Medi-Cal Managed Care Plan Name:	**CalViva Health**

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.

Our proposed strategy is a mix of enhancing our existing partnership framework, and delivering fresh messaging with strong feedback mechanisms.

Current & Proposed Strategies:

- Our Member Outreach & Engagement team performs tasks such as care coordination, emergency department diversion, and medication reconciliation. Going forward, this team will increase their focus on vaccine outreach, targeting unvaccinated Medi-Cal Members in areas with the lowest vaccine rates.
    - Goal: Overcome barriers to vaccination, one Member at a time, until the task is complete.

- We will provide Providers, CBOs, Tribal Partners, and other local partners segmented Member data that allows for targeted outreach based on region, age, vaccine status, social determinant risk factors, etc. This service will be performed not only with CalViva Health Member data, but also with partner data as needed. We will also partner with Providers, CBOs, Tribal Partners, and other local partners wherever possible to amplify and reinforce their evidence-based information campaign so a unified message and effort is achieved across all parties.
    - Goal: Leverage the power of analytics to ensure that outreach efforts happening at every stage in the care delivery life cycle are effective.

- We have access to ethnically/culturally diverse doctors, nurses, and pharmacists who have first-hand experience caring for COVID patients. Our Marketing and Communications department will develop a series of videos featuring these ethnically/culturally diverse team that provide evidence-based information and address perceived risks and misconceptions. The videos will explore life in the hospital and the experience of a COVID patient, and help people to better understand the process and experience of getting the vaccine. These videos will be promoted through our existing communication channels and shared with

Providers, CBO networks, Tribal Partners, and other local partners as a resource to support their outreach efforts.
    - Goal: Use the networking power of digital content to amplify messages of critical value.

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

Socioeconomic and other limiting factors can make it seem impossible to find the time to take this life and community-saving measure. Of the 3 C's of Vaccine Hesitancy, "convenience" is often the most overlooked based on assumptions that by this point, everybody who is open to being vaccinated has already done so. Our proposed strategy to provide information on where to get the vaccine within the member's community is a mix of geo-targeting and deploying new communication channels we have been unable to use previously.

Current & Proposed Strategies:

- We use geo-mapping technology to ensure access to care through time-and-distance analyses. Scaling this same technology, we provide unvaccinated Members vaccine locations within their immediate vicinity. These locations are distributed through mail, outreach calls, in-person flyers, etc. By developing, hyper-focused maps (urban within .5 miles, rural within 5 miles), we will offer education and solutions to Members within acceptable distances from their homes.
    - Goal: Assist members with the first step in their vaccine journey; having a plan.

- We will develop and share maps showing clusters of unvaccinated Members. These maps will be shared with vaccine sites, as well as Providers, CBOs, Tribal Partners, and other local partners such as Fresno State University and local community colleges that are performing Member outreach. To ensure focused targeting, these maps can be stratified based on age, ethnicity, preferred language, etc.
    - Goal: Increase the conversion rate for outreach efforts led by partners.

- We will leverage multiple outreach channels (call and mail) to send "invitations" to unvaccinated Members to receive their vaccines at a convenient location, on a specific day and/or time. We will also utilize a new outreach channel and look for opportunities to utilize text messages and/or email to reach unvaccinated Members. Previously, the Plan has not had DHCS approval to conduct text-messaging campaigns. These invitations will also be coupled with any available pop-up vaccine efforts, local vaccination clinic sites, and incentive offers.
    - Goal: Generate a motivating "call to action" for Members.

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.

Every Californian who gets vaccinated is a win. We believe strongly in contributing to the larger project and recognize this to be a community health concern and not a concern specific only to the MCP. With this guiding principle, we will bring to bear not only existing communication and publicity mechanisms, but also deliver tools and resources to spread a shared message throughout the counties of Fresno, Kings, and Madera.

Current & Proposed Strategies:

- Our Marketing & Communications team has an established set of channels which will be used to directly and indirectly disseminate information to Members, Providers, CBOs, Tribal Partners and other local partners about vaccines, resources, and availability. Channels include, but are not limited to, TV, radio, press releases, etc.
    - Goal: Cast a wide net in order to amplify key messaging.

