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

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Medi-Cal Managed Care Plan Name:	CenCal 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.

Evidence-based Information Sources: CenCal Health will use the latest COVID-19 illness, vaccination, and prevention recommendations from the CDC, the California Department of Public Health (CDPH), and our local public health departments. We encourage our partners and the public to use these credible sources for the latest evidenced-based information, as well, in our outreach materials, website, newsletters, and more.

How MCP will Provide Information to Members: CenCal Health plans to provide evidence-based information to members via tactics including but not limited to:
- The member newsletter
- COVID-19 vaccination-focused brochures
- Social media
- Text messaging
- Dedicated website
- Targeted mailings to members

The materials we create utilize health communication strategies that align with health behavior theories, including the Health Belief Model and Stages of Change. We will also consider the CDPH-promoted model, "Cycle of Vaccine Readiness" when designing communications for sub-populations.

How MCP will Provide Information to Providers, CBOs, Others: CenCal Health plans to provide evidence-based information to providers, including tribal partners, via tactics including but not limited to:
- Provider newsletters (monthly; hardcopy & digital)
- Email blasts (as needed)
- Provider Toolkit (see question 10b for details)

2. Describe how the MCP will provide information on where to get the vaccine within the member's community. Character limit: 2,500 characters.
Vaccine locations are promoted prominently in our counties by the organizations holding them, as well as through collaborative promotional campaigns that can include the county departments of public health, FQHCs, and other providers; local hospitals; campaigns by national pharmacies; and federal and state digital vaccination location search programs.

CenCal Health boosts this information in a number of ways, by providing members with information about where they can easily locate the appropriate[1] vaccination locations.

The materials we create promote a specific vaccination location or are more general outreach pieces. General outreach pieces include one or more of the following search tools that return location information based on zip codes entered:

- **vaccines.gov/vacunas.gov:** This website is easy to use, requires answering few questions, and allows to search by type of vaccine desired.
- **GETVAX** (438829)/ VACUNA (822862): This tool can be used on any mobile phone, is easy to use, and returns multiple locations based on zip code entered.
- **myTurn.ca.gov**: This website is less easy to use, requires answering multiple questions, but also includes county departments of public health locations.

Specific tactics will appropriately match the promoted vaccination location, and may include some or all of the following:

1. Member newsletters will include directions to call their PCP's office first, and include web and digital search tools.
2. Flyers supporting established vaccination locations, as described in Question 11.
3. Provider in-office brochures will include one or more digital search tools.
4. CenCal Health website will link to vaccines.gov / vacunas.gov
5. Text messages will link to GETVAX/VACUNA, specific clinic addresses, or walk-in locations
6. Out-of-home marketing (for example, billboards, bus sides, etc.)
7. Mailings
8. Social media would include web and mobile search tools.
9. Nurse Advice Line vendor, which takes inbound member calls 24 hours a day, 7 days a week; will offer to help the member find locations.
10. Inbound member calls will end with an offer to help find a vaccine location.

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[1] "Appropriate vaccination locations" refers to the age of the member needing vaccination, as 12—18-year-olds can only go to sites offering the Pfizer vaccine.

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.

CenCal Health collaborates with approximately one dozen local organizations focused on COVID-19 vaccine acceptance. The Vaxed & Mighty Coalition in Santa Barbara, for example, consists of local hospitals, specialty providers, public education organizations, and others to develop and execute an outreach media plan. We also participate in vaccination coalitions lead by our two counties' public health departments.

We are developing a new website focused on countering misinformation, offering persuasive messaging, and helping members locate vaccination sites. This website will focus on issues and barriers specific to Medi-Cal members. It will be publicized through social media and advertising including the use of the following platforms, Facebook, Instagram, and TikTok. See Question 5 for more details.

CenCal Health identified that one missing element of already-planned efforts involved Mixteco-language outreach. Working with one of CenCal Health's largest FQHC partners, we scripted and recorded Mixteco and Spanish 30-second radio ads stressing COVID-19 safety practices. These were broadcast on several local Spanish radio stations in the tri-county area.
We propose utilizing the same FQHC partner to record vaccination-focused Mixteco and Spanish 30-second radio ads to run on all Spanish stations in our counties. The ads will mention the vacuna.gov and VACUNA mobile app to locate a site near them and will publicize the new website mentioned above.

Finally, we will employ "article" placement (paid advertorial) in the local Spanish newspaper, that serves both counties, El Latino. This article will be an ask-the-doctor-type format that counters misinformation, addresses concerns of the Latinx community, and includes vaccination location information.

