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Department of Health Care Services



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Medi-Cal Managed Care Plan Name:	San Francisco Health Plan
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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.

San Francisco Health Plan (SFHP) will continue to work with the San Francisco Department of Public Health (SFDPH) and other County partners to deliver consistent messaging to our members about COVID Vaccine safety, efficacy, and the importance of speaking with their PCP about their specific health status. SFHP is providing links to trusted resources such as the CA DPH and CDC in our messaging, and we are doing this through the following channels: website (member and provider facing pages), mailed and emailed letters (with member consent), social media such as Facebook, Instagram and Twitter, FAQs for member-facing staff, and any additional collateral that gets developed. The information provided from the SF DPH, CA DPH and CDC is evidence-based information.

SFHP will proactively research and list organizations we have not yet outreached to that could benefit from accurate information about vaccine safety, access, and additional resources. SFHP understands the importance of partnering with key community-based organizations (CBOs) to ensure they have up to date and accurate information. We will explore the best of giving support to trusted CBOs on distributing information to their community and focused outreach based on best practices.

SFHP has begun by assessing the needs of members who have not been vaccinated. This involves reviewing data gathered by our contracted call center, including reasons given by members who have declined the vaccine. This assessment may also involve performing a rapid assessment using the CDC's Rapid Community Assessment Guide*, a resource created to identify communities at risk for low COVID-19 vaccine uptake and understand community needs regarding COVID-19 vaccination.

Strategies will be informed by an analysis of SFHP data, information from trusted community partners, and best practices. SFHP will review resources such as the CDC's COVID-19 Vaccination Toolkit for Health Departments and Other Public Health Partners* and the Community-Based Organizations Vaccine Toolkit* for key messages and community engagement strategies that have been shown to build trust and educate communities about the vaccines.

San Francisco Health Plan doesn't have any tribal partners to coordinate with.

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

San Francisco Health Plan (SFHP) is partnering with the SF Department of Public Health and the San Francisco COVID Response team to keep up to date on vaccinate locations and any changes to vaccine access. SFHP plans to coordinate with our provider groups and local pharmacies to identify who has vaccine available for both patients and/or the general public. We have been keeping up-to-date information on our external-facing websites and ensure our Customer Service, member-facing teams and our contracted call center ("COVID call center") have the most up-to-date information about vaccine locations. The COVID call center will continue to focus on vaccine appointment calls and answer questions regarding vaccine access, logistics, and connecting members to resources, in addition to making vaccine appointments. In addition, SFHP makes the COVID call center available on the website, in mailed and emailed letters, social media, automated calls and texts, in our provider newsletter (that goes out to the entire provider network), and to all member-facing staff so they can refer and support our members (SFHP call center, case managers etc.).

SFHP uses these channels to connect to the main SF City and County DPH vaccine webpage which lists additional options for obtaining the vaccine within San Francisco (e.g. walk-in appointments at pharmacies).

SFHP will proactively research and list organizations we have not yet outreached to that could benefit from accurate information about vaccine site access, transportation support, home vaccine options, and additional resources. Part of this research will involve asking CBOs, schools, and community leaders which other organizations SFHP should be engaging.

SFHP will review resources such as the CDC's COVID-19 Vaccination Toolkit for Health Departments and Other Public Health Partners* and the Community-Based Organizations Vaccine Toolkit* for key messages and community engagement strategies that have been shown to build trust and educate communities about the vaccines.

Messaging will be informed by best practices and tailored to meet needs determined by data gained from SFHP members, the provider network, and community partners.

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.

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

SFHP has partnered with the SF Department of Public Health and all of our network providers and pharmacies in order to provide the most up-to-date health information to our membership. We continue to update our call center

“Frequently Asked Questions” with counter messages to misinformation and direct members to “trusted” health sources within our community, including their Primary Care Physician.

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

SFHP has partnered with the SF Department of Public Health and all of our network providers in order to provide the most up to date health information to our membership. We review our media outreach materials with our partners to ensure all of our membership is appropriately represented. Our Qualified Health Educator also reviews and approves all materials. We direct members to their Primary Care Physician for additional information.

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.

