ACAP
Association for Community Affiliated Plans

COVID-19 Vaccine Rollout and Distribution

ACAP Safety Net Health Plan Efforts

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About the Association for Community Affiliated Plans

The Association for Community Affiliated Plans (ACAP) is a national trade association which represents not-for-profit Safety Net Health Plans. Collectively, ACAP plans serve more than twenty million enrollees. For more information, visit www.communityplans.net.

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Executive Summary

This fact sheet provides a comprehensive overview of the experiences of Association for Community Affiliated Plans (ACAP) health plans in their efforts to increase COVID-19 vaccination rates and to ensure equitable distribution of COVID-19 vaccines in the United States. In addition, it identifies promising practices and areas of improvement that may be used to inform future vaccination programs. First, common challenges encountered by ACAP health plans in COVID-19 vaccination efforts will be discussed, followed by strategies that plans have implemented to overcome obstacles and develop their vaccination programs. To this end, the methods that plans have used to engage their enrollees and stakeholders in vaccination efforts will be reviewed. Next, the focus will shift to strategies that have been implemented specifically for populations deemed high priority for vaccination. The final section contemplates how lessons learned can be applied to the next stages of COVID-19 vaccination and to future vaccination programs for COVID-19 and other preventable illnesses.

Introduction

ACAP is a national trade organization that represents 78 not-for-profit Safety Net Health Plans serving over 20 million enrollees through Medicaid, Medicare, Marketplaces, and other public health coverage programs. ACAP is committed to strengthening these health plans in their work to improve the health of people with complex health needs that may be exacerbated by socioeconomic challenges. Several health plans are featured in this report to showcase some of the programs they have implemented since the initial rollout of COVID-19 vaccines. These examples were obtained from ACAP resources including health plan calls, presentations, and documents.

Background

Coronavirus disease 2019, more commonly known as COVID-19, swept the globe in a matter of months after a novel virus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) emerged. In March 2020, the World Health Organization labeled COVID-19 a global pandemic.[1] By October of the same year, the virus had spread to 235 countries, infected more than 43 million people, and caused over one million deaths worldwide. The virus was found to be highly contagious even among asymptomatic individuals, and reports of long-term pulmonary, neurological, and cardiovascular consequences underscored the severity of the disease.[2] The COVID-19 pandemic remains a public health emergency, but the world is now cautiously optimistic as positive strides have been made in the development of COVID-19 vaccines. To date, manufacturers Pfizer-BioNTech, Moderna, and Johnson & Johnson have received Emergency Use Authorization from the U.S. Food and Drug Administration (FDA), granting them permission to distribute their vaccines for use in the United States.[3] At present, all fifty states have expanded COVID-19 vaccine eligibility to include individuals twelve years of age and older.[4]

Throughout the course of the COVID-19 pandemic, ACAP-member Safety Net Health Plans have been critical in promoting health guidelines, educating their members about the virus, and establishing accessible COVID-19 testing sites. Before the vaccines became available, ACAP plans worked relentlessly to promote COVID-19 prevention and safety while providing support to their members, providers, and communities. A non-exhaustive summary of these efforts is presented below.

While vaccination certainly benefits the individual, it also has implications on a global scale, creating a sense of urgency behind COVID-19 vaccination efforts. High immunization rates among the general population prevents the transmission of disease and creates a shield of protection for people with vulnerable immune systems, such as infants, the elderly, and immunocompromised individuals.[5] When a great majority of the population is vaccinated, persons that may not have a full response to vaccination or cannot receive vaccines due to age or pre-existing medical conditions are still protected by herd immunity.[6] In addition, with more people vaccinated and less opportunity for the virus to spread among individuals, the virus is less likely to mutate to become more virulent or even resistant to current vaccines.[7] The life-saving benefits of vaccination at the individual, community, and global level fuel health plans' motivation and focused efforts to increase availability and uptake of COVID-19 vaccines.

At the time of writing, 50 percent of the United States population is fully vaccinated.[8] While this figure indicates substantial progress, evidence suggests people with low incomes, single-parent households, and people with disabilities have had markedly lower COVID-19 vaccination rates.[9]

To make the progress needed to curb the pandemic, COVID-19 vaccination efforts must target and prioritize high-need groups to ensure equitable access to the vaccines. ACAP-member Safety Net Health Plans cover many such high-need groups, and therefore play a critical role in increasing vaccine distribution and uptake.

Member Engagement and Education	Provider Engagement and Education	Collaboration with State/Local Agencies and Community Partners
Promoted prevention of COVID-19 through communication channels such as social media, text messaging, informational videos, and web portals.	Prioritized provider outreach and support by using virtual platforms to relay updates, reminders, and plan and state communications.	Provided grants to community organizations involved in mitigating the impact of the pandemic on marginalized communities, frontline workers, and vulnerable populations.
Offered addiction services, housing assistance, food drives, and other resources to address socioeconomic needs.	Supported providers in the transition to telehealth through financial and operational assistance.	Donated millions of units of PPE to government agencies, medical societies, and hospitals.
Donated non-monetary items and offered gift cards for essential goods to people in need.	Coordinated telehealth training and offered Q&A platforms for providers new to telehealth.	Supported local food banks and partnered with community organizations to address social determinants of health.
Established a 24/7 hotline to connect patients with providers for symptom monitoring and to answer questions about COVID-19.	Donated personal protective equipment (PPE) and toolkits to local health care workers.	Collaborated with community organizations to raise awareness about the virus.
Made wellness calls to members and created programs to address the effects of social isolation.	Provided direct financial support to medical and behavioral health providers.	Partnered with community centers to coordinate town halls and panel discussions surrounding COVID-19.