- The vaccine registry data shows that for Medi-Cal Members, children ages 12-18 are among the lowest in terms of vaccination rates. In order to address this directly, we will promote messaging through platforms mostly likely to be frequented by this target segment (TikTok, Reddit, etc.). Additionally, we will develop and distribute messaging to schools, to be included in announcements, take-home bulletins, newspaper, and leverage parent communication portals. We will also listen. We will work with schools, parent associations and/or parent clubs through either formal and/or informal focus groups to identify where our local media campaign may be refined and/or amplified accordingly.
    - Goal: Generate trust and confidence within the underage population, rendering other strategies to combat "complacency" more effective

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

Media campaigns will feature informative content from qualified professionals and trusted messengers, addressing perceived risks, and including clear calls to action.

Current & Proposed Strategies:

- We will provide evidence-based information, address perceived risks, and misconceptions through the development of a series of videos featuring an ethnically/culturally diverse team. We will

explore life in the hospital and the experience of a COVID patient, and help people to better understand the process and experience of getting the vaccine. We will promote these videos through our multi-faceted communications channels and share with Providers, CBOs, Tribal Partners, and other local partners as a resource to support their outreach efforts.
    - Goal: Use the networking power of digital content to amplify messages of critical value.

- We will develop/leverage and promote alternate messaging around:
    1. Now being a perfect time to be vaccinated (after Summer, before holidays and family gatherings).
    2. The financial impact of being unable to work for 2-3 weeks due to a COVID diagnosis.
    3. Leverage available local health department COVID-19 Equity project vaccine hesitancy survey data to develop county specific messages
    4. Changing requirements and rules requiring vaccination to possibly travel, attend school in-person or maintain employment.
        - Goal: Drive fresh Member considerations around unexpected conveniences and risks.

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

In the care delivery life cycle, those that deliver care directly and/or interact in a community and social setting are most trusted by Members. They are the most likely to change an opinion, or motivate an action. Strategically, we will support and buoy their efforts in order to amplify messages in places that have the best chance of securing vaccinations for Members we serve.

Current & Proposed Strategies:

- We are currently working with several groups to develop pathways that steer Members to Providers and/or community partners they are more likely to trust.
    - Goal: Align incentives by uniting Members with partners in care that they trust, who also possess a vaccine supply they wish to distribute.

- Through partnerships with Providers, CBOs, Tribal Partners, health coalitions, and other local partners such as local churches, we will leverage existing communication channels to draw attention to vaccine sites, pop-ups, and other vaccine events held by partners in care delivery.
    - Goal: Generate buzz at the local level.

- We will inform other health care payors (i.e. Anthem) of upcoming community events for promotion through their communication channels, and encourage them to do the same.
    - Goal: Amplify messages from which everybody benefits, and present a united front to Members and partners in care.

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.

Children and youth ages 12-25 present a challenge, as their still-developing risk assessment skills make them less likely to be moved by messages that have been more effective for older populations. We will leverage existing partnerships to deliver differentiating messages that are relevant and actionable to this audience. As lessons are learned, they will be shared with every partner, competitor, and state entity that stands to benefit.

Current & Proposed Strategies:

- We are currently engaging all of our local partners who serve or influence those within our community who are 12-25 years of age (i.e. Fresno County Superintendent of Schools, Madera Unified, etc.) to hold vaccination clinics and/or disseminate information to those who are 12-25 years of age about vaccines, resources, and availability. We will collaborate with all school districts and colleges within the Fresno, Kings, and Madera counties, focusing on regions with the lowest Medi-Cal vaccination rates among children and youth ages 12-25. We will listen to those who are 12-25 years of age to understand barriers and differentiate our messages or events so they are applicable to the targeted youth.
    - Goal: Work towards enhancing “social proof” around vaccinations, creating a flywheel effect that motivates other students to do the same.

- We hold strong relationships with local community partners such as Big Brothers and Big Sisters of Central California, The Children’s Movement of Fresno, etc. We will share messaging and other vaccine resources, as needed to all of our local partners who impact the those who are 12-25 years of age. Additionally, we have a strong relationship with our Local Health Department’s (LHD) COVID-19 Equity Projects and plan to develop partnerships to increase vaccination clinics at school sites.
    - Goal: Expand outreach efforts outside of traditional channels.

- We will develop/leverage and promote alternate messaging around:
  1. Shared goals of maintaining the positive progress of having children and youth back in schools/colleges.
  2. Non-lethal, yet unwanted outcomes of a COVID infection (missed tryouts, skipped proms, etc.)
  3. Appeals to personal concerns and vanities (i.e. possible side effect of COVID is E.D., long-haulers experiencing diminished cognitive ability, etc.)
  4. Changing rules and requirements to be vaccinated to attend school in-person or participate in activities.
     - Goal: Draw from lessons learned to deliver compelling messages.