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

The results of a recent Kaiser Family Foundation[2] survey reflected three themes among recent vaccination converts as to what convinced them to get vaccinated:

1. Seeing that millions of other Americans have been vaccinated safely.

2. Hearing pro-vaccine messages from doctors, friends, and relatives.

3. Learning that not being vaccinated will prevent people from being able to do certain things.

With this guidance in the foreground, we will create messaging:
- Using evidence-based language for content, as described in Question 1.
- That base statements on common COVID-19 vaccine and illness myths.
- Present facts using approaches learned in State trainings on the Cycle of Vaccine Readiness, moving members from "skeptical" to "curious" or "ready."
- Tailor the specific messaging based upon tactic and target sub-population.
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[2] Kaiser Family Foundation COVID-19 Vaccine Monitor: In Their Own Words, Six Months Later, Jul 13, 2021

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

Recognizing that cross-agency coordination is critical in the COVID-19 vaccination effort, CenCal Health will solicit feedback on our local media campaign efforts and planned communications from key community stakeholders. This will help to ensure that CenCal Health does not contribute to information fatigue among the unvaccinated population.
CenCal Health will also leverage its partnerships with these community stakeholders to distribute and/or promote the various tactics in the local media campaign.

Some of our key community stakeholders in the feedback and distribution processes may include:
- County public health departments
- County Promotores networks
- Local Homeless Service agencies
- School districts and colleges/universities
- Primary healthcare providers
- CenCal Health's Community Advisory Board
- Indigenous advocacy organizations

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.

CenCal Health has completed an essential first step in our effort to collaborate with schools and colleges, which was to catalog all schools offering on-site vaccination.

Through this research, our findings indicate that school districts in more rural, politically conservative areas are less likely to participate in COVID-19 educational or vaccine events. While more school districts in Santa Barbara County are open to vaccine uptake efforts, many school districts in San Luis Obispo County are not.

Middle and high school students also present a particular challenge. Students ages 12 through 17 require parental approval for vaccinations. This means that onsite vaccination clinics will require prior parental consent, a critical consideration when implementing our planned strategies.

The largest public colleges in our two counties require vaccination for all students, except those who have a documented medical or religious exemption. Nevertheless, CenCal Health will continue to communicate with the colleges to coordinate messaging and offer support.
CenCal Health will explore the following strategies in its effort to collaborate with schools and colleges:
- Increase on-site school vaccine availability, especially in critically underserved areas like Santa Maria, Lompoc, Guadalupe, and others.
- Offer posters at middle and high schools with the QR Code for CenCal Health's website, described in Question 5.
- Offer to host Q&A events with a physician on school sites for parents.
- Hold Pop-up clinics at major school events, like homecoming, sports events, etc.

Most importantly, for efforts targeting children, messaging must speak to the decision-maker (i.e., parent, guardian) and talk to the teen, as they have an essential part of the decision-making process.

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.

First, CenCal Health will use evidence-based language for all content development, as described in Question 1. Nearly all materials developed address misinformation, due to its prevalence.

Second, CenCal Health will ensure that staff working on COVID-19 vaccination outreach are trained in communication best practices. Several staff recently completed training on messaging for COVID-19 vaccine hesitancy and will continue to attend additional training. Key communication strategies from these trainings that will be adopted by CenCal Health when creating materials and/or conducting communications include:

- Strategies for communication to specific sub-populations that are more likely to oppose COVID-19 vaccination
- Tailoring communications to the Stages of Change and the Cycle of Vaccine Readiness
- Motivational Interviewing, HEAR technique, and Ask-Tell-Ask technique

Third, CenCal Health will focus specifically on the concerns of the Medi-Cal population by developing a website dedicated to countering misinformation, lies, mistrust, myths, etc., surrounding COVID-19 that inhibit vaccine acceptance. CenCal Health has already licensed the use of the website URLs, www.WhyIShould.org and www.porquedeberia.org/.com. Content will include:

- Immigration concerns (sharing data with ICE, for example) gleaned from https://immigrantguide.ca.gov/en/covid19/ and others.
- Concerns about missing work from vaccine side effects.
- Laws protecting CA residents from job loss resulting from time off for vaccination side effects & COVID-19 illness.
- Transportation issues.
- Cultural-based concerns, such as addressing BIPOC, the Tuskegee Experiment, and other government mistrust.
- Address children directly with reasons to get vaccinated.
- Other member-identified issues identified from the results from the planned member survey (see Question 17).
- Vaccination locations.