Challenges to Vaccine Distribution and Uptake

ACAP health plans found that variation in COVID-19 vaccine uptake among their members may be attributed to difficulty obtaining a vaccination appointment, lack of access to vaccine administration sites, vaccine hesitancy, and other social drivers of health. Other obstacles to increasing vaccine accessibility include difficulty maintaining adequate supply of the vaccines and lack of access to reliable data to track vaccine uptake and distribution. This section examines the challenges that Safety Net Health Plans have encountered in their vaccination efforts.

Supply and Demand

At the onset of vaccine rollout, demand for COVID-19 vaccines far exceeded supply. Even with tight criteria for vaccine eligibility, many people faced difficulties finding and reserving vaccination appointments. ACAP health plans observed that many high-risk individuals were left to wait long periods of time before finding an open appointment, and some were delayed with their second dose of vaccine. Persistent vaccine shortages hindered plan efforts and created confusion among people seeking vaccination.

From the perspective of health care providers, the vaccination infrastructure was sorely inadequate to match the high demand for COVID-19 vaccines during initial rollout. Plans reported that providers working at COVID-19 vaccination sites were inundated with an unmanageable amount of calls, emails, and foot traffic, putting an overwhelming strain on the health care workforce. Many clinics lacked adequate staff to administer the vaccines, exacerbating provider burnout and limiting the ability to meet the demand for vaccines.

To further complicate matters, eligibility criteria changed rapidly during initial vaccine rollout, with one plan reporting that eligibility in their state changed three times in the span of one week. This led to confusion among members, with many unaware of their eligibility. A larger pool of eligible people led to even higher demand for vaccines.

COVID-19 vaccine supply substantially increased within a few months of initial vaccine rollout. Most of the United States population is now eligible to receive a vaccine. With supply now meeting or surpassing demand, most people have had the opportunity to be vaccinated if willing and able. As a result, demand plateaued, but new challenges emerged as vaccination sites were left with excess vaccines. Health plans struggled to prevent vaccine waste and to quickly formulate strategies to distribute leftover vaccines.

Access

Gaps in access to COVID-19 vaccines, resulting from a complicated web of factors including access to technology and transportation, geographical location, and other social determinants of health, pose a persistent, formidable obstacle to plan efforts to improve vaccine distribution and uptake. In many cases, the pandemic has exposed and exacerbated pre-existing health disparities within specific populations. ACAP health plans report several types of access barriers that have limited their members' ability to receive COVID-19 vaccines.

The combination of social distancing, the work-from-home environment, and the pervasive use of increasingly sophisticated technology during the pandemic has isolated people who lack access to technology, are unfamiliar with it, or have difficulty with its use. These challenges have had a disproportionate impact on the elderly, individuals with intellectual disabilities, individuals with low incomes, and individuals experiencing homelessness – groups that are more likely to lack technology or are unable to use it comfortably.

For example, ACAP plans observed that securing vaccination appointments often required a baseline level of technological literacy and reliable Internet access. Most vaccine registration portals are online, and many require an email address to reserve and confirm an appointment. This mode of vaccine registration proved impossible or at least extremely frustrating to navigate for people without easy access to a smartphone or computer and a stable Internet connection.

An additional complication to vaccine access was the lack of a centralized mode to register for a vaccination appointment. With many health care organizations standing up their own vaccination sites, registration had to be done individually on each organization's website. Health plans noted that the lack of centralization caused confusion for people unfamiliar with navigating the Internet.

While some vaccination sites offer the option to call to make an appointment, access to a telephone is a prerequisite for this alternative. During the initial vaccine rollout, plans reported that their members often faced hours-long wait times to speak to someone on the phone to make an appointment. These extreme hold times made it difficult for people to register, even with access to a telephone. The burdens of this mode of registration led many to delay their vaccination or abandon the effort.

Another barrier to access commonly brought up by ACAP health plans is a lack of reliable

transportation to get to vaccination sites. Even with increased vaccine supply, this is a persistent challenge, largely affecting the elderly, disabled, low-income, and homeless populations. In addition, people living in rural areas may not live near a vaccine distribution center, limiting access for these communities if transportation is unavailable. Returning for a second dose of vaccine, if needed, poses the same steep challenge.

ACAP-member Safety Net Health Plans have expressed a shared mission to dismantle barriers to accessing health care for their members and for the general population. Plans continue to work accordingly to identify and address gaps in access to COVID-19 vaccines to ensure distribution of the vaccines in an equitable manner.

Hesitancy

Hesitancy to vaccination has been one of the most common obstacles to increasing COVID-19 vaccination rates, as reported by ACAP health plans. Vaccine hesitancy is not a new phenomenon; resistance to inoculation has existed since the development of the first smallpox vaccine.[10] However, it has been amplified during the COVID-19 pandemic owing to the political environment, the overwhelming number of informational and mis-informational resources on the Internet, and a climate of fear of social control.[11] Therefore, vaccine hesitancy remains an issue that ACAP health plans strive to understand to effectively inform decision-making and develop productive solutions. With the observations discussed here, it is important to note that vaccine hesitancy is a complex issue that may be compounded by outside factors such as socioeconomic inequalities, barriers to accessing care, poor health literacy, and lower levels of education.[12] In some cases, the history of abuse that the government and health care system inflicted on minority groups has shaped perceptions of COVID-19 vaccines.

Safety Net Health Plans have found that hesitancy surrounding the COVID-19 vaccines among their members has largely been driven by faulty information, a general environment of mistrust towards the government, and concerns about the vaccines' safety and efficacy. Some common member concerns have been fueled by false claims popularized by viral social media posts, including the ideas that COVID-19 vaccination is a cover for implanting trackable microchips and that the vaccines contain aborted fetal cells. Other members have expressed discomfort with the novelty of the COVID-19 vaccines and concerns that getting vaccinated could worsen pre-existing conditions.