63% of SFHP members aged 12 to 17 years have been completely vaccinated to date and 66% of SFHP members aged 18 to 49 have received at least one shot. SFHP has contacted San Francisco Unified School District, City College of San Francisco and San Francisco State University to inform them of the SFHP COVID call center to assist members with scheduling a vaccination appointment and offer assistance with connecting members and parents with educational material about vaccinations for 12 to 25 year-old students. SFHP will continue to monitor vaccination rates and outreach these organizations monthly to measure trends, alleviate concerns, identify additional areas for support and partnering, and adjust messaging as necessary to address any misinformation and disparities.

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.

As a local health plan, San Francisco Health Plan (SFHP) understands the important role we play in being a voice for accurate information and connecting members with their primary care providers. As stated previously, SFHP closely tracks the reasons our members decline the vaccine and the reasons members change their minds. SFHP acknowledges that there are populations within our membership who have a mistrust of the medical system. We plan to counter that in two ways: (1) connect members to a provider for those who don’t have an active primary care provider so they can build trust and discuss their personal concerns. (2) Collaborate with providers and community partners from across our network who represent members groups where we see vaccine access disparities. We believe that amplifying these trusted voices will combat some of the mistrust and concerns voiced by these populations.

Our role is to be focused on ensuring access, addressing barriers and sharing accurate information about COVID-19 and the vaccines. We do not plan to directly address individuals who insist they have a right not to be vaccinated. However, SFHP is exploring campaigns and partnerships with other organizations on messages that highlight what communities as a whole gain when individuals get vaccinated.

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.

San Francisco Health Plan (SFHP) will continue our partnership with San Francisco's COVID Response team who has identified key community partners in their efforts to engage communities who have lower vaccine uptake. Additionally, we are engaging our community-based Care Management staff to identify and engage their community contacts. These contacts include, but are not limited to: food programs (Project Open Hand, St Anthony Dining Hall), money management programs, and various faith-based organizations. After our initial community network is established, we will set up ongoing meetings/communications to ensure everyone has up to date information on vaccines, vaccine access, incentive information, transportation and other resources that will help eliminate barriers for vaccine access. The information and support provided will not be limited to SFHP members with two exceptions: SFHP will only provide incentives to our active members and SFHP can only receive and respond to data our active members, unless a data agreement is in place. Our general approach is to support the work of our community providers and community members, rather than enacting a standalone plan focused solely on our members.

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.

San Francisco Health Plan (SFHP) has had a regular collaboration forum with SF Department of Public Health (SFDPH), San Francisco Health Network (SFHN), and other safety net provider systems and city partners since January 2021. This will continue, and SFHP recently started joining the weekly large scale SFDPH meetings to understand current activities and how we can support each other. SFDPH has a subgroup focused on equity and diversity in vaccine outreach and distribution, and SFHP will engage this group to see what has worked and what has not, and how SFHP could support the efforts.

SFHP is aware of and has participated in several activities that have been implemented since late January 2021. These include community focused webinars, regular vaccine events in prioritized communities (sometimes with giveaways or incentives) vaccine pop ups at community events in places where people naturally congregate, taxi vouchers and mobile vans. SFHP would like to

help replicate what has worked either with funding or additional support mechanisms that make sense.

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.

San Francisco Health Plan (SFHP) has managed all its COVID vaccine efforts as part of an organization-wide project. This will allow us to easily track success and replicate what interventions were most effective in future years. We are continuing to build out our member website with up to date materials on the vaccine that will be catalogued and available in the future as needed. SFHP has build a COVID vaccine dashboard with multiple drill down views and member outreach report that allows on-demand, up to date lists of our members who have not been vaccinated, or only received one of two doses. Additionally, the COVID 19 CAIR data is loaded into our data warehouse and we have begun loading it into our core systems and our population health work, including our annual NCQA Population Health Assessment.

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.

San Francisco Health Plan (SFHP) will continue to utilize a contracted call center vendor whose focus has been our COVID 19 vaccination efforts and adjoining initiatives with our community partners and internal stakeholders. in Our vendor has extensive knowledge of the San Francisco health care system and will continue to both make outbound calls and respond to questions on including, scheduling appointments, answering access questions, and connecting to resources. If requested, the agents schedule the appointment on the member's behalf, so they do not need to navigate the online form. Help has been provided in English, Spanish, Mandarin, Cantonese, Tagalog, Vietnamese, and Russian and the agents use a language line to provide support if someone calls needing a different language. SFHP has used website, automated calls, texts, letters, and social media to alert members of this scheduling resource. In addition, the agents have done direct outreach to unvaccinated members, especially in populations of focus, and will continue to do this moving forward.