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.

Of the 3 C's, these Members fall in the "confidence" category, and typically give one of the arguments listed above as the cause of their hesitancy. Behavioral science tells us that these Members are unlikely to be moved by facts and figures, and are even less likely to view their MCP as a trusted source of information. We will employ a strategy to align with those willing to join us in this challenge; trusted co-workers, friends, neighbors, and loved ones who hope to see these people do the right thing for themselves and their community.

Current & Proposed Strategies:

- We will engage a behavioral psychologist to develop video-based content on how to have effective, empathy-forward conversations around vaccine hesitancy:
  1. Video guides on communicating effectively with vaccine-hesitant co-workers, friends, neighbors, and loved ones.
  2. Tailored messaging tied to each of the objections listed above and take into account culture, lived experience (immigrant experience) and diversity, which may play a role in vaccine hesitancy.
  3. Provider-facing training on how to "frame" the vaccine conversation.

  These videos would be used to train internal employees, shared with Members directly, and distributed to schools, Providers, CBOs, Tribal Partners, and other local partners.
     - Goal: Empower vaccinated Californians to do their part in this collective effort from which we all benefit. Prepare and arm a new team of trusted individuals outside the government and/or vaccine makers.

- We will deploy to Medi-Cal Membership the outcomes of their collaboration, which include micro-targeted campaigns with specific tailored messages, focusing on areas with low vaccination uptake and a high density of high risk/vulnerable members. Any scalable solutions from these targeted campaigns will be shared with Providers, CBOs, Tribal Partners, and other local partners.
    - Goal: Through technology, execute campaigns of maximum efficacy.

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.

Trusted community organizations have a critical role to play in increasing vaccine levels, and stand to benefit just as much as the healthcare system. We strongly believe that if these organizations are supported as they step up their vaccine-positive activities, significant inroads can be made.

Current & Proposed Strategies:

- We will collaborate with trusted institutions (Community-Based Adult Service centers, Long-Term Services & Support centers, churches, ethnic community-based organizations and tribal leadership) that serve populations / regions with the lowest vaccine levels to do the following:
    1. Provide helpful public-facing materials, including both informational and guidance on finding the nearest vaccine site, how to sign up, etc.
    2. Set up pop-up vaccine clinics on site.
    3. Conduct in-person presentations during religious/community gatherings that provide information and address misperceptions directly.
    4. Deliver training to community organization, community health workers/Promotores (CHW/Ps) and community and religious leaders on how to have effective vaccine conversations.
        - Goal: Align efforts with entities that are more likely to influence vaccine-hesitant Members.

- We will cross-walk Membership data from trusted institutions with CalViva Health and State Medi-Cal Membership data, and deliver back to these institutions lists of their own constituents that may benefit from receiving outreach from a trusted partner. As needed, we can support these outreach efforts on behalf of the institutions as well.
    - Goal: Activate trusted institutions in our shared goal of gathering, worshipping, and celebrating freely.

- We will amplify our many trusted institutions whom are already executing their own vaccination strategies. We will offer support where needed which include but are not limited to offering member incentives, vaccine education and clinic location resources. Additionally, we will collaborate with local health departments and COVID-19 Equity Projects, i.e., Disabilities COVID-19 Equity Project, Immigrant COVID-19 Equity Project and UCSF Fresno Mobile Heal COVID-19 Equity Project
    - Goal: Strengthen efforts where others have taken the lead

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.

Through partnership with local public health agencies, we can bring operational strengths to bear and buoy collective efforts.

Current & Proposed Strategies:

- We will collaborate with local public health agencies in developing joint vaccination programs, targeting communities with the lowest vaccination rates. Based on perceived need, programs may include:
    1. Development and distribution of public-facing materials, including guidance on finding the nearest vaccine site, how to sign up, etc.
    2. Pop-up vaccine clinics and larger vaccination events with activities, incentives, etc. We will leverage local vaccination resources to increase neighborhood vaccination opportunities and engage FQHCs in neighborhood vaccination clinics with intent to help members with continuation of care.
    3. Conduct in-person presentations during religious/community gatherings that provide information and address misperceptions directly.
    4. Crosswalk Member lists to develop outreach targets, with outreach efforts supported by our efforts as needed.
        - Goal: Build together and leverage resources to support public operations.

