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Medi-Cal Managed Care Plan Name: Gold Coast Health Plan (GCHP)

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.

Gold Coast Health Plan (GCHP) will share information about the COVID-19 vaccine from credible sources like the Centers for Disease Control and Prevention and the California Department of Public Health, and encourage vaccination in members, including DHCS defined populations, by:

- Posting the information on GCHP's website that directs members to evidence-based information
- Including an article in the GCHP member newsletter.
- Doing a text messaging campaign that targets unvaccinated members.
- Mailing information to members that we are unable to reach by phone.
- Going on radio station programs and participating in Facebook Live events to encourage members to get vaccinated.
- Including articles in the GCHP community newsletter (goes out to community-based organizations that serve GCHP's members).
- Creating culturally sensitive collateral materials in our threshold languages for CBOs to disseminate to their populations.
- Including articles in the GCHP provider newsletter.
- Using the CORES database, give providers a list of unvaccinated and partially vaccinated members so they can reach out to them directly.

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

GCHP will partner with the Ventura County Public Health Department ("County Public Health") to hold vaccination events in communities where data show that unvaccinated members live. Those events will be promoted through:

- Posting information on the GCHP website.
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- Creating and distributing flyers in the community ahead of the event.
- Text messages/robocalls alerting members to the event.
- Radio, newspaper, and digital ads promoting the event schedule.
- Email blasts to our provider systems, community-based organizations, and local school districts asking them to share the events through their communication channels.

GCHP also will leverage events that are already being held in those communities and will share messaging with those partners.

Through these same communication channels, GCHP will also direct members to the MyTurn website, their primary care providers, and vaccinating pharmacies.

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.

GCHP plans to run ads in local newspapers and radio stations in our threshold languages to let members know about:

- The resources that are available to them to facilitate getting a vaccine (e.g., transportation, language assistance).
- The dates and times of upcoming vaccination events that target specific communities.

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

To counter misinformation, GCHP's health care leaders will participate in a fact-vs.-fiction campaign that will include:

- Appearances on radio programs in our threshold languages.
- Participation in Facebook live events hosted by our community partners whose populations of service overlap with GCHP's.
- Hearing directly from our members about their vaccine concerns.
- Working with providers to understand what their patients are telling them about the vaccine.
- Using data collected from our focus groups and surveys and leveraging the research that our partners are doing through similar endeavors to inform future messaging.
- Engaging our Provider and Community advisory committees and the attendees of our Quality Improvement collaborative meetings to understand the misinformation from their perspective.
- Messaging that is tailored to the barriers for the different subgroups (e.g., those who feel they don't need the vaccine because they feel invincible, those who distrust the government).

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

GCHP has strong relationships in the community and will be leveraging them through participation in collaborative groups and joint operations meetings to develop co-branded messaging for the communities they serve to encourage them to get vaccinated. The messaging will be used in ads in local media outlets to promote vaccination events in the community. One of those outlets is [REDACTED], a radio station that targets the County's indigenous population.

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.

GCHP will leverage its relationships with the Ventura County Office of Education, the Ventura County Community College District, California State University, Channel Islands, California Lutheran University, the Oxnard School District and other districts, and colleges to host on-campus vaccination events [REDACTED]

[REDACTED] Whenever possible, GCHP will aim to plan vaccination events in coordination with existing events (e.g., backpack distribution events, back to school nights, after school programs, sporting events, food distribution) to maximize exposure. GCHP will use the schools' communications channels to notify students and/or their parents about the on-campus or nearby vaccination events. GCHP also will partner with the County Public Health to leverage its partnerships with schools.

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.