This website will be promoted on all member materials, on social media posts, advertising, and text messages. We will drive our members to the site through QR codes and URLs.

Finally, we aim to include messaging in all materials that address the three persuasive trends that the Kaiser Family Foundation found, as discussed in Question 3.

6. Describe how the MCP will partner with trusted community organizations (e.g., Indian health facilities, faith-based partnerships, advocacy groups, food banks, race/ethnic based organizations) that can assist with outreach, communication content and messaging, and identify strategies as defined above, which can be used to also target Medi-Cal Fee-For-Service beneficiaries. Character limit: 2,500 characters.

CenCal Health is proud of its strong relationships with community-based organizations (CBOs) by working cooperatively with a wide variety of local organizations in our 38-year history as the County Organized Health Plan for Santa Barbara and San Luis Obispo counties.

CenCal Health will continue to communicate regularly with trusted community organizations in our service area, including Public Health Departments, county Promotores networks, and various CBOs. Coordination between as many organizations as possible is vital to ensuring that messaging to the community is consistent and allows for promoting each other's events.

It is important to note that all county public health-based vaccination efforts are aimed at the general public, which will also, by default, address Fee-For-Service beneficiaries.

CenCal Health has formed strong relationships with community organizations and will work to expand its partner network specifically in the faith-based and race/ethnic-specific organization areas. In leveraging these partnerships, we can work to disseminate Plan-approved messaging and more effective outreach to members.

Community organizations that operate as "boots on the ground" can support member outreach, as they often have closer links to our member population. These partner organizations can support our planned strategies in the following ways:
- Disseminate messaging consistent with the Health Plan
- Support the Plan by doing targeted outreach to unvaccinated members in the organization's service area
- Collaborate to hold and market pop-up vaccine clinics in regions that have a high number of un-vaccinated members

In particular, CenCal Health will maintain and/or build partnerships with CBOs that serve our identified target populations, including:
- School districts and colleges: to collaborate on strategies targeting the 5—25 sub-population, as described in Question 4.
- Mixteco/Indigena Community Organizing Project (MICOP): to collaborate on outreach targeting the Indigenous population.
- Farmworker Task Force Coalition: to collaborate on strategies targeting farmworker, indigenous, and minority populations.
- NAACP: To collaborate specifically for outreach to brown/black member sub-population.
- County Public Health Departments support mobile and/or pop-up vaccine events, as described in Question 7.

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.

CenCal health recognizes that, fundamentally, COVID-19 is a public health crisis. We are in constant communication with our local public health departments to ensure that our efforts are aligned.

CenCal Health collaborates locally with the Santa Barbara County Public Health Department and the San Luis Obispo County Public Health Department in several efforts surrounding COVID-19 vaccinations, including participating in each county's routine Vaccine Task Force meetings. CenCal Health continues to prioritize efforts focused on our two local county public health departments, as they have a broad, established vaccine distribution and relationships with key local CBOs.

Upon completion of this Vaccination Response Plan, CenCal Health will meet with leaders at both County Public Health Departments to share our planned strategies. We will also continuously provide routine updates at the aforementioned Task Force meetings to ensure that County Public Health's vaccine response strategies and CenCal Health's programs are in coordination, and to ensure that we are getting valuable stakeholder input from the CBOs in attendance of the meetings.

CenCal Health will also present periodic updates on the VRP Implementation at monthly Board Meetings. Our two counties' public health executives sit on our governing board. This will serve as one additional way that we stay coordinated on VRP efforts.

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.

COVID-19 Vaccination Identification and Monitoring Systems: In future years, building additional capacity to address member vaccination needs largely relies on data tracking and streamlining outreach efforts. In recognition of this vital need, CenCal Health invested in developing Information Technology systems to programmatically identify and stratify categories of members without COVID-19 vaccination, members due for additional vaccination, and members that completed vaccination.

Clinically-Meaningful Member Stratification: CenCal Health's mechanisms to identify individual members based on COVID-19 vaccination completeness are routinely executed on-demand to assess progress to achieve greater population health. The member data available from CenCal Health's systems to evaluate vaccination completeness include additional demographic data elements that identify individuals with known factors that a) may be barriers to vaccination access and/or b) increase health risk associated with COVID-19 infection. These factors include but are not limited to age category, racial category, spoken language, and specific types of chronic disease identified by the CDC as risk-increasing comorbidities.