- We currently analyze immunization registries via the Snowflake system, identifying our Members who have been vaccinated. Going forward, we will link outreach efforts, partnerships, events, and incentive programs with this data in order to determine the most effective measures, stratified by age, region, preferred language, etc. As we learn more, insights will be shared with local public health agencies.
    - Goal: Link efforts and outcomes to ensure highest and best use of resources.

- We will attempt to motivate Members with differentiated messages, data around engagement rates, click-thru rates, and ultimately vaccine registries will serve as

great indicators of which messages are most effective. As this data matures and begins to tell a story, we will distribute analytics reports to local public health agencies in order to optimize messaging across the board.
    - Goal: Maximize impact of efforts across the board.

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.

Processes are far easier to re-start than they are to initiate. CalViva Health, partners in care, and local organizations are doing magnificent work to address Member vaccination needs, with great effort. If and when these efforts are needed in the future, we would all do well to build on what is being developed today.

Current & Proposed Strategies:

- Document and share processes and operating procedures for key functions currently being set up in partnership with Providers, community-based organizations (CBO), tribal partners, public health agencies, and other local partners:
    1. Content creation and distribution.
    2. Data and knowledge sharing.
    3. Outreach plans and incentive programs.
    4. Joint-planning and execution of events.
        - Goal: Increase speed-to-market of potentially life-saving measures.

- CalViva Health both shares, and utilizes shared vaccine data through Health Information Exchanges (HIE) and an operating system for value-based care called Cozeva, which can treat vaccine status as a "care gap." Additionally, details around outreach attempts and outcomes are shared on an ad hoc basis.
    - Goal: Enable CalViva Health and Providers to work in concert to vaccinate individual members through joint 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.

The social determinant factors that impact convenient access to vaccines mirror many of the same issues that Medi-Cal Members face when attempting to get access to quality care. We have been developing effective care coordination tactics, which can serve to remove these barriers for Members who are in greatest need.

Current & Proposed Strategies:

- We have contracts in place with transportation vendors which are used to support complex case management and care coordination needs. These services will be offered during outreach calls to Members in need of transportation to vaccine sites.
    - Goal: Invest in cost-of-care reduction through vaccination.

- We have collaborated with dedicated clinics and pharmacies to assist in maximizing the availability of COVID-19 vaccine appointments for our Members. Our team is also able to sign members up directly for some of these designated vaccine appointments and in instances where designated appointments are not available, our team will still be able to set non-designated vaccine appointments on behalf of Members.
    - Goal: Brand CalViva Health as one of the easiest ways to navigate the appointment-setting process.

- In order to address health disparities associated with language barriers, we have engaged our local partners to develop targeted vaccine messaging in multiple languages and conduct member outreach via phone and text message.
    - Goal: Remove critical health equity barrier.

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.

The principles are essentially the same; understand access for Members in need, and where gaps exist employ alternate tactics to bridge them.

Current & Proposed Strategies:

- Our vaccine sites are programmed into our geo-mapping tool. This is used to inform Members during outreach calls as to where they can go near home, coupled with offers to get appointments and arrange transportation.
    - Goal: Present convenient options of which Members may not be aware.

- In areas where unvaccinated populations are high and vaccine access is low, due to either limited supply or a relatively low number of sites, we will work with a network of trusted Providers, community-based organizations (CBO), tribal partners,

neighborhood resource centers and other local partners to co-host pop-up clinics or mobile units. Additionally, these pop-up clinics or mobile units will offer off-hour vaccinations in order to accommodate the work and school schedules of Members.
    - Goal: Deploy mobile vaccine resources where the need is greatest.

- For homebound members, we will arrange home visits.
    - Goal: Vaccinate Members in need of maximum convenience.

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

Sharing data between CalViva Health and PCPs is critical in ensuring efforts aren't duplicated. However, for efforts to be optimized for efficacy, more than data must pass between partners in care.

Current & Proposed Strategies:

- We share vaccine detail (data and knowledge) with Provider groups and PCPs through the following channels:
    1. Member vaccine status data is shared with our Participating Provider Groups and PCPs through an operating system for value-based care called Cozeva, which can generate custom reports and treat vaccine status as a "care gap."
    2. Member vaccine status data is available for download on our Provider Portal.
    3. Vaccination strategies are regularly discussed in visits and meetings with Participating Provider Groups and PCPs; including progress levels, target Member segments, equity and social determinant challenges, and best practices.
        - Goal: Align efforts to drive towards outcomes desired by all involved.
- We work with several Provider groups to develop pathways that steer Members to Providers whom they are more likely to trust. This effort will address vaccine hesitancy and mistrust. We are also considering options around how best to incentivize Provider groups and/or PCPs for outcome-based vaccination performance.
    - Goal: Align incentives by uniting Members with partners in care that they trust, who also possess a vaccine supply they wish to distribute.