GCHP recognizes that combating misinformation and engaging with our members regarding vaccine hesitancy are key to raising Ventura County's vaccine uptake. GCHP's approach to misinformation and hesitancy is to listen to its audience to understand their hesitation and then use that information to tailor messaging to them. GCHP intends to engage with local CBOs, faith-based organizations, local education agencies, and local health departments to engage in monthly focus groups and formal and continuous informal surveying of the specified populations of focus to understand vaccination hesitancy and to evaluate measures put in place to understand the impact of GCHP's engagement. GCHP and its partners will design discussions with

the focus populations that allow its participants to express their viewpoints that provide GCHP with indicators and later program impacts. Our goal is to allow focus group interviews to cultivate a variety of perceptions and views.

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.

GCHP will leverage existing relationships with community organizations in areas with low vaccination rates to understand the needs of the communities they serve (e.g., food, housing, social services). GCHP will partner with agencies, [REDACTED], that work to address those identified needs and will hold community events that provide those resources in conjunction with vaccinations through a partnership with County Public Health. In addition, with County Public Health holding about 11 vaccination events per week, GCHP staff will attend those in the communities with the highest disparities to provide information on member incentives and other resources. GCHP also will work with community health workers, who are trusted members of the community and have intimate knowledge about the needs of the community, to amplify their message.

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.

Data: By partnering with County Public Health, GCHP leverages access to real-time vaccine data through the California Immunization Registry (CAIR) and California Open Research Database (CORD) to supplement the DHCS utilization data, which is delayed due to claims lag. Partnership with County Public Health facilitates collaboration in hosting large-scale public vaccination events and mobile vaccination services.

- Community-based vaccination pods: GCHP will also continue to partner with the local health departments for large-scale public vaccination events, which are held strategically in areas with low vaccination penetration rates and at agricultural employer sites for farmworkers. These areas also have high concentrations of Hispanic/Latino members. GCHP will continue using the local health department's mobile vaccination van for increased access to populations identified with disparate gaps in vaccination rates or completion of a second dose through our data sources. To leverage the field-based nursing infrastructure, GCHP will explore incentive or grant opportunities to coordinate with County Public Health nursing to offer home-bound members access to the vaccine within their home.

- **Provider Support:** GCHP will collaborate with providers with low penetration vaccination rates to promote vaccine access for members and to become a vaccination site. GCHP will leverage the existing infrastructure of County Public Health to provide onboarding, training, and technical assistance to providers with low vaccination rates or who are interested in becoming a COVID-19 vaccinator.

Additionally, we will continue to provide our health care systems with a forum to support vaccine efforts, learn best practices across systems, and share with County Public Health. In October 2021, County Public Health's vaccine coordinator will present any relevant updates regarding the Ventura County Vaccine Equity Initiative, including disparity areas identified through the CDC CORD database, as well as solicit input from our local health care system leaders.

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.

GCHP will use the Vaccine Incentive Program as a foundational structure to build capacity beyond the performance period. Building upon lessons learned through the performance period, GCHP will identify barriers to vaccination acceptance by engaging our providers and community-based partners, strengthening community-based partnerships, and creating new pathways for network providers to vaccinate GCHP's membership. Developing culturally competent interventions and deploying strategies that will promote individual and community health choices is paramount to GCHP's long-term strategies. GCHP will reach these goals by refining its use of Quality Improvement and Population Health Management strategies for database mining, gap reports identification for providers, outreach to members regarding vaccination benefits, continued incentives for members during the COVID-19 public health emergency, and education campaigns through traditional and nontraditional media sources.

GCHP will normalize the vaccine into the usual vaccine protocols for children and adults. GCHP will focus on enhancing the network of vaccinators, particularly in pediatrics, which was identified by County Public Health as a gap. GCHP will work with them to educate them through the Ventura County Medical Association about CalVax incentive resources for signing up and how to overcome paperwork burden.

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.