SFHP's vaccine call center agents will continue to determine if members are experiencing barriers and help connect to the right resource. For transportation, this means alerting of the free BART, MUNI, Lyft and Uber ride options in the city, connecting our Medi-Cal members to the Non-Medical Transportation or Non-Emergency Medical Transportation benefits, or warm transferring to the city's home vaccine line. If safety and efficacy is a concern, connection to CDC and other trusted resources is facilitated and connection to the member's PCP is offered. (This can also be looked up by agents in real time if the member does not know their PCP). In

addition, the agents track who is hesitant and performs calls backs. SFHP has seen success with scheduling on repeat calls.

SFHP plans to support city efforts to bring vaccine directly to patients who are unable to call the scheduling line (e.g. pop up events, mobile vans) potentially by funding, connecting organizations and resources, and providing and helping advertise incentives.

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.**

San Francisco Health Plan (SFHP) uses vaccine dashboard data (DHCS data, claims and encounters, monthly CAIR feed data) to assess zip codes within SF that have high percentages and/or high numbers of unvaccinated or partially vaccinated members. Within those zip codes, SFHP will assess access to vaccines by reviewing availability of mass vaccine sites (e.g. Moscone center), SF Health Network (SFHN) drop-in, large-scale sites, pharmacy sites, community sites offering vaccine on a regular basis, and PCPs with vaccine onsite and efforts to reach the homebound. For zip codes with high percentages or numbers of unvaccinated members, SFHP will focus on conversations with PCPs within those zip codes to assess how we can help them offer vaccine onsite, if possible (storage may be an issue). For providers with more than one location, SFHP will have conversations to assess feasibility of shifting or staggering their onsite locations to zips where need is greater. SFHP is also sending information on free transportation and home vaccine options to providers for them to pass along to members.

In addition, the easiest access is bringing the vaccine to the member. SFHP will work with SF city partners to support efforts to bring vaccine directly to members, such as home vaccinations, mobile vans, and pop up clinics, in the zip codes with greatest need.

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

San Francisco Health Plan (SFHP) collaborates with PCPs by sharing data, information, tools, providing appointment assistance with the contracted call center, and other resources for conducting outreach to SFHP members, e.g., letters, emails, Web site information. We plan to continue do this in joint

operations meetings with the medical groups and outreach calls with providers, as well as through provider newsletters and mass communications via email and our website. We plan to share COVID vaccination (CAIR) data with Medical Groups and PCPs so that they can identify their unvaccinated members for outreach. We are also offering to conduct the outreach for PCPs via a mass communication campaign and call center. Our call center will reach out to unvaccinated members to help schedule vaccine appointments for PCPs. We will continue to work closely with the SF Department of Public Health primary care clinics that are targeting disparate populations and communities by advertising vaccine opportunities in their neighborhoods/workplaces etc. We plan to continue to get feedback from PCPs about successful strategies and conduct knowledge sharing opportunities for best practices to increase vaccination rates.

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

San Francisco Health Plan (SFHP) will discuss any barriers PCPs are facing with enrolling as vaccine providers during joint operations meetings and work with PCPs to help address these barriers. We will encourage PCPs to enroll through provider communication efforts (i.e. provider newsletter and website) as well as in our joint meetings with providers. We plan to incentivize the PCP visit that includes a COVID vaccine thus connecting more patients to primary care and decreasing PCP's shadow panel. We will review provider quality and performance metrics to strategize ways to tie provider vaccine enrollment and COVID vaccination rates of membership to overall incentive opportunities for providers.

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.

San Francisco Health Plan (SFHP) will coordinate efforts with the SF Department of Public Health (SFDPH) in locating and supporting vaccination pop-up clinics. On an ongoing basis in regular meetings with the SFDPH, SFHP will share information related to communities of focus identified in our vaccine dashboard. In conversations with SFDPH, providers in the SFHP network, and community-based organizations, SFHP will identify strategies for supporting the success of vaccinations sites.

For instance, in order to increase confidence in vaccines in communities with low vaccination rates, SFHP could encourage and provide financial support to medical providers with community influence to speak at vaccination pop-up clinics to provide information and address questions about the vaccine and vaccine safety. The SFDPH has found this strategy useful, but has relied on providers of diverse backgrounds to volunteer their time. As volunteering could strain physicians further in these stressful times, SFHP will explore how it can incentivize providers to speak at designated community events.

