



MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

Medi-Cal Managed Care Plan Name:	Kaiser Foundation Health Plan, Inc. (KFHP)
---	---

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.

Kaiser Foundation Health Plan, Inc. (KFHP) has collaborated closely with its exclusively contracted provider groups, The Permanente Medical Group, Inc. (TPMG) and the Southern California Permanente Medical Group (SCPMG), as well as Kaiser Foundations Hospitals (KFH), throughout the COVID-19 pandemic (all groups collectively are “Kaiser Permanente”). Kaiser Permanente will continue to share evidence-based printed materials to support vaccination confidence (i.e., “COVID-19 Vaccine: Know the Facts,” “Vaccines: What are they and how can they save your life?” etc.), craft vaccine confidence messages on social media, conduct media interviews by physicians, and host town hall meetings with clinicians to address concerns. Kaiser Permanente will leverage existing relationships with community-based organizations, such as FQHCs, YMCAs, faith-based organizations, race/ethnic-based organizations, social services, chambers of commerce, etc., to disseminate evidence-based information to their communities.

In Northern California, Kaiser Permanente has allocated \$10 million in strategic COVID-19 Vaccine Equity grants to more than 115 community-based organizations. An example includes \$75,000 to Asian Resources, Inc. They are the most trusted CBO among the very diverse API communities in South Sacramento.

Finally, Kaiser Permanente funds the California Consortium for Urban Indian Health and received approval to renew core support grant (general operating support), which will go to the Board of Directors in late fall for approval. These funds will support the most pressing health care needs for this targeted population as well.

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

Kaiser Permanente will continue to update the Member Service Call Center scripts, and update information on KP.org (walk-up and appointments) with respect to where to get vaccinations. We will continue to outreach to unvaccinated members through a variety of channels including text, email, phone call, and physician message with information on how to locate a vaccination site and update their COVID-19 hotline. In addition, Kaiser Permanente will continue disseminating this information through COVID-19 email communication to members, print materials, and social media. Most member communications are also offered in Spanish while highest priority communications are translated to member preferred languages.



Additionally, organizations receiving grant funding from Kaiser Permanente will continue providing navigation services to remove vaccine access barriers for underserved populations, including stipends for neighborhood ambassadors to expand reach and messaging in underserved neighborhoods.

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.

Kaiser Permanente will continue disseminating information on how to get vaccinated at Kaiser Permanente and where to access additional information about the COVID-19 vaccines via paid ad campaigns, social media, paid influencers, and local news outlets.

Physicians will continue to participate in webinars, media interviews, and town halls to provide information. Kaiser Permanente also supports the State's Vaccinate All 58 campaign to reach Latinx communities and is launching a digital and influencer campaign ("MyWhy") in September primarily targeting younger African American adults (18-35) to address vaccination myths.

Via all channels noted above, Kaiser Permanente will also continue to promote the organization's approach to the equitable administration of COVID-19 vaccines to the underserved, including for our Medi-Cal members.

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

The previously described Kaiser Permanente local media campaigns are also geared at encouraging vaccine confidence by addressing some of the most common myths about the COVID-19 vaccines. Messages are delivered by our physicians as trusted messengers to address and dispel myths. For example, campaigns address misinformation about whether the vaccine is still needed even if the members have already had COVID-19 and the speed at which the vaccine was approved, in addition to myths such as that the vaccine includes a microchip, stem cells, lead or mercury.

Additionally, the "MyWhy" campaign (see above) will counter myths by engaging trusted messengers and influencers to deliver culturally relevant and factual information.

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

Kaiser Permanente's COVID-19 local media vaccination messages are delivered by local physicians from Kaiser Permanente medical centers who mirror the target population's demographics. Kaiser Permanente is exploring additional partnerships with community-based organizations for local media campaigns that

will target the hardest-to-reach populations and supplement existing, ongoing media campaigns.

Campaign materials produced via the “MyWhy” campaign will be distributed by the 115+ organizations Kaiser Permanente has funded to provide trusted vaccination outreach, including the Chapa-De Indian Health Center and the Sacramento Native Alliance to reach Native-American communities in Northern California.

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.

Kaiser Permanente will continue to partner with school districts throughout the state to organize vaccine confidence events and stand up back-to-school vaccination pop-up clinics.

For example, Kaiser Permanente partnered with Contra Costa Health Services to conduct mobile vaccine clinics to youth ages 12 to 17 at school-based vaccination clinics throughout the county. Kaiser Permanente is also partnering with churches to conduct back-to-school pop-up clinics targeting youth, including backpack giveaways and free haircuts, and with Touro University to conduct mobile clinics at schools in Solano County. Three YMCA chapters in the region are giving youth two-month free gym memberships as vaccination incentives, made possible by Kaiser Permanente vaccine equity grant funds.