- We will attempt to motivate Members with differentiated messages, data around engagement rates, click-thru rates, and ultimately vaccine registries will serve as great indicators of which messages

are most effective. We will distribute analytics reports to Provider Groups, FQHCs and PCPs.
    - Goal: Maximize impact of efforts across the board.

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

Encouraging PCPs to take on a new function may be difficult; however, we can begin in the same place where they began as doctors, with a collective need for their help and expertise.

Current & Proposed Strategies:

- We will send information directly to PCP offices via standard mail, email, and fax. This information includes steps on how to become a vaccination site. Additionally, we will send geo-mapped reports showing unvaccinated Members within the immediate vicinity of their clinics, with a particular emphasis on existing health disparities. We will also look into whether it is feasible to offer a provider incentive towards becoming a vaccination site or outcome.
    - Goal: Make clear for PCPs how much their support is needed.

- We will share details around which PCPs have not yet registered as vaccine sites, and create action plans to outreach to PCPs that are in areas of greatest need.
    - Goal: Identify potential gaps, combine efforts with stakeholders, who are equally motivated to vaccinate 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.

The pop-up clinic concept has helped thousands of Californians get the care they need, while improving quality of life for marginalized populations, lowering costs, and reducing pressure on the healthcare system. We will not only continue to lead this work with an emphasis on vaccinations, but scale our operations to meet the moment.

Current & Proposed Strategies:

- Our Community Engagement team has collaborated with multiple vaccine sites in Fresno Kings, and Madera Counties to offer our employees volunteer opportunities at vaccine clinics. In addition to administering vaccines, our staff have performed valuable services of canvassing neighborhoods with support from promotoras in our Promotores. We have worked to register attendees,

organizing and streamlining the vaccine process, and connecting members to health plan interpreter services. We have also sponsored vaccine sites, and will explore opportunities to enhance the pop-up clinic experience to increase traffic:

1. Live music
2. Food
3. Children's activities
4. Setup in areas of community interest (farmer's markets, concert venues, stadiums, etc.)
5. Off-hours availability to accommodate work and school schedules
    - Goal: Meet people where they are, and create a positive experience around vaccination

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.

In Customer Experience, "friction" is a phrase commonly used. It is defined as any step in the customer experience that impedes the customer from the intended outcome. In the vaccine customer journey, there are opportunities for friction at the point of setting an appointment, arriving, registering, waiting, and even receiving the injection itself. While some of these potential points of friction are inevitable, others can be influenced.

Current & Proposed Strategies:

- We have contracts in place with transportation vendors typically used to support complex case management and care coordination needs. These services will be offered during outreach calls to Members in need of transportation to vaccine sites.
    - Goal: Invest in cost-of-care reduction through vaccination.

- CalViva Health has collaborated with dedicated clinics and pharmacies to designate COVID-19 vaccine appointments available to Members. CalViva Health's Member Outreach & Engagement division signs members up directly. In instances where designated appointments are not available, the outreach team will set appointments on behalf of Members.
    - Goal: Brand MCP as one of the easiest ways to navigate the appointment-setting process.

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.

Homebound Members are often helped and supported by their community. By offering to join in the support of these Members, we can work to identify them.

Current & Proposed Strategies:

- We will continue strengthening our ties with CBOs, trusted local partners, tribal partners, community health workers, promotoras, local health departments, and faith-based partnerships through joint vaccine program efforts, standard check-ins will include a cross-walking of Member lists, checking for any Members who may be homebound or have any other focused need. Additionally, we will collaborate with the Fresno Community Health Improvement Partnership (FCHIP) to develop a Community Health Worker and Promotora Network and build the capacity of CHW/Ps in the community to serve the homebound population.
    - Goal: Leverage local resources that know their community best in order to identify Members in greatest need.

- We will identify and target potential candidates for a home vaccination solution based on criteria including, but not limited to:
  1. Previous or ongoing orders of durable medical equipment (DME).
  2. Previous or ongoing enrollment in food delivery programs
  3. Previous or ongoing orders of transportation support.
    - Goal: Offer Members in significant need a solution they may have not considered.

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.

CalViva Health believes that one of the most effective ways to reduce friction for unvaccinated Members is to identify situations in which they are in closest possible proximity to vaccine supply. A trip to the pharmacist certainly qualifies.