ACAP health plans have identified themes around vaccine hesitancy that are specific to certain populations. In some cases, hesitancy to vaccination derives from religious or cultural beliefs. For example, one plan reported that some of their Creole members expressed a fear of the COVID-19 vaccines out of concern that this would cause a malicious spirit to enter the body. Plans also observed general hesitancy among communities of color, often stemming from a deep distrust in items distributed by the government. This observation is rather unsurprising when viewed in the historical context of the egregious mistreatment and deception of people of color by both government and health care agencies. From the unethical and outright deadly experimentation on Black individuals, as occurred during the 1932 Tuskegee study that caused many to lose their lives to a curable disease,[13] to the sterilization of Latina women without their consent or knowledge,[14] examples of mistreatment of minority groups in health care settings are painfully abundant. These historical injustices, and the loss of trust that naturally ensued, continue to negatively impact the health outcomes of people of color.[15]

Another prevalent theme found among several ACAP health plans is hesitancy within long-term services and supports (LTSS) staff and frontline workers. This hesitancy is rooted in fear of potential side effects from the vaccines and concerns that the vaccines' rapid deployment did not leave enough time to thoroughly analyze their safety. Vaccine hesitancy among this group is concerning, since these individuals work directly with patient populations at high risk of severe COVID-19 infection, including the elderly, individuals experiencing homelessness, and individuals with disabilities.

By consistently gathering information from their members and stakeholders, ACAP health plans have found that vaccine hesitancy is motivated by different factors depending on the individual, their experiences, and their community. Therefore, this issue cannot be met with a one-size-fits-all approach.

Data

ACAP health plans have very limited insight into which of their enrollees have received a COVID-19 vaccine. This scarcity of data impedes plans' outreach efforts, obstructs useful analysis of gaps in vaccine uptake, and prevents plans from effectively distributing scarce resources.

Most ACAP health plans do not currently have access to state immunization information systems (IIS), databases that hold consolidated records of immunizations administered to individuals within those states. If populated with reliable, robust information, IIS could provide a centralized source of aggregate vaccination data.[16] Access to IIS data would provide health plans a clear picture of COVID-19 vaccine uptake and aid in the identification of members that would benefit from targeted outreach or that may require assistance in getting vaccinated.

Strategies

While a small number of plans have been able to retrieve vaccination information from their state immunization registries, these plans report that this information is typically received on only a monthly or quarterly basis, and the data are often outdated or incomplete.

Currently, many plans rely primarily on claims data, but claims data also typically entails a substantial lag in reporting. The use of claims data is a blunt instrument in comparison with vaccine registry data – claims data rarely include demographics such as race or ethnicity, and there is no clear indicator on claims for homebound status, making it difficult for plans to identify and target these individuals that may benefit greatly from outreach. Some plans have found that enrollee vaccination status cannot be tracked using claims data because mass vaccination sites in some states did not collect insurance information, and many claims are not filed at all, so no record is created.

ACAP Medicaid plans have faced additional data obstacles with their dual eligible enrollees. If Medicare Fee-For-Service (FFS) pays for an individual's vaccination, the Medicaid plans cannot access this information, blocking their ability to coordinate care for these enrollees. Accordingly, plans have faced considerable challenges in tailoring their vaccination strategies to specific populations, as they lack the statistical information to identify which populations are in most need of support. Vaccination data are required to unearth the contributing factors to low vaccine uptake, inform decision-making, and meet the goal of equitable vaccine distribution and administration. However, without the ability to accurately track vaccine delivery in real time, ACAP health plans have faced difficulties in identifying high-need members and populations that may benefit from intervention strategies.

Member Engagement

ACAP health plans emphasized education in member outreach efforts, recognizing the value of facts and knowledge in addressing issues such as vaccine hesitancy. Other outreach campaigns aimed to increase access to COVID-19 vaccines by directly linking members with vaccination centers and removing barriers to vaccination. More recently, vaccination incentives have been discussed as a motivation strategy. Plans emphasized that all member engagement efforts required a great deal of flexibility, as vaccine eligibility and availability changed week by week during the early phase of vaccine rollout.

Communication and Education

Many ACAP health plans used media, including radio, billboards, and TV, to broadcast general information about COVID-19 vaccines. Others uploaded information to their websites and social media to expand their reach. More direct outreach strategies included contacting at-risk individuals by phone or text message. The combination of mass education strategies and targeted outreach to individual members has proven vital to increasing confidence in the vaccines and connecting members to vaccination centers.

Some plans turned to celebrity endorsements and pop culture references to advocate for vaccination.

L.A. Care Health Plan[*] worked with the family of the late Leonard Nimoy to develop a "Live Long and Prosper" billboard and social media campaign, a clear reference to Star Trek. The billboard depicts masked individuals alongside a message advocating for COVID-19 vaccination and includes a tribute to Nimoy. L.A. Care Health Plan also collaborated with **Inland Empire Health Plan**[†] to engage well-known Hispanic actor Jaime Camil to produce and distribute video and audio PSAs and billboards in Spanish and English to encourage individuals to receive the COVID-19 vaccine.

