and we can capitalize on our member's readiness to act, we will set up pop-up vaccine clinics at various locations in partnership with community and faith-based organizations. We can then cement the work for these pop-up clinics to become community staples

through consistent presence, with sites gaining importance as we promote the flu vaccine and booster shots.

We are especially interested in reaching populations disproportionately challenged in the initial phases of vaccine distribution as identified by DHCS, and we are creating easy pathways for underserved communities to have equitable access to vaccines.

We will lean on the expertise of our partners to understand other best practices throughout SD County. By the same token, this current ground campaign and many others like it will provide the insights we seek to inform best practices to make getting a vaccination as convenient and easily accessible as possible.

**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.**

Blue Shield Promise 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 through the use of vaccination data, a robust media campaign (including direct member outreach), and a network design encouraging and implementing community feedback.

We will partner with direct service providers who feed and nourish homebound populations with programs such as, healthy meal home delivery services, which will enable contact with many of our members and will in turn inform us to plan better touchpoint experiences. We are working with partners to provide consultations with caregivers and home health care providers, and we will align with other organizations reaching homebound members across the county, and we will become better versed with the unique needs of homebound members.

Because homebound members are likely to enjoy reading the newspaper and watching television, our media team will work directly with our community partners, trusted local partners, tribal partners, community health workers, promotoras, local health departments, and faith-based partnerships to coordinate hyper-local media buys and identify influencers or spokespersons for Public Service Announcements such as local faith leaders and other community leaders.

Our universal information sharing strategy will ensure accurate and unbiased information in various formats and will reach our homebound members through various channels. Our community partners will help define these channels and methodologies and vet the quality of our information sharing campaigns. Examples include:

- Direct mailer – inserts, fliers, newsletters, postcards, etc.

- Digital/ Email Campaigns – Structured and scheduled emails will come from trusted messengers with messaging support and content developed in coordination with Blue Shield Promise. This can include digital references to Blue Shield COVID-19 Learning Center, CDHP infographics, Maps of vaccination sites and vaccine events nearby, etc.

We acknowledge that our homebound members may also be influencers to their family, friends, and neighbors and therefore we will share general vaccine information with all our members including those who are homebound. Information may include vaccination incentives, vaccination locations, and a dedicated helpline or partner.

**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.**

Blue Shield Promise will identify pharmacies to work with as part of this effort. Once all partner pharmacies are identified, then information relating to any data exchange about the members will be known.

If member PHI will be sent to or receiving from the pharmacies, then the appropriate teams within Blue Shield Promise will submit Inbound/Outbound Data Request for approval from Blue Shield's Enterprise Data Governance, and once approval is granted work with Blue Shield IT to configure the secure data transmission with the partner pharmacies. However, if there is no data exchange that involves member PHI, then this step is not needed.

The pharmacy partner team will provide the addresses of the partnering pharmacies to the data team so that these can be added to the Tableau dashboard maps. This will be used to help identify the members within a specific radius of these locations to outreach to these specific members.

To reduce the chance of a member receiving more than one gift card, diligent tracking and reporting of gift cards will be established. The member's address on file from Blue Shield Promise's membership database or the address found in the CAIR2 data from California Department of Public Health (CDPH) will be used. An automated weekly process will be developed to flag any unvaccinated member who received one dose of J&J, Pfizer, or Moderna within the prior week and check whether this person has been sent a gift card previously. For members who have not been sent a gift card previously, the member's name and mailing address will be sent to external vendors if needed using the established secure data transmission. Gift cards will be mailed at least bi-weekly. Logging of this information (member ID, member name, mailing address, date of vaccine, vaccine manufacturer, organization who

administered vaccine, and date for gift card distribution) will occur as part of this automated process to allow for regular reporting on how many cards were distributed.

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

Blue Shield Promise is proposing to partner with minority-owned, Community Health Organizations in San Diego County, that provide mobile-based healthcare. Working with these partners, we will be able to break down common barriers that keep patients from the care they need, by increasing access throughout community, especially within the most vulnerable and underserved populations. Through this partnership we can deliver medical services directly to the homes, schools, and communities that need them most. We can also offer testing, and vaccinations to patients in areas identified as lacking healthcare access, who would have otherwise gone without treatment. These partners offer care for patients with the highest rate of preventable illness, hospitalizations, and avoidable and costly emergency department visits. They improve health outcomes by providing preventative medicine, primary care, and patient education in accessible and affordable ways and creating trust through a less intimidating, more convenient approach.