Current & Proposed Strategies

- We have collaborated with pharmacies in order to designate COVID-19 vaccine appointments available to Members. We are working with major retail pharmacies so we can direct members to any participating location for a COVID-19 vaccine without appointment, which is currently done through outreach efforts based on Member convenience.
    - Goal: Direct Members to closest possible points of care.

- Often times, and particularly with Medi-Cal Members, pharmacies and CalViva Health have different phone numbers for Members. We have the ability to store and use alternate contact information, which enhances our outreach efforts to Members whom are less likely to engage. We will offer Member data exchanges

with pharmacies in order to cross-reference phone numbers for viable alternates and to assist with our engagement rates.
    - Goal: Increase engagement rates amongst the most vulnerable.

- We will share with pharmacies our vaccine relates resources to support their outreach efforts. As needed, we will also supply pharmacies with printed collateral.
    - Goal: Use the networking power of digital content to amplify messages of critical value.

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

The key to bridging this gap is not only having the capability in place to serve the Members that need a more personal solution, but also to identify and engage them.

Current & Proposed Strategies:

- We will identify target potential candidates for a home vaccination solution based on criteria including, but not limited to:
  1. Previous or ongoing orders of durable medical equipment (DME).
  2. Previous or ongoing enrollment in food delivery programs.
  3. Previous or ongoing orders of transportation support.
      - Goal: Offer Members in significant need a solution they may have not considered.

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.

Fast and reliable data transfer is the first step in effective outreach. From there, vaccine statuses of Members must be analyzed in a variety of ways in order to extract both observations and insights. This not only includes filling the negative space in terms of Members who have not yet appeared in the vaccine registry, but also developing an understanding of positive patterns tied to geography, demographics, and social determinant factors.

Current & Proposed Strategies:

- We currently analyze immunization registries via the Snowflake system, identifying CalViva Health Members who have been vaccinated. Going forward, we will link outreach efforts, partnerships, events, and incentive programs with this data in order to determine the most effective measures, stratified by age,

ethnicity, and preferred language, etc. We will share our insights and data obtained from DHCS with Providers, community-based organizations (CBO), tribal partners, and other local partners.
    - Goal: Link efforts and outcomes to ensure highest and best use of resources.

- We will utilize a tool called Impact Pro that performs predictive analytics on claims and authorization data to assess Member risk for emergency department visits and/or admissions, in order to effectively target Members with Population Health outreach efforts. By coupling this technology with vaccine status, demographic detail, and social determinant data, we will identify Members with need, risk, and gaps in health equity requiring intervention. From there, targeted, culturally and linguistically sensitive outreach campaigns will be executed by outreach teams.
    - Goal: Perform outreach activities of highest value, with targeted messaging tied to stratified populations.

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.

CalViva Health can scale the potential of technology and reach goals in the most effective way possible; in collaboration with others similarly motivated.

Current & Proposed Strategies:

- We will both share, and utilize shared vaccine data with Providers through Health Information Exchanges (HIE) and an operating system for value-based care called Cozeva, which can treat vaccine status as a “care gap.” Additionally, details around outreach attempts and outcomes are shared on an ad hoc basis.
    - Goal: Enable CalViva Health and Providers to work in concert to vaccinate individual members through joint efforts.

- We have dedicated teams and advanced capabilities in terms of stratifying and analyzing Member populations. As such, we will provide Providers, CBOs, Tribal Partners, and other local partners segmented Member data that allows for targeted outreach based on region, age, vaccine status, social determinant risk factors, etc. This service will be performed not

only with CalViva Health Member data, but also with partner data as needed.
    - Goal: Leverage the power of analytics to ensure that outreach efforts happening at every stage in the care delivery life cycle are effective.

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.

CalViva Health is actively retrieving data from every known source, and sharing with others wherever the need presents.

Current & Proposed Strategies:

- At present, CalViva Health retrieves vaccine data from the following sources:
  1. CAIR2 (California Immunization Registry)
     - Goal: Ensure relevant outreach by way of the most up-to-date information.

- We currently analyze immunization registries via the Snowflake system, identifying CalViva Health Members who have been vaccinated. Going forward, we will link outreach efforts, partnerships, events, and incentive programs with this data in order to determine the most effective measures, stratified by age, region, preferred language, etc. As CalViva Health learns, insights will be shared with Providers, community-based organizations (CBO), tribal partners, and other local partners.
    - Goal: Link efforts and outcomes to ensure highest and best use of resources.