<u>Education and Follow-Up:</u>
CenCal Health uses the above data elements to stratify members in need of COVID-19 vaccination to prioritize and tailor educational outreach for members, depending on their risk level.
Additionally, CenCal Health has begun the development of an authenticated member portal, which would integrate member-level data. This integration would allow for messaging to members including reminders for vaccines. In addition, it will include both emergent health messages and current-event relevant health tips (e.g., how to avoid exposure to COVID-19).

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.

CenCal Health gives members information about transportation and interpreter services in almost all outreach points. Examples of these outreach points include:
- Text messaging: Scripts can easily include transportation information or a link to this information.
- Case/Disease Management: Members enrolled in CM and DM are coached on Plan services available to support them with transportation and language needs.
- Direct mailings: CenCal Health often sends targeted, direct mailings to members to promote health education messaging. All mailings at the minimum point the member to Member Services for support in accessing services, while several specifically describe transportation and language services.
- Member Services: Call center representatives can help connect members to resources they need, including but not limited to appointment, transportation and language services. They are also able to help with scheduling appointments and doing warm handoffs.
- CenCal Health's general website.
- CenCal Health's custom COVID-19 website: Discussed in Question 5.

The Plan will also explore direct telephonic outreach to sub-populations of unvaccinated members. Feedback from our local public health department has highlighted a gap in the COVID-19 vaccination effort that CenCal Health could help to fill—direct telephonic outreach. This outreach would serve as direct support to enhance COVID-19 vaccination uptake and would focus on the elements described above:
- Identifying where in the Cycle of Vaccine Readiness the member is.
- Communication to support their vaccination decision
- Connecting to services such as transportation and language services
- Assistance in creating a vaccine appointment

CenCal Health will need additional staff in order to complete this strategy, and will explore the feasibility of hiring temporary staff to conduct this outreach.
Finally, the Plan will explore a peer advocacy strategy. As research develops, one promising strategy for the COVID-19 vaccination uptake is peer encouragement. CenCal Health will further explore the potential for supporting a program focused on facilitating discussion and advice from a trusted peer in the unvaccinated community.
Peer advocates would focus on:
- Identifying where in the Cycle of Vaccine Readiness the member is
- Communication to support their vaccination decision
- Connecting to services such as transportation and language services
- Assistance in creating a vaccine appointment

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.

CenCal Health recently completed a survey of our largest Primary Care Provider practices to determine which sites were administering COVID-19 vaccinations on site. Of the Primary Care Provider sites in our service area, only about 30% are administering COVID-19 vaccinations.

CenCal Health has used this survey information to determine the most significant geographic gaps ("pockets") in PCP COVID-19 vaccination administration. Thus far, the survey data indicates that no PCPs offer COVID-19 vaccines in Buellton, Los Osos, Morro Bay, Paso Robles, or Pismo Beach.

For a description of how CenCal Health will encourage PCPs in these areas to administer COVID-19 vaccination, see Question 10c below.

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

CenCal Health understands that a recommendation from the PCP is one key factor in vaccination uptake.

CenCal Health will collaborate with our PCP network to conduct outreach to members. It is critical to empower PCPs as they can significantly impact vaccination uptake. Some of the strategies we will implement include:

- Continue to provide lists of unvaccinated patients to PCPs, via the provider portal.
- Hold vaccine clinics at provider sites. Facilitate logistical considerations and provide marketing support.
- Create and disseminate a comprehensive Provider Tool kit, including
    - "Get vaccinated! Ask me how!" buttons
    - Communication handout, with simple, targeted messaging to help clinicians and staff address vaccine hesitancy & misinformation.
    - Patient education posters and brochures, which give FAQ's and include QR codes to CenCal Health's dedicated COVID-19 website
- Provide lists of members who have received Plan-distributed text messages so that the members' PCP can follow up and conduct additional outreach.
- Create a "Know More: COVID-19" animated educational video that focuses on vaccine messaging and offer it to PCPs to use in clinic waiting rooms (to play on TVs or patients' smart devices).
- Provide financial incentives to PCPs that administer COVID-19 vaccines for their unvaccinated patients.

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

CenCal Health understands the physical, operational, and financial barriers PCPs face when administering COVID-19 vaccines. We will implement several strategies to eliminate the common barriers and increase the number of PCPs enrolling as vaccine providers.

Specifically, CenCal Health will explore the feasibility of purchasing COVID-19-compliant vaccine refrigerators for PCPs. As the myCAvax program is quickly ending, we foresee that many providers will either not apply, or will not meet the September 10, 2021 application deadline. Our funding could help local PCPs gain access to much-needed refrigerators.