Blue Shield Promise will prioritize reaching patients where they are, in their homes and in their communities, making the experience more convenient, approachable, and trustworthy. Our approach is founded on staffing from within our member communities, thereby improving communication and trust through better understanding and empathy with local member needs.

Additionally, Blue Shield Promise plans to conduct a text messaging campaign to drive utilization and awareness to our homebound/mobile vaccination programs in San Diego County.

Efforts will include:

Contacting members or their caregivers in advance to determine those who wish to be vaccinated to best estimate how many doses will be needed. Having contingency plans for vaccination of caregivers, or other persons in the home to avoid vaccine wastage.

Providing information in a variety of accessible formats. Tailored to meet the individual needs of the individual, as discussed on scheduling calls.

Mapping travel plans to ensure vaccine is utilized within the approved time frames for use of vaccine at different temperatures, including factoring in pre-vaccination preparation time, and post-vaccination observation time.

Scheduled based on geography of residents, not on a first come, first-served basis.



**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.**

A Tableau dashboard was created during the first quarter of 2021, which tracks the vaccination status of Blue Shield Promise members. This dashboard is updated on a regular basis to incorporate member vaccination status information received from the DHCS as well as other sources, including CAIR2 data from CDPH, pharmacy claims data, and medical claims data. Weekly updates to the dashboard ensure a near real-time view of vaccination status by line of business, county, age group, gender, race/ethnicity, area deprivation index (ADI), etc. at a ZIP Code level. The dashboard will now include member homebound status and capture the number of chronic conditions that are already present in the backend data. The information is geocoded (i.e., assignment of longitude and latitude coordinates to create data points) so it can be displayed in thematic heat map views as well as in chart form to compare across populations and/or describe inequities through an intersectional lens.

The Tableau dashboard enables the viewer to quickly identify areas where low vaccination rates exist, and see the underlying member demographics. Within this area, the members who live in this area are on average 30 years old and the area has had an 80.9 COVID cases per 1000 members.

From the Tableau dashboard view, one can see that all residents within this specific census block are in the highest area deprivation index (ADI) grouping (average 10.0, range: 9-10). The ADI is a validated index to the U.S. Census Block group that ranks neighborhoods by socioeconomic disadvantage and is often used as a proxy to spatially assess health disparities. [Kind AJH, Buckingham W. Making Neighborhood Disadvantage Metrics Accessible: The Neighborhood Atlas. *New England Journal of Medicine*, 2018. 378: 2456-2458. DOI: 10.1056/NEJMp1802313. PMID: PMC6051533.] By knowing this information, we can work with CBOs, churches, pharmacies, and other trusted partners within the disenfranchised area to increase vaccination rates.

**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.**

Blue Shield Promise utilizes a Tableau dashboard, which provides a view of the community-based organizations in the county along with the members within a specific radius. The Tableau dashboard contains member demographic information (such as race/ethnicity, age group, area deprivation index (ADI), and other social determinants of health information) for each geographic area that is selected down to the census block. We

will use unvaccinated member demographics to guide partner selection within each geographic area, and in turn increase vaccination rates.

The dashboard view can also be expanded to include other trusted partners and providers to help expand outreach to the members in areas where the need is greatest.

Once providers and trusted partners, along with the data to be exchanged are identified, the process to receive and/or send member PHI information will begin so that this data exchange can occur securely with the appropriate teams reviewing the request, granting approval, and configuring the secure data transfer process.

**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.**

The Tableau dashboard provides a spatial analysis of the vaccination rates by ZIP Code and member demographics. Currently, Blue Shield Promise uses the information received each week from the California Department of Health Care Services (DHCS) and the California Immunization Registry for COVID-19 vaccinations (CAIR2) data from the California Department of Public Health (CDPH) as well as medical and pharmaceutical claims data to track the vaccination status of each member. The necessary processes used to incorporate and evaluate new information occurs daily. The Tableau dashboard, which uses the underlying data, is automatically refreshed several times per week to display the most recent vaccination information for members.

Within the Tableau dashboard are choropleth maps that show vaccination rates by ZIP Code. The ZIP Codes' thematic color intensities represent their corresponding vaccination rates. This allows the spatial representation of statistical data through various shading patterns, for example, deep red indicating a 0% vaccination rate to bright blue indicating a 100% vaccination rate. At a quick glance, this provides an advanced view of the vaccination rates for an area or region. By applying filters, such as line of business, specific member demographics, or the maximum vaccination rate, the maps help guide the team in targeting specific locations for outreach as well as the member characteristics of the targeted area(s).