Gateway Health[‡] in Pennsylvania implemented a multi-phase COVID-19 vaccination strategy designed to educate members about the vaccines, promote vaccinations, facilitate transportation, and address potential disparities through equitable access. Gateway first developed both incoming messaging and member outreach campaigns shortly after the FDA emergency use authorization of the first vaccine. For incoming member calls, the plan implemented COVID-19 specific on-hold messaging offering to connect members for assistance with locating vaccination appointments. To facilitate member outreach, Gateway used claims data to identify eligible members and then targeted their outreach to high-risk, unvaccinated individuals. The plan's analytics team stratified their member population based on age, race/ethnicity, comorbidities, and social determinants of health data. This information was then used to create a member outreach list for over 350,000 automated outbound calls and individualized calls from the plan's care management and pharmacy teams.

As part of their educational outreach campaign, Gateway conducted targeted outreach to members to make them aware of available vaccines, help them to determine their eligibility, and to locate the most convenient vaccination sites. In calls with eligible members, the plan associates worked to build vaccine confidence by acknowledging the validity of questions and doubts about the vaccines while also addressing misinformation, promoting transparency, emphasizing vaccine safety, and highlighting the importance of immunization.

Increasing Access

One of the most notable barriers to accessing COVID-19 vaccines has been a lack of reliable transportation for Safety Net Health Plan members. Some plans deployed mobile vaccination units and distributed bus passes to mitigate this need, while others provided non-emergency medical transportation (NEMT) to vaccination sites to further improve accessibility. Some plans have enhanced their member outreach efforts by including offers from Uber and Lyft to provide free transportation to and from vaccination sites. Other common barriers identified by plans include lack of access to technology, low technological literacy, geographical location, and language barriers. Several plans have worked to address these roadblocks by analyzing ZIP codes to identify and target high-need areas, conducting outreach in multiple languages, and distributing information about nearby vaccination sites via direct mail.

CareSource[§] launched a pilot program to improve access to COVID-19 vaccines for individuals lacking a source of consistent transportation or those unable to safely leave their homes to be vaccinated. This program leveraged Ohio Emergency Medical Services (EMS) personnel, specifically off-duty emergency medical technicians and paramedics, to administer COVID-19 vaccines to eligible members. CareSource prioritized equitable vaccine distribution by utilizing Geographic Information System mapping to identify and target those most in need, using race, ethnicity, and geography data sets to facilitate this process. Through these efforts, CareSource has taken steps to close the gaps in COVID-19 vaccine accessibility, especially for areas that experience high rates of poverty and profound health disparities.

[*] **L.A. Care Health Plan** in California, the largest publicly operated health plan in the United States, provides accessible, quality health care for vulnerable and low-income populations in Los Angeles County through several coverage programs including Medi-Cal.

[†] **Inland Empire Health Plan** (IEHP) in California is one of the ten largest Medicaid health plans in the country and the largest not-for-profit Medicare-Medicaid plan in the country.

[‡] **Gateway Health** is a managed care organization that provides leading Medicaid and Medicare programs to 350,000 members across Pennsylvania, emphasizing community engagement and a holistic approach to health care for high-need individuals.

[§] **CareSource**, a nonprofit health plan headquartered in Ohio, provides coverage for 2 million enrollees in five states through their Medicaid, Medicare, and Marketplace programs.

Gateway also addressed social determinants of health issues and potential obstacles such as transportation access and language barriers. This strategy was especially beneficial to members who may have faced difficulties scheduling an appointment on their own during the initial vaccine rollout period with limited providers and supplies.

Most recently, Gateway's analytics team developed a member heat map, identifying locations with the largest concentrations of unvaccinated Gateway members. The heat map has precision that drills down to the zip code level. As a result of this level of detail, the plan has been able to target the most vulnerable neighborhoods through community and provider partnerships for additional educational outreach. The education is focused on addressing potential underlying vaccine hesitancy and misinformation.

To advance vaccine accessibility, ACAP joined the Vaccine Community Connectors (VCC) initiative, a program launched in March 2021 by America's Health Insurance Plans (AHIP) and the Blue Cross Blue Shield Association (BCBSA). The VCC initiative aims to identify and dismantle barriers to accessing COVID-19 vaccines by providing education, tailored outreach, and resources to vulnerable individuals, such as seniors in underserved communities. To further reduce vaccination disparities, ACAP and its member Safety Net Health Plans have expanded the reach of the program to Medicaid beneficiaries. The VCC program has worked to improve equity in vaccine uptake by prioritizing communities with the highest Social Vulnerability Index (SVI). The SVI is a metric developed by the CDC (Centers for Disease Control and Prevention) that uses fifteen U.S. Census variables to identify populations in greatest need of support during public health emergencies and natural disasters. ACAP's partnership with AHIP and BCBSA in this industry-wide initiative allows health plans to increase the scale and impact of their collective vaccination efforts through expanded collaboration, sharing of best practices and challenges, and the extensive resources and support offered by the VCC program.

Incentives

In some cases, education, targeted outreach, and increased accessibility may not be enough to overcome barriers to COVID-19 vaccination. Accordingly, several Safety Net Health Plans have offered incentives to their members, generally aimed at engaging individuals who were not otherwise persuaded to come forward for a vaccine. The Centers for Medicare & Medicaid Services have granted Medicare Advantage Plans, including Dual Eligible Special Needs Plans and Medicare-Medicaid Plans, permission to use incentive programs in relation to the COVID-19 pandemic, with the exception that rewards may not be given in the form of cash or monetary rebates.[17]

CalOptima[**] is providing members with a $25 Member Health Reward for each COVID-19 vaccine dose received, up to two gift cards for the two-dose vaccines. The Target gift cards are available for members ages 12 and older. CalOptima confirms members' vaccination status through the California Immunization Registry, and gift cards are then sent to those who were vaccinated. CalOptima has promoted this offer through an assortment of media channels including print, outdoor, radio, digital and social media. As of August 1, more than 333,000 members were eligible for gift cards.