Note: Given the clear benefit having PCPs provide vaccinations, and the trust patients have in their PCPs, the State should extend funding for providers to purchase vaccine refrigerators.

CenCal Health will also facilitate communication between PCPs and the respective County Public Health Departments. Feedback has indicated an occasional communication breakdown between PCPs interested in offering the vaccine and the Public Health departments, resulting in PCPs not having access to actual vaccine doses to administer. CenCal Health can leverage its relationships with Provider networks and the local public health departments to ensure all PCPs who wish to provide vaccines can do so.

Last, we will explore the feasibility of providing financial incentives to PCPs who administer COVID-19 vaccines for unvaccinated patients, or otherwise facilitate actions that result in increasing their member/patient's overall first-shot rate.

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.

CenCal Health will support pop-up vaccination clinics and other vaccination sites by providing supplemental marketing to identified target members for pop-up and/or mobile vaccine events. The San Luis Obispo County Public Health Department will notify us of planned mobile and/or pop-up vaccine events beforehand, which will trigger several tasks:

- CenCal Health will identify a list of members whose residential address is nearby the vaccine event location, using zip code information.
- CenCal Health has developed a postcard template that will allow for quick customization to a vaccine event's details. Custom information will include
    - Day/Time/Location
    - Type of vaccines offered (and corresponding messaging if Pfizer is available for ages 12-17)
    - Details on any incentive, appointment requirements, etc.
- CenCal Health will send customized postcards to members who live nearby the vaccine event, with processes in place to ensure postcards are at members' homes five days before the event.

CenCal Health will also explore creating a similar process with the Santa Barbara County Public Health Department.

CenCal Health will develop partnerships with faith-based organizations to plan or support existing plans for on-site vaccination clinics. We will also offer posters with QR codes linking to

CenCal Health's COVID-19 website and encourage information sharing about pop-up clinics in the area.

CenCal Health understands that our counties are already partnering with Promotores to disseminate information about vaccine events and providing vaccination education. CenCal Health will continue to communicate with County Public Health Departments and Promotores Networks to support this partnership.

Finally, CenCal Health will explore options for making neighborhood, mobile, and pop-up vaccine events more attractive to families (using promotions such as food trucks, open-air entertainment, etc.

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 general, our messaging will:
- Encourage walk-up, no-appointment-necessary locations.
- Highlight after-hours and weekend locations.
- Highlight providers who are giving vaccinations in-office.
- Highlight digital and mobile tools GETVAX / VACUNA

We have several specific strategies planned that will make getting a vaccination as convenient for members as possible.

- Text messaging:
  - First: Households with members age 18 and above, we propose messaging with a direct call to action: "The majority of hospitalizations and deaths are now among the unvaccinated. Get vaccinated."
- In-home vaccinations: See Question 14.
- Education during in-bound calls: CenCal Health will create a flag for unvaccinated members in the software used by Call Center Staff. If a member calls in with a question, the Member service Representative (MSR) will be notified that this member is unvaccinated. CenCal Health will develop a simple one-pager and provide communication training for MSRs to prepare them to speak with the member about COVID-19 vaccination and encourage them to make an appointment.

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.

While DHCS' desire to focus on "homebound" members is understandable, it poses an obvious concern: No code identifies a member as "homebound." We will do our best to identify this sub-population, by compiling a database of members who:
- Are enrolled in Skilled Nursing Facilities (though we realize that not all SNF residents meet the "homebound" definition.)
- Have claims associated with wheelchairs, crutches, or other assistive devices
- Have claims for Assisted Transportation
- Are already receiving In Home Supportive Services

If our direct telephonic outreach strategy (as described in Question 9) proves to be feasible, we will utilize that resource to outreach to these identified homebound members and offer transportation assistance to a vaccination appointment.

For those members that are unable to leave the home, we are exploring partnerships with home-health providers in our area to offer in-home vaccinations. See question 14 for more details.

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.

Patients visit a pharmacy an average of 35 times per year, compared to an average of four medical provider visits.[3]

Pharmacies pose a particular challenge due to the implementation of Medi-Cal Rx on January 1, 2022, removing the majority of connections between CenCal Health and the pharmacies in our service area. After January 1, our ability to reach members using special message coding will end.

Nevertheless, CenCal Health has planned strategies to collaborate with pharmacies to promote the COVID-19 vaccination.
We will continue to promote to members those pharmacies that have walk-in vaccination available.