GCHP will partner with key stakeholders including, but not limited to, providers, community-based organizations, County Public Health, faith-based programs, small businesses, agricultural companies, schools, colleges, after school programs, sporting events and other programs to provide information and support for members with

language and access barriers to scheduling vaccine appointments. GCHP will collaborate with its transportation vendor to create a mechanism to offer vouchers for rides to families who do not meet the eligibility criteria for Non-Emergency Medical Transportation services and are traveling with more than one child. GCHP will use a multi-disciplinary approach to assist members in navigating the vaccination appointment system. GCHP provider network clinics and GCHP Health Education, Cultural and Linguistic Services, Care Management, Member Services, Communications, and Community Relations departments will also be available to assist members with scheduling appointments, transportation, and interpreter services.

GCHP will use both traditional and non-traditional communication methods of informing members and the public of resources and support for low-income, Medi-Cal members to schedule vaccine appointments. Traditional communication methods include print and radio media campaigns in our threshold languages; social media, including Facebook and WhatsApp, newsletters, direct mailing, posters; flyers and other promotional materials that will assist members with identifying resources to getting vaccinated. Non-traditional educational campaigns include the use of peer-to-peer educators, community health workers, promotoras, and volunteers to participate in outreach activities, health fairs, tabling at local grocery stores in key neighborhoods with low vaccination rates, canvassing neighborhoods, visiting agricultural fields, farmworker labor centers, malls, and other locations popular with our members. GCHP will partner with organizations that service the indigenous population, [REDACTED] to ensure information about free resources and support for getting vaccinated is available in their preferred language. GCHP offers interpreting services in more than 200 languages, including 25 indigenous languages and dialects.

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.

GCHP's major provider systems are vaccinators, and County Public Health is holding about 11 vaccination events per week. GCHP also is referring members to the MyTurn website to make appointments.

- GCHP's analysis utilizing CAIR2 data indicates that as of August 2021, [REDACTED] . Significantly low vaccine penetration rates by zip code include the City of Port Hueneme and the Oxnard communities of El Rio and South Oxnard.

Leveraging data from Ventura County Recovery Website, the California Vaccine Dashboard reveals that [REDACTED]. The data show the following disparities:

- The percent of Hispanics in Ventura County is [REDACTED].
- [REDACTED]
- Zip Codes below County [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

*Source: City-Data.com

Understanding the pockets with low vaccination rates, GCHP will work with County Public Health to hold vaccination events in these communities. County Public Health is considering advertising events to let people know that they will be going door to door on specific days and times.

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

GCHP will prepare, analyze, and share data reports with PCPs that support overall and targeted increase in vaccination rates for the overall membership and for populations of focus. Vaccine gap reports will include demographic areas of focus, age, and racial and ethnic demographic data to support addressing health disparities.

By partnering with County Public Health, GCHP leverages access to real-time vaccine utilization data through the California Immunization Registry System (CAIRS) and the California Open Research Database (CORD) to supplement the DHCS utilization data, which is delayed due to claims lag. This would enhance GCHP's ability to identify underserved areas and partner with local providers to promote vaccine acceptance and access.

Partnership with County Public Health facilitates collaboration in hosting large-scale public vaccination events, mobile vaccination services, and would enable GCHP to localize vaccine services to underserved areas. GCHP would partner with providers within the area to target outreach and promotion for provider-assigned members through the provider's communication modalities, including texting and patient portal systems from their assigned Primary Care Provider.

In addition, GCHP will leverage the existing infrastructure through County Public Health to support provider onboarding, training, and technical assistance for potential provider vaccinators and target providers with low vaccination rates.

GCHP will continue to support provider collaboration across systems through clinician-based forums to share vaccine promotion strategies and share best practices. Currently, we are leveraging our Medical and Provider advisory committee meetings, our Quality Improvement Collaborative meetings, and our commission meetings to gather insight regarding COVID-related challenges, including vaccine hesitancy. In October 2021, County Public Health will provide relevant updates with the Vaccine Equity Initiative and identify opportunities to partner for the community.

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

GCHP intends to support vaccinator onboarding efforts by partnering with County Public Health and offering a provider incentive program, as discussed below.