CareSource is collaborating with all managed care plans in the State of Ohio to increase COVID vaccinations. The plan provided a $50 incentive to Ohioans enrolled in Medicaid who came forward for vaccination. The plan reports that the incentive, combined with member outreach and communication, was a significant factor in improving vaccination rates in a short time. Approximately 350,000 adult Ohioans enrolled in Medicaid managed care were vaccinated as of June 10, 2021; that increased to more than 450,000 statewide as of July 25, 2021.

Several other health plans have launched similar programs, offering gift cards or non-monetary items to vaccinated members. However, some plans interested in offering incentives cite a lack of authorization from their states as a hurdle to implementing this strategy.

[**] **CalOptima** is a county organized health system in California that prioritizes quality health care delivery through its health insurance programs for low-income and disabled persons. CalOptima is the largest health insurance provider in Orange County and provides coverage for its members through four programs: Medi-Cal, OneCare Connect Cal MediConnect Plan, OneCare (HMO SNP), and Program of All-Inclusive Care for the Elderly.

ACAP plans suggest that incentives may be a useful tactic to encourage vaccine uptake in employment settings. Plans have noted that their enrollees have responded positively to offers of paid time off from their employers in the case of developing symptoms after receiving a COVID-19 vaccine. Some health care providers have already offered to provide financial support to people that experience side effects from a vaccine and to pick up any health care costs that these individuals incur as a result. These efforts aim to increase confidence in receiving a COVID-19 vaccine by reducing the impact of any side effects on an individual's personal life or livelihood.

Provider Engagement

Evidence suggests that the one-on-one, personalized education received from a trusted health care provider is more effective in changing attitudes and behaviors than campaigns executed at a broader level.[18] ACAP health plans have worked to support strong relationships between providers and patients in efforts to improve COVID-19 vaccination rates.

Safety Net Health Plans have consistently supported health care providers to ensure that members have access to quality care despite the challenges presented by the COVID-19 pandemic. Direct outreach strategies, alerts, forums, and FAQs opened the lines of communication between health plans and providers. Some plans formed partnerships with providers to facilitate the organization of small-scale vaccination events. As vaccine supplies began to become more widely available, Gateway Health actively engaged key provider groups to secure blocks of vaccination appointments, participate in vaccination events, help publicize events on social media and in member newsletters, and provide additional member outreach to increase event awareness and scheduling if needed. The plan associates were able to quickly fill available appointments, usually in less than 48 hours. This method was pivotal in meeting regulations about using vaccines in a timely manner and reducing waste. As of July 31, 2021, over 600 appointments have been filled for Gateway Health members through this approach to outreach. Provider participation in this effort enabled prompt vaccination of vulnerable individuals.

In Summer 2020, during the surge in COVID-19 cases and hospitalizations, **Health Plan of San Joaquin**[‡] hosted an online local convening of approximately 70 representatives of hospital and post-hospital providers, so that the provider community could understand the local alternatives to long-term-care facilities that were operating near or at capacity. HPSJ partnered with the California Medical Association and San Joaquin Medical Society to host a drive-thru PPE distribution event in our French Camp parking lot for small to medium sized physician practices. HPSJ launched an outreach campaign (billboards, transit buses, social media, print, radio) to wash hands, watch distance, and wear a mask.

CountyCare[‡‡] in Illinois partnered with provider groups, specifically long-term care facilities, to provide webinars to educate members and staff on the vaccine and encourage vaccination. In March 2021, the plan's Chief Medical Officer led five sessions with the staff and members of Mercy Housing facilities comprised of an initial discussion and then a lengthy Question and Answer period.

CareSource continues to work with providers to support them in both educating hesitant individuals and administering the COVID-19 vaccine. There are still providers who are offering the vaccine in their practices who will be paid additional dollars to increase the administrative payment from the FFS rate to $100 for the initial dose of the vaccination. This payment will continue in conjunction with the $100 member incentive through September 15. Those who are not providing in-office vaccines are still supporting the state efforts by sharing vaccination events and incentives that Medicaid Managed Care is offering.

Incentives have also been discussed as a strategy to encourage providers to get vaccinated. Plans suggest that incentives may be especially useful in increasing vaccine uptake among LTSS staff and frontline workers, groups

[‡] **Health Plan of San Joaquin** is a community-focused Medi-Cal managed care provider for 350,000 enrollees in San Joaquin and Stanislaus counties in California.

[‡‡] **CountyCare**, a top-rated Medicaid managed care health plan in Illinois, provides its members access to a network of over 70 hospitals, 4,500 primary care providers, and 20,000 specialist providers in Cook County for high-quality, affordable health care services.

that have some of the lowest COVID-19 vaccination rates.

By prioritizing provider engagement, ACAP health plans strive to empower providers to demystify the vaccination process, provide accurate information about the risk for potential side effects, and relieve doubts about the COVID-19 vaccines. Health care providers are critical to ensuring that patients have the tools to make informed decisions about their health care and can help them feel prepared to receive their vaccine.

Community Partnerships

To build confidence in the COVID-19 vaccines and increase equitable vaccine distribution, ACAP health plans prioritized community outreach and partnership with trusted community leaders. Community engagement serves a critical role in public health interventions. The inclusion of community leaders and other community stakeholders increases the efficacy of health outreach by establishing high levels of trust, promoting accountability among community members, and ensuring that health program goals match the culture and specific needs of the community.[19] ACAP plans hold a shared understanding of the value of community engagement in outreach and education programs, which has guided their work in COVID-19 vaccination campaigns.