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.

Kaiser Permanente has developed conversational talking points for its front-line staff to address some of the most common myths or misconceptions about vaccines being communicated by their patients.

Kaiser Permanente will continue to support faith and community-based organizations to deliver factual and culturally relevant information to the communities they serve and will continue to conduct town halls, webinars, and virtual meetings featuring trusted clinicians providing information to counter vaccine myths.

In addition, Kaiser Permanente’s ongoing social media, earned media, and “MyWhy” campaigns aimed at ‘myth busting’ for populations who may be particularly hesitant to receive the COVID-19 vaccine (i.e., pregnant women and teens and other “young invincibles”).

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.

Kaiser Permanente has provided grant funding to 115 community-based organizations throughout Northern California to provide outreach and remove vaccine access barriers for underserved populations (defined by health equity indices such as social vulnerability index) and populations/geographies with high COVID-19 infection and/or mortality rates and low vaccination rates. Funding from Kaiser Permanente allows these community-based organizations who are trusted and respected by the communities they serve to develop and deliver cultural relevant vaccine messages and campaigns that are more likely to be motivate members to receive timely vaccinations.

By providing grants to community-based organizations, Kaiser Permanente will continue to support targeted outreach to the most vulnerable, hardest-to-reach populations that include both Kaiser Permanente's Medi-Cal members and FFS beneficiaries. Kaiser Permanente understands that community-based organizations have trusted relationships in their communities and are viewed as credible sources of information.

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.

Kaiser Permanente developed its regional vaccine equity strategy in partnership with local public health agencies and current grant strategies were co-designed with public health leaders to address unique county needs and access barriers. Contra Costa Health Services and San Joaquin Public Health received Kaiser Permanente COVID-19 Vaccine Equity grants to meet unique county vaccine equity needs.

Kaiser Permanente will continue to conduct standing meetings with statewide, county, and city public health agencies to ensure coordination, alignment and publicity of events and campaigns, leverage resources, and share best practices to maximize local vaccination rates in their respective communities.

In addition, Kaiser Permanente supplements local public health data with its own COVID-19 vaccination data through the Vaccine Equity "Hot Spot" report. Kaiser Permanente added a Medi-Cal percentage vaccinated column to identify penetration rates by zip code to ensure targeted focus for vaccination 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.

Kaiser Permanente's COVID-19 Vaccine Equity plans produced in every county focus on priority zip codes and vulnerable populations. Each plan includes unique local needs and opportunities and partnerships with KP physicians, public health agencies, community organizations, and faith groups to address health equity for members and communities. This successful model can be replicated to address future vaccination needs.

Currently, there are in-office vaccination sites operating throughout Northern California. In addition, Kaiser Permanente has added the COVID-19 vaccination as a "preventative care" workflow during patient visits. During a patient visit, clinicians are able to review all outstanding vaccines, including COVID-19, at all points of care.

Lastly, Kaiser Permanente offers a wide variety of times/days for vaccination to accommodate various member schedules. This may be particularly helpful to Medi-Cal members who cannot afford to take time off of work to get vaccinated. These clinics also accommodate walk-ins without appointments and are available throughout Northern California.

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.

In addition to the Medi-Cal transportation benefit, Kaiser Permanente has also partnered with ridesharing services to provide members transportation to vaccination appointments.

Additionally, local Kaiser Permanente staff and call agents are trained to educate members on transportation options through Thrive Local Connection, a call center for members to contact should they have any social needs- 1-800-443-6328 (TTY 711) M-F 8AM-5PM.

An online platform is available to staff to help identify and connect needed resources. Trusted partners (call center agents) are available to navigate appointment system, transportation options, and other social, and linguistics needs. Kaiser Permanente offers a language line for various language needs and printed materials in multiple languages.

Members have the option to reach out to a live agent to support booking their vaccination appointments and have the option to do walk-in appointments. E-visits for COVID-19 vaccines are also available in Spanish.

Lastly, COVID-19 Vaccine Equity grant recipients are using grant funds to address access barriers related to transportation, appointment navigation, or interpretation needs.

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.

Kaiser Permanente members may receive COVID-19 vaccinations at all Kaiser Permanente medical centers (hospitals) and medical office buildings across fifteen counties – Sacramento, Amador, El Dorado, Placer, Alameda, Contra Costa, San Joaquin, San Mateo, Napa, Solano, Sonoma, Marin, Yolo, San Francisco, and Santa Clara; members may also receive vaccines through any non-Kaiser Permanente providers eligible to provide COVID-19 vaccinations. In addition, Kaiser Permanente maintains internal COVID-19 dashboards aimed at identifying ‘equity hot spots’ and includes Medi-Cal specific data. Equity hot spots include historically under-resourced communities with high COVID-19 prevalence, high COVID-19 mortality rate, and low vaccination rate. Equity hot spot areas generally have higher concentrations of Medi-Cal members.