We will work with County Public Health to share existing resources for onboarding support and technical assistance to potential vaccinator providers. Efforts would include shared communications through all usual communication pathways: provider bulletins, memos, informational notices, community newsletters, agenda items on Joint Operations Meetings, and targeted outreach by GCHP staff to providers with low vaccination rates for assigned members. Messaging would include any existing incentive programs available for provider certification, such as the CalVAX Incentive Program.

GCHP intends to partner with provider systems to conduct targeted outreach to assigned and eligible members who have not received the vaccine. This proposal will include a provider incentive program that would incentivize providers for outreach efforts to unvaccinated members and take into account improved vaccination rates for eligible GCHP members.

Through the CAIRS registry information, GCHP can identify members who are eligible for the COVID vaccine but have not received their vaccination. GCHP will continue to leverage partnership with the local health department's Immunization (IZ) Program infrastructure for onboarding and technical assistance. GCHP will supplement DHCS utilization data, which can be delayed and incomplete due to

the challenges inherent with claims reporting, with CAIR and CORD data through the local health department's access and promote incentive programs within all usual communication pathways: provider bulletins, informational notices, community newsletter, member newsletter, and agenda items on Joint Operations Meetings and collaborative meetings with entities such as the local mental health plan, CCS, the Regional Center, Beacon Health Options, and others.

GCHP also will leverage its relationship with the Ventura County Medical Association to help with administrative paperwork. We would support any eligible provider, including the behavioral health community, in their efforts to become vaccinators.

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.

GCHP will partner with County Public Health to identify communities with lagging vaccination rates by working with community-based organizations (CBOs), community leaders, and trusted neighborhood representatives. GCHP will work with County Public Health to identify localities with low vaccination rates for targeted vaccine pop-up efforts. Priority will be given to communities that align with DHCS's populations of focus. GCHP will identify CBOs and other trusted community leaders to engage the populations of focus and coordinate vaccines efforts in neighborhoods with low vaccination rates. Our Community Relations team will work with our Health Services Department to identify members 50-64 years of age with chronic diseases and engage our local CBOs servicing this population, such as: senior committees, senior centers, veteran groups, and places of worship. Youth ages 12-25 (and younger populations pending a directive from DHCS) will be engaged by working with local education agencies, foster care organizations, after school programs, trade schools, and transitional youth CBOs to provide onsite vaccination pop-ups. GCHP will work with CBOs serving indigenous communities and vulnerable populations to conduct culturally appropriate outreach and provide easily accessible vaccine information in our threshold languages. Lastly, GCHP will work to identify local community events, sponsored events, and in-kind donation events to coordinate vaccination pop-up clinics.

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.

GCHP will work with CBOs, health care providers, faith-based organizations, and nutritional programs to bring vaccinations to where members reside. GCHP will engage with local education agencies, schools, and youth programs to allow for vaccination opportunities on campus. For persons 50-64 years of age with multiple chronic diseases enrolled in Care Management (CM), the CM Team will work with members who have

yet to be vaccinated and advise them with an evidence-based script related to vaccines, direct incentive information, vaccination options, and transportation resources. The GCHP Health Education Team will follow up with the identified population and assist with setting up appointments and coordinating transportation scheduling. GCHP will work with primary care physicians to provide vaccination during routine visits. For homebound members, GCHP will continually engage with them to provide in-home vaccination for the member and their families. GCHP will work with CBOs, faith-based organizations, local business partners and community centers where these populations interact with the community to provide a safe and trusted environment for information and vaccination. Educational materials will be provided in GCHP's threshold languages, English and Spanish, to allow member populations to learn about vaccines and their benefits. After hours services will be available to allow individuals who work late hours to access a nurse for questions or a vaccination appointment. Transportation to vaccination sites will be offered to everyone interested in setting up a vaccine appointment. GCHP will work with County Public Health and other network providers to offer evening and weekend vaccine appointments. Vaccination events will be conducted locally within the convenience of their neighborhood.

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.