Additionally, SFHP will continue to utilize the contracted call center vendor to reach out to members who have not yet been vaccinated to assist in scheduling vaccine appointments. Call center staff and all member facing teams will be provided with training in key messages to support members in addressing barriers to getting the vaccine.

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.

San Francisco Health Plan (SFHP) tracks the availability of all vaccine sites in San Francisco and ensures that our vaccine call center and all member-facing staff have up to date information. The goal is to offer each member multiple options on where they can get their vaccination to ensure that it is the most convenient for them. This includes mass vaccination sites, clinics, pharmacies, community events, drop-in options and home-based vaccination. Our call center will then schedule the appointment (unless the member chooses a drop-in site) for the member as requested and assess for any additional barriers to making that 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.

San Francisco Health Plan (SFHP) is fortunate to have two home-based vaccination partners; one through the County COVID Response team and the other from the San Francisco Health Network (SFHN). We have already complete one round of internal data analysis and outreach aimed at identifying our members who are homebound. We also partnered with our Community Based Adult Services (CBAS), Golden Gate Regional Center (GGRC) and California Children Services (CCS) providers to connect their patients who needed homebased vaccination. Through a collaboration that started with supporting In-Home Supportive Services (IHSS) having access to the vaccine, we also partnered with SF Human Services Agency to ensure all IHSS workers know how to get their client/consumer access to a home-based vaccination if needed. Finally, as mentioned previously, our vaccine call center access for each individual's potential barriers when accessing the vaccine and will offer home-based vaccination when needed or requested.

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.

San Francisco Health Plan has coordinated COVID vaccination efforts with our network pharmacies since December 2020 and will continue to engage our chain and independent pharmacies as an important partner in COVID outreach and vaccination efforts. We are investigating several possible options for further collaboration as pharmacy vaccination sites continue to be among the most accessible and available locations for COVID vaccinations.

1. Pharmacy-location vaccine clinics for scheduled or walk-in appointments, including pharmacy- based pop-up vaccination sites. (i.e. CVS clinics - Core solution for on-site COVID-19 vaccination clinics | Return Ready™ | CVS Health*.)
2. Targeted member engagement at the time of prescription pick-up (i.e. new CVS HealthTag campaign designed to help promote the increase of COVID-19 vaccinations with direct messaging/engagement by CVS pharmacy to health plan members upon script pick up.)
3. Bundling Flu vaccine and COVID vaccine messaging and clinics (Chain pharmacies Walgreens & CVS are internally assessing this opportunity)
4. Coordinated planning for upcoming child vaccinations (i.e. Walgreens sponsored Pharmacy-held clinics at school locations for kids 12-15 years earlier this year and this may be a good option as we expand to the 6-12 year old populations.
5. Coordinate planning for upcoming third dose vaccinations (Pharmacies are already engaged in member outreach on any person more than five days late for their second dose of vaccine. Expanding this outbound call campaign is planned for the third dose as well.)
6. Coordinated messaging on vaccine hesitancy and correcting misinformation. (Walgreens, CVS & Safeway have all been partners in the SFDPH-coordinated vaccination effort to coordinate messaging and actions; this will continue.)
7. Identifying home-bound members through pharmacy-delivery requirements and coordinating vaccinations for these members. (This is being assessed especially where pharmacy and home-health corporate connections exist, i.e., Coram/CVS.)

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

San Francisco Health Plan (SFHP) will rerun our analysis aimed at identifying members who aren't vaccinated (or are partially vaccinated) and would benefit from a home - based vaccination based on health plan data. Our call vendor will make outbound calls to these members and provide warm connection to the San Francisco's vaccine at home scheduling line. This effort has already been completed once and will continue with direct outreach to members who are unlikely to be able to travel to a vaccine site. SFHP also benefited from San Francisco Health Network and other community base clinics staffing and launching a mobile vaccine effort aimed at jail, shelters, temporary housing and Permanent Supportive Housing buildings. This effort continues and has been very beneficial to not only our members, but also SF residents in general.

In addition, SFHP will explore the best ways to support pop up clinics and mobile van efforts that are most effective, be it through funding, researching and building connections to determine the best focus locations, providing collateral and materials to advertise incentives, etc.