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

Kaiser Permanente will continue its efforts with physician directed outreach to their patient population. In addition, as previously referenced, the health connect vaccine status is available at point of care which allows for an additional opportunity for 1:1, individualized, real-time conversations between providers and members who have not yet been vaccinated for COVID-19.

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

The Permanente Medical Group (TPMG) as an organization is a vaccine provider.

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.

Kaiser Permanente COVID-19 Vaccine Equity grants support faith and community-based organizations, and community health clinics to conduct pop-up or mobile vaccination clinics in targeted communities, with a particular emphasis on communities of color. Since May 2021, more than 350 pop-ups have occurred, or are planned. Grant funding supports staffing, registration, post-vaccination follow-up, outreach, technology support, and other expenses to operate clinics. These community-based clinics target populations with higher COVID-19 infection/mortality rates and low vaccination rates and correspond with 25% most vulnerable geographies (defined by health equity indices such as social vulnerability index).

Kaiser Permanente partnered with a consortium of healthcare and community providers in the state to open four mass vaccination hubs in underserved communities

- California State Polytechnic University, Pomona
- CSU, Bakersfield
- Moscone Center in San Francisco

- Stockton Arena, Stockton

Lastly, Kaiser Permanente continues to monitor federal / state recommendations and guidance for administering third (“booster”) doses within the community. As guidance is received, Kaiser Permanente will assess whether there is a need to add new vaccination sites to meet the demand of administering booster shots to qualifying populations before the end of the year.

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.

COVID-19 vaccinations are available in all of Kaiser Permanente’s medical centers and offered at routine primary care appointments. Clinic hours have been expanded to accommodate members may only be able to seek care after business hours or on weekends. In addition to completing e-visits for vaccination appointments, members may also request a COVID-19 vaccine via walk-in appointments.

In order to provide additional access to the COVID-19 vaccine, Kaiser Permanente has also deployed a number of pop-up clinics and mobile health vehicles to identified ‘hot spots’ and partnered with ride sharing vendors to ensure members have transportation to their vaccine appointments.

Kaiser Permanente employs call center agents who speak various languages and are trained to support members seeking the COVID-19 vaccine.

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.

In partnership with internal and external agencies, Kaiser Permanente Home Care teams screen and ensure COVID-19 vaccines are offered/provided to homebound patients and caregivers in the home (KP and non-KP members). The scope of the program includes all patients on census who require a 1st or 2nd dose of the COVID-19 vaccine, as well as any patients referred by a medical center (does not need to qualify for home health). Both Kaiser Permanente and contracted agencies screen patients prior to the home visit, and offer the vaccines to any other household members, including caregivers who would like to receive the vaccine. Focused efforts are underway to target Medi-Cal patients specifically with an expanded definition of homebound.

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.

Through our integrated electronic medical record (EMR), Kaiser Permanente pharmacy staff can identify unvaccinated members. Staff can provide vaccine information, including “Myth Buster” and convenient vaccination locations, during that visit. Kaiser Permanente pharmacies have access to member vaccination data and will do in-reach consultation and refer members for vaccination at clinics.

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

As indicated above, the KP Home Care team will work with internal and external agencies to provide vaccinations to homebound patients and family members in the home in accordance with prioritized resources throughout current COVID-19-surge.

In addition, Kaiser Permanente will continue its mobile health vehicle program, which has administered vaccinations to the community to date through. Many individuals who have received vaccinations through the mobile health vehicle live in under-resourced areas.

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.

Kaiser Permanente will leverage data provided by DHCS to supplement its own internal COVID-19 vaccination dashboards. As an integrated delivery system, Kaiser Permanente has real-time access to its members’ COVID-19 vaccination data and has developed detailed dashboards to track vaccination rates across lines of business, geography and various demographics. Kaiser Permanente uses both internal and external data to identify COVID-19 vaccination ‘equity hot spots’ (under-resourced communities with high COVID-19 rates, mortality and low vaccination rates) that are targeted for specialized outreach campaigns.

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.

Information about vaccination status is available to clinicians and staff before, during, and after every visit. This allows the care team to identify patients who have not yet received their COVID-19 vaccination.

Kaiser Permanente maintains regional dashboards broken down by medical center to display regional vaccination penetration rates with a comprehensive view of first, second, and completed doses. This information is shared broadly, including through venues such as leadership forums and physician and employee town halls.

Community-based organization partnerships are engaged based on vaccination need in certain communities.

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.