GCHP will data mine to identify homebound members and will share that information with CBOs, trusted community partners, and the Public Health Department to coordinate services for them. GCHP will engage with CBOs and community leaders in roundtable discussions to further identify barriers, preferred methods of communication, languages spoken, and develop culturally competent messaging. GCHP will assist County Public Health, in partnership with CBOs, to leverage field nursing and community health workers to conduct door-to-door vaccinations. CBOs, County Public Health, and GCHP will work collaboratively to disseminate information about vaccination opportunities and assist with registration and appointment follow up.

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.

GCHP will promote pharmacies as a vaccine location resource. This effort will include educating pharmacies about billing, CAIR, strategizing to share with pharmacies regularly updated lists of unvaccinated members who frequently use a pharmacy for fills, and notifying the members that they can be vaccinated there. This also includes supplying pharmacies with FAQs on COVID-19 and vaccine safety. Secondly, we will be using County Public Health data to locate pharmacies in our network that do not provide

COVID-19 vaccines – especially those located in census tracts with high concentrations of unvaccinated members – to encourage them to become vaccinating providers by promoting CalVAX incentive opportunities.

We also will continue to work with our pharmacy benefit manager through the transition to Magellan Health, Inc. to message pharmacies about their responsibilities around vaccination. GCHP is also working with one chain pharmacy to explore an opportunity for gap alert notifications to members and pharmacists at the time of a fill.

As GCHP identifies communities with pockets of unvaccinated members through data mining, we will collaborate with community-based organizations (CBOs) and pharmacies to coordinate vaccination events.

GCHP will continue to work with the [REDACTED]. In addition, [REDACTED] will also be offering in-school vaccination services through special events. GCHP participates in these vaccine clinics and shares information, coordinates second dose appointments and transportation, and provides newly vaccinated members with incentives. Starting in September, GCHP will host a monthly coalition meeting to support CBOs and provide a venue for them to discuss methods to reach vulnerable populations.

GCHP will advertise vaccination events in our threshold languages in media outlets that cater to the communities we are trying to reach. To reach GCHP's indigenous Mexican members, we will promote events on the Mixteco-language radio station. On Sept. 21, 2021, a GCHP staff member will be interviewed live on that station about vaccine events.

GCHP also will leverage social media. On Sept. 13, 2021, GCHP participated in a Facebook Live event hosted by a provider and community partner. GCHP's chief medical officer provided information about COVID-19 vaccines and addressed the myths and other misinformation. The recording has already garnered thousands of views.

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

GCHP will review data related to member vaccination rates by zip code, CBAS utilization, homebound and mobile home community density to understand the need for the use of mobile or home vaccinations and to further engage with these populations. GCHP will work with community leaders and organizations to identify geographic areas that may have reduced access to the vaccine due to social determinants factors that hinder their ability to reach vaccination sites. For homebound members, GCHP will continually engage with them to provide in-home vaccination for the member and their families. GCHP will work with CBOs, faith-based organizations, and local business partners to increase engagement with these communities to provide the vaccine. GCHP will continue to bolster its partnerships with County Public Health, contracted

transportation providers, and pharmacies to open other venues for members to receive the vaccine, create pop-up vaccination sites within their communities, and provide in-home door-to-door vaccination when and wherever possible.

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.

GCHP will utilize California Immunization Registry (CAIR2) data obtained monthly, DHCS COVID-19 Vaccination Data, and CORD data to monitor COVID-19 vaccine administration rates for the GCHP membership. These COVID-19 vaccine data files will be analyzed in conjunction with detailed membership files to evaluate granular geographic and demographic details for a targeted vaccine outreach strategy. Populations with significantly low vaccine penetration rates and other populations of focus will be flagged and regularly monitored by GCHP. Additionally, members identified as completing only one vaccination of a two-dose series will additionally comprise a target group. GCHP's Quality Improvement, Information Technology, and Decision Support Services teams will lead data collection, evaluation, and reporting efforts.