We will explore creating a "soft stop" on pharmacy screens for all unvaccinated members. When members visit the pharmacy to fill a prescription, speak with a pharmacist, or other reason, pharmacy staff will be able to identify unvaccinated patients quickly and will be able to offer them on-site vaccination at the point of service.

Finally, we will explore using member pharmacy data to identify preferred pharmacies used by members, and perform targeted mailings highlighting their preferred pharmacies vaccination location details (days, times, whether appointments are needed, etc.).

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

CenCal Health has planned strategies to increase access to the COVID-19 vaccine by bringing vaccinations directly to our unvaccinated members.

One potential strategy we will explore is to support households that have multiple unvaccinated members with in-home vaccination services. In August, CenCal Health pulled preliminary data and found that over 4,300 households contained at least three (3) unvaccinated/partially vaccinated members ages 12 and up. Targeting households with multiple unvaccinated members would allow in-home vaccination services to have the most significant impact, as well as maximize the attractiveness of member incentives.

Regarding this potential strategy, we will explore contracting with an agency, such as in home Supportive Services, to provide in-home vaccination and thus overcome access barriers for this member population. As discussed earlier in this document, there is no way to identify

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[3] "Pharmacists Want More Time with Patients," Fred Gebhart, Drug Topics Journal, March 18, 2019, Volume 163, Issue 3.

"homebound" members, as there is no aid code. Thus in-home efforts will primarily focus on households with multiple unvaccinated members. Homebound members, if identification becomes possible, will become another target population in this strategy in the future.

As previously discussed, CenCal Health will also notify members if/when they live near an upcoming mobile, neighborhood, or pop-up clinic. See question 11 for more details.

Finally, CenCal Health will conduct an analysis of unvaccinated members to determine which zip codes represent the largest gap in vaccination status. We will offer this data to our County Public Health departments, to encourage that their mobile and pop-up efforts target these communities.

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.

CenCal Health's COVID-19 Data Sources: CenCal Health's Information Technology system programmatically identifies member vaccination status through data supplied by DHCS.

Clinically-Meaningful Member Stratification: As noted above, CenCal Health uses mechanisms to identify data elements which distinguish individuals with known factors that may be barriers to vaccination access and/or increase health risks associated with COVID-19 infection. The data elements used for CenCal Health's member stratification include but are not limited to: place of residence, age category, racial category, spoken language, and many specific chronic diseases that are identified by the Centers for Disease Control & Prevention as risk-increasing comorbidities.

Identification for Outreach: Since CenCal Health's COVID-19 informatics systems were developed to specifically evaluate individual members and categorize by risk stratification level, CenCal Health performs granular and aggregate analysis as needed for educational outreach, re-assessment, and follow-up.

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.

CenCal Health may share aggregate data with local public health departments and community agencies upon request, as this information has occasionally been requested to help with county/agency epidemiological efforts.

Individual member level data may be shared with trusted partners to help with collaborative outreach efforts, including, but not limited to:
- Supportive outreach conducted by community partners (such as Promotoras) to CenCal Health members
- Data sharing for member incentive distribution tracking
- Other projects and collaborations as strategies develop

CenCal Health has created member level reports for each PCP location, which list all the unvaccinated members assigned to that PCP. These reports are updated and posted on the Provider Portal each month to drive PCP outreach to their unvaccinated patients. As discussed in Question 10b/c, we will explore the feasibility of offering PCPs a financial incentive for this outreach.

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.

<u>Use of Data & Data Integration</u>: In addition to the data obtained by DHCS, CenCal Health's Information Technology systems identify members based on COVID-19 vaccination status based upon data that CenCal Health independently obtains from CAIR. The CAIR data is evaluated by CenCal Health to remove any member data unaffiliated with CenCal Health. A complex sequence of steps is programmatically applied to all data to assure high reliability before its use to monitor COVID-19 vaccination completeness. CAIR data is then combined with CenCal Health's provider and member data, including demographic and historical claims data, to complete an informative historical profile of risk and clinical status for each member.

<u>Report Automation:</u> The combination of data from distinct sources maximizes the reliability of routine reporting. The automated consolidation of data enables efficient tracking of trends in performance for all of the seven DHCS COVID-19 Incentive Program Vaccine Uptake Outcome Measures and one Intermediate Outcome Measure.

<u>Prioritized Member Identification</u>: All outreach and follow-up monitoring comprises integrated actionable member-level information. All member-level information that is the product of CenCal Health's vaccination surveillance system identifies the subscriber and household for outreach to each member in need.

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

CenCal Health will determine local misinformation trends and root causes for low vaccination rates/vaccine hesitancy through a direct member survey.