Safety Net Health Plans' strategies to engage communities included leveraging medical experts for local town halls, recruiting faith-based leaders to promote vaccine education, and incorporating community influencers into outreach programs. Some health plans successfully increased vaccine uptake by collecting and sharing testimonials from community members. Others, like CalOptima, facilitated town halls and panel discussions to provide a space for members to have their questions answered by health care professionals. By providing these open forums for community members to ask questions, health plans have built confidence in the COVID-19 vaccines within populations that have been harder to reach.

The inclusion of trusted community members in vaccination efforts has been key to combating misinformation about the COVID-19 vaccines and establishing trust in the health care system and in health care providers. For example, CountyCare recruited faith-based leaders to provide education on the COVID-19 vaccines to their community members. The health plan worked in conjunction with these community leaders during clergy leadership webinars, giving them the knowledge and tools to disseminate educational vaccine content during services and via newsletters, a mode of communication already established as a dependable source of information in the community. This allowed the health plan to understand the history and perspective of the community and then present information in an appropriate and trusted format. This effort highlights the significance of hearing from communities to obtain unparalleled insight into the needs and concerns of specific populations.

As another example, Gateway's third strategy phase involved partnering with independent and chain pharmacies. Community independent pharmacies assisted Gateway with outreach to members who receive care from their pharmacies, and Rite Aid Pharmacy provided vaccinations at Gateway's own community-based Connection Centers. The Connection Center events were scheduled over multiple months to care for groups of members at various date and times, including the administration of second doses. Nearly 600 additional vaccinations were provided through the Connection Center events.

CareSource and other Medicaid Managed Care Plans (MCPs) monitor vaccination rates weekly in conjunction with the state of Ohio and the Department of Medicaid. As they saw a decline in vaccine uptake, they sought out best practices and information to understand member's perspectives on vaccine hesitancy. Using member surveys developed by MCPs, insights from public health organizations, providers, and community agencies, they were able to understand hesitancy rates and reasons why individuals were not getting the vaccine. CareSource worked to develop new educational materials to address hesitancy and used what they learned to improve. They learned from initial community events that one-on-one conversations with individuals, as well as hearing from someone they trusted and know is more effective than large events and clinics for the remaining unvaccinated members.

State and Local Agencies

Collaboration with state and local agencies has been valuable in the development of strategies to increase COVID-19 vaccination rates and to expand the reach of communication efforts. Plans have emphasized the importance of working with these institutions to ensure that messaging is consistent across different state and community authorities, thereby preventing confusion among members. Several plans have collaborated with state Medicaid and public health agencies, local hospitals, local businesses, and community health centers to expand their communication network and to diversify information sources.

To expand access to the COVID-19 vaccines, health plans have worked with hospitals to reserve vaccination appointments for their Medicaid enrollees and arrange transportation if needed. Several ACAP health plans increased the number of local vaccination sites by offering their own facilities, such as their office buildings, conference rooms, and parking lots, to the state or county to serve as vaccination centers, further increasing member access to vaccines.

A small number of plans have been able to access vaccination data from state IIS and have used this to identify high-risk individuals and inform their COVID-19 vaccination outreach efforts. For example, Illinois state has provided a weekly IIS feed and a list of ZIP codes with the lowest vaccination rates to health plans, supporting plan efforts to identify and prioritize high-need areas. The Utah Medicaid program and the Massachusetts Department of Public Health have also released IIS records of COVID-19 vaccinations to health plans to inform their vaccination efforts. The Maryland Department of Health has worked with CRISP, the state's health information exchange (HIE), to match data from the state IIS, Medicare and Medicaid claims, and hospitalizations, which has improved the completeness and accuracy of COVID-19 vaccination data. Other health plans have been using a variety of data sources, such as clinical databases, to fill in data gaps. Many plans still struggle to access vaccination data, but they continue to maintain an ongoing dialogue with states in an attempt to increase plan access to state immunization registries.

In California, Orange County launched an online vaccination scheduling system, Othena.com, and CalOptima worked with local authorities to boost communication about that system by including it in CalOptima's website and advertising. The online portal provides information about the safety and efficacy of COVID-19 vaccines as well as updated eligibility criteria. CalOptima also worked alongside Orange County Health Care Agency to ensure that messaging about COVID-19 vaccines remained consistent and accurate. The health plan used results from a county vaccine hesitancy study to target these communication efforts. Consistency in information has been critical to engaging members, establishing trust and increasing confidence in the vaccines.

In addition to its provider engagement strategy noted above, HPSJ partnered with San Joaquin County Health Care Services Agency and San Joaquin County Office of Education on Masks for Schools (304,000 masks for 14 school districts, 239 schools, 152,000 students). In Spring 2021, when vaccines started to become available, the plan helped identify high-priority members based on their conditions, texted and called those members, and help staff vaccination clinics. By Summer 2021, when supply exceeded demand, and vaccine hesitancy became the issue, HPSJ launch a second text and phone outreach to convey the safety of vaccines and the importance of getting vaccinated.

In Ohio, Columbus Public Health (CPH) shared their innovative vaccination model, which was one reason CareSource adopted an increased incentive of $100. They shared that they saw a 288 percent increase week over week with vaccine uptake. Adopting the lessons from CPH, CareSource also used their data to understand where there are areas of greater need and disparity related to COVID vaccinations to provide more boots-on-ground education and outreach in combination with the increased incentive.

High-Priority Populations

ACAP-member Safety Net Health Plans have identified specific populations that are considered high-priority for COVID-19 vaccination initiatives. These populations include groups of people that face difficulty accessing the vaccines for reasons such as living environment, disability, or socioeconomic status. Safety Net Health Plans have worked to reduce overall disparities in vaccine uptake by developing outreach and education programs specifically targeted to

these populations. While this section highlights Safety Net Health Plan initiatives for well-defined populations, it should be noted that many of the categorizations discussed here overlap, which increases the complexity of the issues these groups face.