As part of our outreach efforts with trusted community CBOs, the SF Department of Public Health, and our provider network, SFHP will collaborate to determine the best strategies for supporting members in getting vaccinated.

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.

San Francisco Health Plan (SFHP) has created a vaccination dashboard from all vaccination data sources available to us (DHCS, claims and encounters, monthly CAIR feed). The dashboard is refreshed every morning to capture the latest data. The dashboard allows SFHP to monitor vaccination rates by age, gender, medical group, PCP clinic, race/ethnicity, language and zip code. Additionally, it allows us to identify members who have only received one of a two dose vaccine. SFHP staff use the dashboard to identify opportunities for member outreach, community engagement, and other strategies to encourage vaccine uptake, and can use the same underlying data to generate member list reports on demand.

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.

SFHP will create weekly extracts of our vaccination data and distribute the data, broken down by members by provider group, and distribute the focused data to the medical groups to enable providers to use the data to outreach to members/patients that have not been vaccinated. The extracts will include vaccination date, type of vaccination received (e.g. Pfizer, Moderna, or Johnson & Johnson), dose number, and the vaccinating provider. SFHP will also partner with providers to develop and distribute targeted member outreach lists as needed.

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.

As described in Question 15, San Francisco Health Plan stores all the vaccination data available to us in our data warehouse. These data are then combined with SFHP demographic, enrollment data and medical group assignments to populate the SFHP vaccination dashboard and member outreach list reports that will be shared with medical groups.

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

Through collaboration with the SF COVID Response team, our provider network, our community partners and data collected by our vaccine call center, San Francisco Health Plan is actively tracking : reasons for not getting the vaccine, incorrect assumptions on vaccine supply and other misinformation. We are maximizing our provider network and the relationships our members have with their primary care provider to addressing any misinformation related to an individual's health concerns. We are promoting videos featuring trusted members of the community who address benefits of the vaccine and continue to create education material that is widely available on our website and can be utilized by both community and provider partners.

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.

San Francisco Health Plan will build both internal and external workgroups to implement all activities and each will develop a timeline, track initiatives, milestones, and progress measures. These work groups will be overseen by an overarching project leadership team (PLT) that meets regularly.

SFHP's data systems, have the capability to ensure that there are no duplicative members receiving a vaccine incentive. Though the PLT will decide at a later date on SFHP's implementation process, we currently use our health plan Care Management Platform (Essette) to flag members who are eligible for an incentive campaign and if the service we are promoting was utilized or not. We have the capability to load both Claim and Encounter Data as well as CAIR data into this system to help guide the work. These data points can also be extracted and run against any other outreach reports to delete duplicative members.

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

San Francisco Health Plan (SFHP) respects that each member needs to make the decision that is right for them and we are actively encouraging (and connecting if needed) that our members make the decision about the vaccine with their primary care provider if they have concerns. SFHP will continue to engage key stakeholders in the community who have been providing culturally sensitive and accurate messaging regarding vaccine administration including but not limited to CBOs identified through SF Department of Public Health (SFDPH) and University of California San Francisco (UCSF) programs who have been working in the community to provide accurate vaccine information. SFHP will also monitor incoming member call concerns, and grievances around vaccine practices and initiate follow up as appropriate if concerns about vaccine coercion or misinformation are raised.

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.

San Francisco Health Plan (SFHP) will meet with Kaiser to share data and collaborate on outreach efforts for SFHP members. We plan to align communication efforts to maximize messaging. Targeted outreach to disparate communities will include delegated membership and create a “no wrong door” approach to vaccine access. Kaiser has shared their action plan and it has been reviewed by SFHP leadership to ensure alignment.

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

San Francisco Health Plan is working with the SF Department of Public Health, our provider network and key community partners to determine how direct member incentives can be best implemented with our unvaccinated populations. In the strategy, SFHP will be sure to address disparities within our membership and focus on communities and geographic regions that have the highest percentage and numbers of unvaccinated members.

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

San Francisco Health Plan will follow our policies and processes for current incentive campaigns that are approved by DHCS. These policies already ensure we meet all DHCS guidelines. If necessary, additional guidelines put forth by DCHS for vaccine incentives will be incorporated into our processes. No incentive amount will exceed \$50 per eligible member for a single dose or multi-dose completed vaccination series.