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

To determine local misinformation trends and vaccine hesitancy, the member facing teams have to provide as much detail as possible to assist with mapping and trending the information. The details that must be provided in aggregate (without member identifiers) to the data team include: the members' ZIP Codes, the dates, and the high-level reasons for refusing a vaccine or hesitancy concerning receiving a vaccine. These data are used and filtered within the Tableau dashboard's mapping feature to identify trends that can be visualized relative to vaccine hesitancy. Additionally, depending on the amount and type of data, actionable insights can be generated to illuminate the misinformation and provide additional reassurance to the community about the safety and efficacy of the vaccines.

To determine the root cause of the hesitancy or misinformation, the core team will meet regularly and perform a root cause analysis, using fishbone diagrams. Once the root cause(s) are determined, then a course of action will be developed, and will involve community partners to help ensure the message is authentic and comes from a trusted source of the community.

**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.**

The coordination of communication efforts will reside within the core team, similar to the Control Tower used at the beginning of 2021, such that all communication efforts including messaging, targeted members, and timing will be reviewed and approved. This coordinated effort reduces member abrasion as well as the chance of any conflicting messaging occurring at the same time.

To reduce the chance of a member receiving more than one gift card, diligent tracking and reporting of gift cards will be established. Each member's address on file from Blue Shield Promise's membership database or the address found in the CAIR2 data from California Department of Public Health (CDPH) will be used for tracking purposes. An automated weekly process will be developed to flag any unvaccinated member who has received one dose of J&J, Pfizer, or Moderna within the prior week and check whether this person has been sent a gift card previously. For members who have not been sent a gift card previously, the member's name and mailing address will be sent to Novu using the established secure data transmission. Novu will mail the gift cards weekly. Logging of this information (member ID, member name, mailing address, date of vaccine, vaccine manufacturer, organization that administered the vaccine, and date sent to Novu for gift card distribution) will occur as part of this automated process to allow for regular reporting on how many cards were distributed.

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

Scripts will be developed and approved to ensure that there are no ethical concerns about coercing members into receiving a vaccine. All staff who will be member facing, will be trained on how to approach a member, use the same scripting, and work through potential responses. Periodic retraining will be conducted as necessary.

The Blue Shield Promise Call Center is already trained to receive calls pertaining to COVID-19 vaccines. Additionally, the center is equipped to respond appropriately to members' needs.

**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.**

There are no delegated health plans for our Medi-Cal San Diego product.

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

Members who are not vaccinated will receive mailers, texts, and/or telephone outreach that are tailored to address the needs of that individual (i.e., in language, timing, possible hesitations, etc.). Blue Shield Promise will also partner with Community-Based Organizations, local leaders, Federally Qualified Health Centers, healthcare professionals, and other health plans to help spread information related to the new incentives through local medical channels and more.

Currently, our data is highlighting a need to focus in Chula Vista, Mira Mesa, Escondido and Vista.

With Community Health Workers, and several Community-based Organization partners through our efforts with 211 (a social needs referral network), we have several channels to continue supporting vaccine efforts and ways to promote the incentive messaging. The partnerships, geographic and population focus will continue to be defined by qualitative data from community leaders and members and quantitative data from our Tableau dashboard.

The partnerships with a geographic and population focus will continue to be defined by qualitative data from community leaders and our members as well as quantitative data from our Tableau dashboard. The data in the Tableau dashboard is used to identify members for outreach for the various incentives.

The dashboard identifies ZIP Codes with low vaccination rates among Medi-Cal and Dual eligible members, as well as the characteristics of our unvaccinated members and the closest partnering agency (e.g., pharmacy or community-based organization). Enrollee lists can be generated based on this information so that outreach uniquely targets specific members.

- 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.**

To reduce the chance of a member receiving more than one gift card, diligent tracking and reporting of gift cards will be established. The member's address on file from Blue Shield Promise's membership database or the address found in the CAIR2 data from California Department of Public Health (CDPH) will be used. An automated weekly process will be developed to flag any unvaccinated member who has received one dose of J&J, Pfizer, or Moderna within the prior week and check whether this person has been sent a gift card previously. For members who have not been sent a gift card previously, the member's name and mailing address will be sent to an external vendor if needed using the established secure data transmission. with gift cards mailed at least bi-weekly. Logging of this information (member ID, member name, mailing address, date of vaccine, vaccine manufacturer, organization who administered vaccine, and date for gift card distribution) will occur as part of this automated process to allow for regular reporting on how many cards were distributed.