Rural Population

Individuals living in rural areas have traditionally faced challenges to receiving health care, owing to a lack of public transportation infrastructure, limited numbers of nearby hospitals, and difficulty recruiting and retaining health care professionals in rural areas.[20] The increased availability of telehealth during the pandemic has been a promising solution for many rural communities. However, people who would benefit the most from telehealth services often lack access to broadband or high-speed internet connectivity—and many lack the technology required to leverage a high-speed connection.[21] Accordingly, **Priority Partners**[§§] in Maryland tailored COVID-19 vaccination strategies to rural areas in partnership with the Vulnerable Population Task Force, a community-based, multidisciplinary coalition established in May 2020 to address specific needs that emerged because of the pandemic. The Task Force has assisted individuals living in isolated, rural areas that face limited access to food, support, and resources due to the financial and social ramifications of COVID-19.

Priority Partners reports that many rural communities they serve do not have access to the technology required to schedule vaccination appointments. In this respect, the Task Force's "One-Stop-Shops" have been a critical resource. These pop-up events, which occur in underserved rural neighborhoods, offer a variety of services, including COVID-19 vaccine registration.

Priority Partners has also worked with local hospitals and community health centers to spread awareness about the Task Force and their One-Stop-Shops. This collaboration has equipped health care providers with the tools to inform their patient population about the resources offered by the Task Force and to link high-need patients to pop-up events. In addition, local health care providers have been recruited to volunteer at the One-Stop-Shops to administer COVID-19 vaccines in easily accessible locations. If using a two-dose vaccine, the second vaccine is scheduled at the One-Stop-Shop immediately after receiving the first dose to encourage completion of the vaccine series.

Older Adults

Elderly persons are more susceptible to contracting COVID-19 and more likely to experience the more severe effects of the disease, up to and including death.[22] Vaccination of this population has therefore been prioritized by ACAP health plans since the initial rollout of the COVID-19 vaccines, aligning with most state vaccination guidelines that placed individuals age 65 and older at the top of the recipient list.

CalOptima's Program of All-Inclusive Care for the Elderly (PACE) provides comprehensive preventative, primary, acute, and long-term care services for older adults. Eligible members may receive these services at the PACE Center, which is located near CalOptima's headquarters. In collaboration with Orange County, CalOptima established COVID-19 vaccination clinics at the PACE Center for their older population. The involvement of the county enabled the health plan to rapidly set up these clinics and supported the planning of several vaccination events. CalOptima publicized the vaccination events at the PACE Center through the news media to increase general awareness. The plan has found success with this strategy; more than 230 people were vaccinated on the clinic's opening day.

Homebound Population

In their COVID-19 vaccination efforts, ACAP health plans have prioritized members who rarely or never leave their home owing to disabilities or other medical problems. These individuals have chronic medical, behavioral, or developmental conditions that place them at higher risk for severe COVID-19 infection and serious complications, including death. Many have physical disabilities that make leaving home difficult or even dangerous to their health, requiring significant assistance if they do intend

[§§] **Priority Partners**, a managed care organization located in Maryland, provides accessible and high value health care services to more than 330,000 Medicaid, Maryland Children's Health Program (MCHP), and Medical Assistance for Families recipients.

to leave home.[23] Especially in light of the strict storage requirements for the COVID-19 vaccines, homebound individuals face steep challenges to vaccination.

In March 2021, **Commonwealth Care Alliance (CCA)**[***] entered into discussions with the Commonwealth of Massachusetts and stood up a statewide in-home vaccination program for homebound individuals regardless of payor status. This first-in-nation program involved building a network of community and state partners to determine eligibility criteria, schedule vaccination appointments, and recruit providers to administer the vaccines. This program targeted homebound Massachusetts residents, their family members, and their caregivers and eventually was expanded to include all residents in the Commonwealth who chose to access vaccines at home.

Vaccinators were contracted from home health agencies, EMS, volunteers, and local boards of health as well as CCA's own clinical workforce. In addition, CCA developed a logistical framework to store and distribute vaccines and related supplies, such as PPE, to vaccinators. To facilitate this program, CCA used the Salesforce platform to streamline the registration process for vaccine recipients, assign providers to appointments, and aid in the reporting process. Feedback from homebound residents has been overwhelmingly positive since the program's initiation.

Since the program's inception (which is still in operations as of August 4, 2021), CCA has been able to vaccinate more than 5,000 Massachusetts residents - dramatically increasing ease of access to the vaccine for this population. The success of CCA's program represents noteworthy progress for homebound individuals, a group that was left behind by much of the country's initial vaccine rollout and distribution efforts.

Homeless Individuals

COVID-19 has had a disproportionate impact on individuals experiencing homelessness. Like other underserved groups, these individuals are more likely to encounter difficulties in accessing COVID-19 vaccines. These individuals have higher rates of severe illness associated with COVID-19 infection, partly because many are older or have underlying health conditions. Crowded shelters provide an ideal environment for the virus to spread rapidly, adding to the risk for this group. [24]

> *Especially in light of the strict storage requirements for the COVID-19 vaccines, homebound individuals face steep challenges to vaccination.*

CalOptima has worked to increase vaccine uptake by Orange County's homeless population by working with community health centers and homeless shelters to increase awareness of and access to COVID-19 vaccines. CalOptima is providing a $25 Member Health Reward gift card to Subway directly to the individual member upon vaccination at one of five sites operated by CalOptima partners. As of July 23, 2021, more than 1,300 gift cards have been provided to members experiencing homelessness through these partnerships.