We are currently developing a member survey for 5,000 randomly selected members who have not been vaccinated to be sent to member households on September 10, 2021. This survey aims to understand local trends related to misinformation, vaccine hesitancy, and barriers to vaccination.

CenCal Health is ensuring that results will be comprehensive and representative of our entire local population in the following ways:
- The survey will be sent to members in both of CenCal Health's service counties, Santa Barbara County, and San Luis Obispo County
- The survey will be sent in both English and Spanish.
- Members are given the option to complete the survey on paper or online.

Members will be given a $10 gift card for responding to the 12-question survey, an incentive that DHCS has approved. Results will help CenCal Health understand barriers with a local perspective, and inform our messaging and communications moving forward.

CenCal Health also stays apprised of local trends related to misinformation, vaccine hesitancy, and barriers to vaccination. This is achieved through regular internal communication with our member-facing staff, including Member Services Representatives, and Case Management nurses, as well as through participation in community meetings with county public health departments, health agencies, and community-based organizations. Each of the above

described sources is a wealth of knowledge related to COVID-19 vaccine hesitancy in their service population, and information is shared and noted during task force meetings.

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.

CenCal Health's Population Health unit will oversee an organization-wide program dashboard to track all strategy implementation for the Vaccine Response Plan. This dashboard will encompass all Vaccine Response Plan and APL 20-010 requirements. It will include data descriptors such as strategy, tasks, responsible staff, due dates, and other information necessary for complete and organized program implementation.

Implementing the Vaccine Response Plan will be an organization -wide effort, with stakeholders in nearly every department. The dashboard will ensure that all company stakeholders are coordinating and are up-to-date on strategy implementation efforts.

CenCal Health will also create a tracking workbook to monitor the distribution of direct member incentives. Each member incentive distributed will be entered into the workbook and accounted for. Critical information will be tracked, including:
* Amount and type of incentive
* Date distributed
* Member ID receiving the incentive
* Any partnering community or provider partner

Finally, CenCal Health has created a data dashboard to monitor progress on all outcome measures described in APL 20-010 and Attachment A. Using this dashboard, we will monitor progress on outcome measures as the Vaccine Response Plan is implemented, evaluate success in real time, and respond where we might need to alter our planned strategies and approaches.

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

CenCal Health will adhere to the guidance offered by the Office of the Inspector General, FAQ document "Application of OIG's Administrative Enforcement Authorities to Arrangements Directly Connected to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency."
As the OIG explains, offering member incentives in the context of the COVID-19 public health emergency is considered acceptable as long as the following considerations are met.
* The incentive or reward is furnished in connection with receiving a required dose of a COVID-19 vaccine (which could include either one or two doses, depending on vaccine type);
* The vaccine is authorized or approved by the Food and Drug Administration (FDA) as a COVID-19 vaccine and is administered in accordance with all other applicable Federal and State rules and regulations and the conditions for the provider or supplier receiving vaccine supply from the Federal government;
* The incentive or reward is not tied to or contingent upon any other arrangement or agreement between the entity offering the incentive or reward and the Federal health care program beneficiary;

- The incentive or reward is not conditioned on the recipient's past or anticipated future use of other items or services that are reimbursable, in whole or in part, by Federal health care programs.
- The incentive or reward is offered without taking into account the insurance coverage of the patient (or lack of insurance coverage) unless the incentive or reward is being offered by a managed care organization and eligibility is limited to its enrollees; and
- The incentive or reward is provided during the COVID-19 public health emergency.

CenCal Health is committed to complying with all the above-stated requirements when providing direct member incentives.
In addition, in most paper-based and online tactics, we will reiterate that enrollment in Medi-Cal is not based upon COVID-19 vaccination status.

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.
CenCal Health does not have any Subcontractors with which to partner.

21. Are direct member vaccine incentives a planned strategy? If so, please explain the strategy. Character limit: 2,500 characters.
Yes, direct member incentives are a planned strategy.
CenCal Health will offer incentives to the entire population of unvaccinated members (members with zero doses). The incentive will focus on getting members vaccinated with their first dose of a two-dose immunization, or their only dose of a single-dose immunization. Targeted incentive programs will be developed in partnership with PCPs, CBOs, schools, and/or other community partners.

CenCal Health will make an extra effort to promote the incentives to sub-populations with the lowest rates as determined by our baseline rate document, including ages 12—25 and certain racial/ethnic groups.