GCHP will partner with County Public Health to identify census tracts that have low vaccination rates and come up with strategies to increase vaccination rates. For example, GCHP has identified disparities in vaccination rates in Santa Paula and Port Hueneme, so we are engaging the [REDACTED] to hold outreach events in those communities.

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.

Utilizing the (CAIR2) data and DHCS COVID-19 Vaccination Data as noted above in Question 15, GCHP Decision Support Services will generate member-level gap reports by assigned clinic/PCP for dissemination to providers. We will share the geographic pockets with community-based organizations to collaborate on outreach to them. We also will join forces with trusted partners that received funding, such as [REDACTED] to collaborate. We would also share that data with clinical groups, such as CBAS, dialysis centers, and chronic disease self-management providers. Messaging will be delivered to all of GCHP's contracted providers, including behavioral health, vision, and transportation providers. With Ventura County having a large agricultural community, GCHP will leverage its established relationships with the growers, [REDACTED], and their clinic systems.

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.

CAIR and CORD provide vaccination data to focus interventions on PCPs with low vaccination rates (CAIR2), members who have not been vaccinated or completely vaccinated (CAIR2), and analysis by census tract (which comes from County Public Health) to focus on closing disparity gaps within the County (CORD). GCHP prioritizes stratification based on race, age, preferred language, and gender to identify population-level disparities and individual-level gaps that can be addressed. Data analysis from the multiple sources ensures GCHP focuses limited resources in areas with highest impact and/or need, allowing appropriate prioritization and ensuring no inadvertent widening of disparity gaps or unintentionally replicating inequitable practices.

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

Widespread acceptance of the COVID-19 vaccine is imperative to the success of GCHP's efforts. GCHP recognizes that combating local misinformation and engaging with our members regarding vaccine hesitancy is key to raising Ventura County's vaccine uptake. GCHP's approach to misinformation and hesitancy is to provide the community with "booster shots of vaccine confidence." GCHP will implement these "booster shots of vaccine confidence" through two lenses: listening and understanding and messaging, and engagement.

GCHP intends to engage with local community- and faith-based organizations, local education agencies, and local health departments to engage in bi-monthly focus groups and formal and continuous informal surveying of the specified populations of focus to understand vaccination hesitancy and to evaluate measures put in place to understand the impact of GCHP's engagement. GCHP and its partners will design discussions with the focus populations that will allow its participants to express their viewpoints that provide GCHP with indicators to further develop its Vaccine Outreach Plan and revise as needed. Our goal is to capture current COVID-19 perceptions and views from community members. Additional GCHP and program partners will also engage in informal surveying of the public and populations of focus through outreach conducted and outlined in questions 4, 6, and 7. The Community Relations staff will engage with the DHCS prescribed populations of focus about the COVID-19 vaccines, record predominant themes, and refer individuals for vaccination when possible. See question 11 for further information.

As described in questions 1-7, GCHP intends to use several messaging opportunities to engage the public and our members to encourage and increase the vaccination rate within the DHCS populations of focus. Further, GCHP intends to continually engage with the populations of focus and counter misinformation and hesitancy trends by using the data collected from the focus groups and surveys to inform future messaging. GCHP messaging and engagement will be carried by many sources, including community, health, and business leaders who are trusted sources of truth. GCHP will encourage and work with these leaders and use our media campaign to highlight the

importance of getting vaccinated and present information in a nonconfrontational manner that acknowledges concerns. The goal is to correct misconceptions and promote what is best for well-being and health.

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.

For all providers administering the GCHP member incentive, they will be required to:

- Verify current GCHP eligibility at POS
- Contractually require documentation within the CAIRS database. Must confirm this is members' first shot/second shot received.
- Leverage CAIRS database and require providers who administer vaccine to document at point of administration
- Member incentive payment is given to the member by the administrator of the appropriate vaccine documented in CAIRs registry
- Verify that the member has not received vaccine #2 and falls within recommended window for Vaccine #2
- Perform payment reconciliation to ensure there were no more than two claims per member (or three claims, as booster shots become more widely available)
- Meet regularly with organizations to adjust strategies and address any potential risk for duplicative services

GCHP will perform the above activities through co-location at events and is seeking DHCS approval for County Public Health to be our delegate to perform the above activities and disseminate member incentives at their events.