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

Identifying and understanding misinformation trends requires both a macro and a micro approach. At a macro level, vaccine data seeks to "prove the negative" by way of omitting Members who have not yet been vaccinated. Yet understanding the "why" requires more of a micro level of exploration.

Current & Proposed Strategies:

- By cross-walking vaccine registry data with Member rolls, CalViva Health identifies yet-to-be-vaccinated Members. This data is then stratified and organized by age, region, demographic, etc. From this point, CalViva Health will review relevant data sets with Providers, community-based organizations (CBO), tribal partners, and other local partners. Through this review, all sides will seek to

understand the underlying factors driving vaccine hesitancy, and craft interventions tied specifically to salient issues.
    - Goal: Deliver relevant solutions to communities in greatest need.

- Through outreach activities, CalViva Health has spoken with thousands of Members who, at the time of the outreach discussion, had not yet been vaccinated. Reasons for both hesitancy and outright resistance are documented by us (i.e. Personal Choice, etc.) and will be analyzed to detect actionable patterns that can be shared with Providers, community-based organizations (CBO), tribal partners, and other local partners
    - Goal: Develop useful insights based on a significant sample size of vaccine discussions.

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.

Once approved, our proposals will represent a large portfolio of incremental activities and collaborations. As noted below for question #20, CalViva Health has an Administrative Services Agreement with Health Net Community Solutions, Inc. ("Health Net") to provide certain administrative services on CalViva Health's behalf. While the effort can be laid upon a solid foundation of analogous business functions, it will need to be managed holistically, with progress to target and track centrally.

Current & Proposed Strategies:

- We will map proposed tactics onto existing areas, scaling productivity as needed by hiring additional staff and flexing responsibilities:
    1. Vaccine Data Management: Analytic Solutions Team
    2. Intersectional Vaccine & Population Analysis: Population Health Management & Health Equity Teams
    3. Vaccine Outreach: Member Outreach & Engagement Team
    4. Provider Vaccine Partnership Management: Provider Engagement Team
    5. Government & Community Vaccine Partnership Management: Government Relations Team
    6. Community Vaccine Events, Mobile Clinics, etc.: Medical Affairs & Community Engagement Teams
    7. Vaccine Program Oversight: Strategy & Execution Team 8. Goal Accountability & Overall Portfolio Oversight: Medi-Cal Operations and CalViva Health Leadership Team
        - Goal: Leverage strengths around people, processes and technology in the most effective manner.

- Member incentives will be overseen to ensure equitable and allowable distribution through one of two proposed mechanisms currently in the vetting process:
    1. Secure, real-time, online incentive database that tracks incentive distributions. Our team can reference this system during events to ensure members have not already received an incentive.
    2. Utilize an incentive vendor (i.e. Icario) with specific requirements for distribution, including no duplication of incentives per Member.
        - Goal: Deploy a reliable and scalable process for ensuring Member incentives are distributed responsibly.

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

As healthcare professionals, it is our job to maintain a level of professionalism while having difficult, emotionally-charged conversations.

Current & Proposed Strategies:

- Our Cultural & Linguistics (C&L) team has been critical in ensuring that the messaging used by outreach teams and community engagement staff is culturally appropriate and meets the needs of our Members without overstepping.
    - Goal: Communicate with Members in a way that is not only appropriate, but also most effective.

- Our Member Outreach & Engagement team has been performing vaccine outreach since the outset of vaccine availability and they receive regular training to ensure that accurate / factual information about both COVID-19 and the vaccine is shared with Members.
    - Goal: Maintain performance levels of teams during a protracted outreach challenge.

- In all communications, where appropriate, we make very clear to Members that there are no negative consequences from us if they choose not to be vaccinated at this time.
    - Goal: Manage expectations in a factual and compliant manner.

- We will also engage a behavioral psychologist to develop video-based content on how to have effective, empathy-forward conversations around vaccine hesitancy:
    1. Video guides on communicating effectively with vaccine-hesitant co-workers, friends, neighbors, and loved ones.
    2. Tailored messaging tied to each of the most common objections.
    3. Provider-facing training on how to "frame" the vaccine conversation.

These videos would be used to train our employees, shared with Members directly, and distributed to schools, Providers, CBOs, Tribal Partners, and other local partners.
    - Goal: Empower vaccinated Californians to do their part in this collective effort from which we all benefit.

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.