CenCal Health will offer members with zero doses $50 to receive their first dose. The strategy is to use the maximum incentive allotment to encourage them to start their vaccination series, as follow-up for second vaccination dose is already routine practice among COVID-19 vaccine administrators.

We will establish strategies for facilitating follow-up for those members who have received a second dose. Many will already have received communication from the vaccine administrator (e.g., via follow-up email, text, or phone call), and CenCal Health will explore ways to ensure that all members receive follow up from public health, CBOs, and/or PCPs.

CenCal Health will also explore the feasibility of direct telephonic outreach (as described in Question 9) to remind members of their second dose.

CenCal Health will message to unvaccinated members using the tactics described in Question 1 while tailoring specific messaging to sub-populations.

All unvaccinated members will receive a targeted mailing notifying them of the availability of the incentive. Messaging around the incentive will ensure that members know that vaccine distribution is uniform and standardized, and that all members are entitled to an equal incentive.

Subsequent efforts will focus on sub-populations that have the lowest rates of vaccination, to develop and promote targeted incentive programs and tailored messaging.

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.

CenCal Health will meet the DHCS guidelines in the following ways:

- Institute controls to ensure member incentives are only available for medically necessary vaccinations (i.e., MCPs have controls to track vaccinated members to ensure no duplicative member incentives).
    - See question 18 for a description of the tracking for medically necessary (i.e., unvaccinated) members
- Ensure that the value of member incentives is reasonable for "in-kind" incentives (i.e., non-cash or cash-equivalent).
    - CenCal Health will adhere to the policy that member incentives will be limited to a maximum of $50 per member.
- Verify member incentives do not exceed $50 per member (single or multi-dose).
    - This will be ensured through our tracking mechanism described in question 18.
- The value of member incentives must be uniform and standardized.
    - CenCal Health will adhere to its Member Incentive plan described above to ensure that member incentives offered are uniform and standardized.
- Member incentives must be provider agnostic and on equal terms for all vaccinations administered by all participating Medi-Cal-enrolled providers, regardless of their Network Provider status or relationship with the MCP.
    - CenCal Health will not customize its vaccine plan per provider and instead offer uniform and standardized incentive amounts.
- Ensure member incentives are issued by the MCP directly and not through Subcontractors, Network Providers, or non-contracted providers unless DHCS grants prior approval for an exception from this requirement. MCPs can use a vendor for member incentives with prior approval from DHCS.
    - CenCal Health will issue member incentives directly, likely through direct mailing to members.
- Demonstrate that 100% of applicable MCP incentive payments for direct member vaccine incentives are expended on direct incentives to members.
    - See Question 18 for a description of this control mechanism.
- The incentive meets the six safeguards outlined in the U.S. Department of Health and Human Services Office of the Inspector General guidance to ensure sufficiently low risk under the Federal anti-kickback statute and Beneficiary Inducements Civil Monetary Penalty.
    - See question 19 for this description.

To ensure that direct members' incentives do not exceed $50 per member, and that there is no duplication of member incentive fulfillment, CenCal Health has planned a comprehensive tracking workbook. See question 18 for a detailed description of this tracking mechanism.

Direct Member Vaccine Incentives

There will be a $100M pool of funds available for MCPs to utilize for direct member vaccine incentives (e.g., $50 gift card to grocery store). In order to draw funds from the direct member incentive pool, MCPs must attest to meeting the following requirements and include their direct member vaccine incentive strategy in their Vaccination Response Plan:

- Institute controls to ensure member incentives are only available for medically necessary vaccinations (i.e., MCPs have controls in place to track vaccinated members to ensure no duplicative member incentives).

- Ensure that the value of member incentives is reasonable for "in-kind" incentives (i.e., non-cash or cash-equivalent).

- Verify member incentives do not exceed $50 per member (single or multi-dose).

- The value of member incentives must be uniform and standardized.

- Member incentives must be provider agnostic, and on equal terms for all vaccinations administered by all participating Medi-Cal-enrolled providers, regardless of their Network Provider status or relationship with the MCP.

- Ensure member incentives are issued by the MCP directly, and not through Subcontractors, Network Providers, or non-contracted providers, unless DHCS grants prior approval for an exception from this requirement. MCPs can use a vendor for member incentives with prior approval from DHCS.

- Demonstrate that 100% of applicable MCP incentive payments for direct member vaccine incentives are expended on direct incentives to members.

- The incentive meets the six safeguards set forth in the U.S. Department of Health and Human Services Office of the Inspector General guidance to ensure sufficiently low risk under the Federal anti-kickback statute and Beneficiary Inducements Civil Monetary Penalty.