Kaiser Permanente will continue to supplement its internal member COVID-19 vaccination data with data received via CAIR2, SDIR, and RIDE and through member self-reporting. As previously mentioned, this data is used to populate a detailed dashboard that tracks vaccination rates by line of business, geography and various demographics.

Kaiser Permanente will continue to partner with local health agencies to compare trends identified by the data in order to target ‘hot spots’ for outreach.

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

Kaiser Permanente hosts standing calls with its medical centers to surface misinformation encountered by front-line staff when serving members.

Kaiser Permanente also partners with community-based organizations and public health departments to identify misinformation campaigns and develop strategies to address them.

As a part of its ongoing vaccination rate monitoring, Kaiser Permanente looks at low vaccination rates as indicators of communities where vaccine misinformation may be circulating. Kaiser Permanente partners with local health departments, community-based organizations, faith-based organizations and community health workers to identify the root causes of the low vaccination rates and collaborate on strategies to address them.

Lastly, Kaiser Permanente’s Public Affairs Directors and Community Health Managers are tasked with monitoring both the media and grassroots efforts in order to identify new or emerging misinformation campaigns.

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.

Kaiser Permanente’s National COVID-19 Vaccination Program coordinates and oversees all regional COVID-19 vaccination activities across the nation to monitor progress, share best practices, and support COVID-19 marketing campaigns.

The National Team also maintains a centralized repository of nation-wide vaccination data and campaign strategies to ensure proper coordination within and across Kaiser Permanente’s regions.

Please see questions number 21 and 22 for additional information regarding oversight for member incentives.

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

Kaiser Permanente leverages gentle, motivational techniques used by medical professionals to influence members to get vaccinated. This method and associated resources are distributed widely within the organization.

Kaiser Permanente's local clinicians interface directly with the community and Kaiser Permanente members are provided opportunities to have 1:1 non-confrontational conversation with clinical experts to address their concerns.

In addition, Kaiser Permanente partners with trusted community members from faith-based organizations and community-based organizations to serve as trusted sources of information for their respective communities.

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.

Kaiser Permanente is not working with Subcontractors / delegated health plans given there are no delegated health plans in Kaiser Permanente's care model. However, Kaiser Permanente serves as a delegated health plan to twelve separate "Plan Partners" statewide. Where Kaiser Permanente is a delegated health plan, its Vaccination Incentive Response has been shared with the respective Plan Partners to ensure collaboration and alignment across the organizations. Kaiser Permanente's regional leaders continue to collaborate with its Plan Partners on new, innovative approaches to improving vaccination rates within the community.

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

Kaiser Permanente is currently exploring the use of direct member vaccine incentives. If pursued, a communications campaign will be directed to members who are not yet vaccinated, advising them of the availability of a \$50 gift card for receipt of a single dose. Potential communications modalities include text, email, postcards, phone calls, or robocalls. The campaign will provide members with information on how and where to get vaccines. Gift cards will not be redeemable for cash (except for balances under \$10, according to CA law) and will have the same value for all members (uniformly \$50). Kaiser Permanente will include a statement that restricts the use of the gift card for tobacco, alcohol, or firearms.

The following safeguards will be met: (1) the gift card will be furnished in connection with receiving a required dose of a COVID-19 vaccine (2) the vaccine must be authorized or approved by the FDA as a COVID-19 vaccine, and 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; (3) the gift card will not be contingent upon any other arrangement or agreement between Kaiser Permanente and the member; (4) the gift card will not be conditioned on the member's past or anticipated future use of other items or services that are reimbursable, in whole or in part, by Federal health care programs; (5) the gift card will be offered by Kaiser Foundation Health Plan, Inc. and eligibility is limited to its Medi-Cal enrollees; and (6) the gift card will be provided during the COVID-19 public health emergency.

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.

Any member who receives a vaccine according to the California Immunization Registry (CAIR2) data Kaiser Permanente receives from DHCS, following the start of the communications campaign, will be eligible for the gift card (whether or not the vaccine was given by a Kaiser Permanente Network Provider). Before sending the gift card, Kaiser Permanente will attempt to confirm the member's contact information and gift card preference. Kaiser Permanente will track the members who have been sent gift cards. Electronic gift card will be encouraged, for member's who have access to email, to ensure the gift cards are not lost or stolen in the mail (and to help ensure there are no fraudulent claims of gift cards not being delivered).

Prior to sending a gift card based on CAIR2 data, Kaiser Permanente will confirm the member has not already been sent a gift card as part of this campaign. Gift cards will be sent only by Kaiser Permanente health plan staff or a DHCS approved vendor. Given Kaiser Permanente will track members who have been sent gift cards, the total amount required from DHCS for the direct member incentives will equal to the number of Kaiser Permanente members who are sent gift cards; other campaign costs will be paid through funds from the DHCS process our outcome measures, or other Kaiser Permanente funds.