CalViva Health has an Administrative Services Agreement with Health Net Community Solutions ("Health Net") to provide certain administrative services on CalViva Health's behalf. CalViva Health also has a Capitated Provider Services Agreement with Health Net for the provision of health care services to CalViva members through Health Net's network of contracted providers. CalViva Health will partner with Health Net to increase vaccination rates, coordinate strategies, and implement this Vaccination Response Plan.

Current & Proposed Strategies:

- We will seek to expand existing oversight functions, including for both delegated entities and vendors, to better assess vaccine interventions and ensure adherence to any agreed-upon activities.
    - Goal: Effective oversight for any response plan efforts entrusted to others, particularly where CalViva Health maintains ultimate accountability.

- We will connect with on-the ground partners and CBOs to work directly with Members.
    - Goal: Expand community footprint while ensuring efficacy of response plan.

- Our service providers whom perform a host of duties that support complex care management and care coordination efforts, will be asked by us, where appropriate, to report vaccine status of Members served. These services include:
    1. Home Health Caregivers
    2. Respiratory Therapists
    3. Durable Medical Equipment (DME) Providers
    4. Disease Management
    5. Palliative Care Support
    6. CalAIM Enhanced Care Management (ECM) & In Lieu of Services (ILOS) Providers
    7. Physician & Specialist Care We will provide vendor education on how best to refer Members back to us to coordinate vaccination.

- Goal: Utilize every available channel, even CalViva Health's bargaining position as a long-standing client, in order to tackle the challenge at hand.

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

Of the "3 C's of Vaccine Hesitancy," direct incentives seek to solve for the issue of "complacency." Complacent Members are a unique subset, as they may not have significant concerns about receiving the vaccine, nor are they in situations where access is the true issue. The key is to provide incentive options that Members feel are relevant to their unique needs and preferences, and are of sufficient value to motivate action.

Current & Proposed Strategies:

- We will set up a gift card program, subject to regulatory guidelines, with payouts not to exceed $50 per Member. Gift card options can be selected by Members either via phone and include both "fun" items (movies, app downloads, online purchases, etc.) and "practical" items (groceries, school supplies, household items, etc.)
    - Goal: Empower Members to self-select the incentive that would be of greatest value to them.

- Studies have shown that some people find the idea of receiving a financial incentive to perform a life-saving measure to be in poor taste. For Members that fall in this camp, we will offer options to donate their financial incentive to the charitable cause of their choosing.
    - Goal: Ensure Members have the option to dedicate their incentives to what they feel is of the highest and best use.

- For mobile clinics and community events, we will link incentive offerings with associated experiences on offer in the immediate area. Examples include, but are not limited to:
    1. Gift cards for concessions at pop-up vaccination sites near stadiums, theme parks, zoos, etc.
    2. Gift cards for local businesses at community vaccine events.
        - Goal: Offer to enhance the day's experience in the moment.

- Member incentives will be overseen to ensure equitable and allowable distribution through one of two proposed mechanisms currently in the vetting process:
    1. Secure, real-time, online incentive database that tracks incentive distributions. Our team can reference this system during events to ensure members have not already received an incentive.

2. Utilize an incentive vendor (i.e. Icario) with specific requirements for distribution, including no duplication of incentives per member.
    - Goal: Deploy a reliable and scalable process for ensuring Member incentives are distributed responsibly.

a. If direct member vaccine incentives are used as a vaccination strategy, demonstrate how the MCP will meet DHCS guidelines for member incentives below and verify member incentives do not exceed $50 per member (single or multi-dose). Character limit: 2,500 characters.

In order to maintain compliance with DHCS guidelines, processes for distributing incentives will need to be "error-proofed." This error-proofing must include incentives that are distributed on site, or centrally via phone and digital channels.

Current & Proposed Strategies:

- No incentive denominations will be issued beyond the $50 limit. Incentives will not be pooled, and they will not be distributed to anybody besides the vaccine recipient. The same guidelines will apply for any donations made in lieu of Member incentives.
    - Goal: Comply with all DHCD guidelines while eliminating opportunity for error.

- Member incentives will be overseen to ensure equitable and allowable distribution through one of two proposed mechanisms currently in the vetting process:
    1. Secure, real-time, online incentive database that tracks incentive distributions. Our team can reference this system during events to ensure members have not already received an incentive.
    2. Utilize an incentive vendor (i.e. Icario) with specific requirements for distribution, including no duplication of incentives per member.
        - Goal: Deploy a reliable and scalable process for ensuring Member incentives are distributed responsibly