Racial, Ethnic, and Cultural Minorities

An increased burden of disease, severe illness, and death associated with COVID-19 infection has been observed among racial and ethnic minority groups such as Hispanic, African American, Native Hawaiian/Pacific Islander, and American Indian/Alaskan Native populations.[25] These disparate health outcomes, combined with barriers minority groups have historically faced in accessing care, make these populations a high priority for COVID-19 vaccination efforts.

Priority Partners recognized a great need for COVID-19 vaccine resources in their non-English-speaking populations. The health plan ensured that the Task Force's "One-Stop-Shops" were accessible by providing multilingual informational flyers and having interpreters available at these events. In partnership with Johns Hopkins

[***] **Commonwealth Care Alliance (CCA)**, a Massachusetts-based not-for-profit health care organization, is a national leader in providing high quality coordinated care to individuals with significant health needs. CCA's two health plans – CCA One Care and CCA Senior Care – currently serve more than 42,000 dual-eligible beneficiaries.

HealthCare, the health plan developed materials written in Haitian Creole to expand their reach and accessibility. To boost engagement with their Spanish-speaking members, the plan recruited a native Spanish language subject matter expert from Johns Hopkins University's Adult COVID-19 Vaccine Research Center, who addressed vaccine hesitancy on a local Latino radio station. This plan intentionally sought ethnically and culturally appropriate ways to engage populations and made progress toward removing language barriers to accessing vaccine information.

Dual-Eligible Enrollees

As with other high-priority populations, members who are dually eligible for Medicare and Medicaid have had higher rates of morbidity and mortality associated with COVID-19 infection. These individuals are three times more likely to be hospitalized as a result of COVID-19 infection compared with Medicare-only enrollees.[26] This population has historically been plagued by complex health conditions and gaps in health care access, worsened by the need to navigate both the Medicare and Medicaid programs.[27] Disparities in COVID-19 vaccine uptake have been observed among this group, attributed to several factors including transportation insecurity, vaccine hesitancy, and difficulty maneuvering through the health care system due to the complexity of dealing with two separate programs.

Before vaccines were even approved for use, CCA took steps to engage their dually eligible members to promote the safety and effectiveness of the vaccine and shared data on their One Care and Senior Care Options members with the state to get them on the priority list for vaccination. By bringing the needs of this population to the state's attention early on, the plan secured vaccines in early February 2021 and began vaccinating their own members in their own homes. By August 1, 2021, more than 70 percent of CCA's One Care members had been vaccinated, reflecting the significant impact of the early outreach and CCA's proactive approach - resulting in a higher vaccination rate amongst CCA's members than those in fee-for-service.

Future Considerations

The highlighted initiatives of ACAP health plans serve as models for others to address challenges, prevent avoidable setbacks, and implement strategies more quickly and efficiently in future vaccination programs. Their efforts shed light on member concerns, barriers to vaccination, and groups that face greater obstacles to health care. The lessons learned through these efforts have broader implications on issues that affect the health care system as a whole, such as access to data and health equity.

In the near future, vaccine eligibility is expected to open to all individuals, including young children. The expanded eligibility criteria will likely present a new set of challenges such as parent hesitancy and concerns, access to vaccination for parents and children who face socioeconomic barriers, and timely administration of any booster vaccines. The availability of information already gathered by ACAP health plans through their COVID-19 vaccination efforts may help facilitate a more streamlined response with fewer setbacks. This information may similarly be useful to improve engagement with programs for other vaccines, such as the seasonal influenza vaccine, or for vaccines that may be developed in the future.

Health plan access to vaccination data remains a challenge. Many health plans do not have access to a centralized vaccination database, and instead rely on a range of sources to build a picture of their members' vaccination status—but this information is rarely received in a timely manner, and that which is received is often sparse, incomplete, or outdated. The resulting patchwork of data is of little use in assessing plans' progress and areas of need with respect to vaccination. Universal health plan access to state-run IIS would represent a tremendous step towards improving data collection and use. With access to comprehensive, updated data sets through the IIS, health plans could better track their performance, identify high-need populations, and improve future vaccination or other health programs. ACAP has called on the Biden Administration to allow health plans to access the CDC's Vaccine Administration Management System (VAMS), an online application that provides real-time information on COVID-19 vaccine delivery. ACAP has also requested that the Administration provide information from Medicare FFS to plans that serve dual-eligible enrollees.

Conclusion

Throughout the pandemic, ACAP health plans have remained committed to advancing health equity and dismantling barriers to health care, as evidenced by the specific strategies centered around high-need populations outlined in this document. For example, plans targeted high-risk populations in outreach efforts, engaged community leaders in educational programs, and brought resources directly to underserved areas. Each of these strategies resulted in significant levels of engagement among enrollees that may not have been able to access the vaccines otherwise. Given the success of these initiatives, it is important to continue to implement these strategies as COVID-19 vaccination programs evolve and to consider these methods for future vaccination programs.

The COVID-19 pandemic placed an unprecedented burden on the health care system, providers, families, individuals, and their communities, but the development of COVID-19 vaccines offers a source of substantial hope. As vaccines became increasingly available, ACAP health plans faced novel challenges that required creative, resourceful strategies to increase vaccine uptake and promote equity of distribution. As a result of their efforts, significant progress has been made in these areas, but it remains an uphill battle to curb the pandemic, especially with the recent circulation of highly contagious variants of the virus. The circumstances surrounding the COVID-19 pandemic and vaccines will continue to evolve over the coming months, requiring Safety Net Health Plans to remain flexible and keep an open dialogue with their members.

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