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

GCHP will provide vaccination information in a nonconfrontational and fact-based manner. Individuals with questions or who are hesitant will be referred to trusted sources like primary care providers or another preferred medical provider. GCHP offers a 24/7 nurse advice line, which provides access to licensed nurses who can answer questions related to vaccinations and other health-related issues. When conducting outreach, GCHP's representatives can refer persons with vaccination questions to County Public Health, the CDC's website, and other GCHP resources. The GCHP website provides information related to vaccination, which members can access to help them to make an informed decision. Persons who approach the GCHP booth during community events will be offered information related to programs and services provided by GCHP without pressure to disclose any vaccination information or to take any of the information materials. Health education materials provided are created using trusted, evidence-based sources, including the CDC and the California Department of Public

Health. Promotional items are available to the public without distinguishing membership or vaccination status. Those espousing vaccine conspiracy theories will be encouraged to discuss their concerns with their Primary Care Provider or a trusted community health worker.

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.

GCHP proposes to subcontract with network providers through grants to assist in their outreach efforts. The Plan will provide regular provider level Gap reports containing assigned members who are eligible for the vaccine for targeted outreach efforts. Through the CAIRs database system, providers will be able to verify eligible members and document vaccine administration. Participating providers will be required to perform targeted outreach efforts to assigned members identified as a population of focus to be eligible for outcome-based payment grant payments as discussed in Question 10(c). Additionally, all Subcontractors will be required to comply by all oversight requirements listed under Question 18. For our delegated Health Plan Partner, Kaiser Permanente, GCHP is seeking approval to delegate vaccine promotion activities. We will continue to meet with Kaiser to meet the vaccination response plan, including joint meetings to coordinate vaccination strategies, monitor rates, and support promotion activities to all eligible members.

To target underserved populations, GCHP will promote the use of mobile vaccination van units and field nursing infrastructure and pop-up clinics for increased access. These groups would include populations identified with disparate gaps in vaccination rates, members who have not completed the two-dose series (or booster, as required), and identified populations of focus, including homebound members unable to travel to vaccination sites, those 50-64 years of age with multiple chronic diseases, self-identified persons of color, and youth 12-25 years of age. Subcontractors would also be responsible for all reporting and compliance requirements outlined under Direct Member Incentives Questions 18 & 21.

GCHP will continue to evaluate the efficacy of this program. If proven successful, GCHP will consider expanding services to other agencies with similar infrastructure, such as health agencies to ensure home-bound members receive vaccinations where accessible, such as in the home.

GCHP also will collaborate with the County Whole Person Care program and prepare to message to the Enhanced Care Management transition population.

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

GCHP plans to issue member incentives through providers and County Public Health. Once Providers and County Public Health have verified eligibility via the GCHP Provider

Portal and the CAIRS registry, members who have received the vaccine will be eligible for a \$25 gift card incentive for each of the first and second doses, and \$50 gift card incentives for the single-dose vaccine. This will apply to all vaccinations beginning no later than September 21, 2021, until the end of the program and pursuant to DHCS guidance. As described previously, GCHP will target members with partial vaccinations (one of two doses) and use data reporting and analysis to identify and focus on disparities and customize interventions and communications accordingly to close them. Additionally, to prevent duplication, providers will be required to submit regular reporting for all incentive recipients to GCHP. Additionally, all participating providers must comply with compliance requirements outlined in Question 21a.

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.

GCHP will contractually require all participating providers to document the administration of the vaccine into the CAIRs registry and leverage CAIRs to confirm if the member is eligible for the member incentive. GCHP will conduct payment reconciliation to cross-reference the incentive report with the paid report to ensure there is no duplication incentive.