

**White House Virtual Meeting
COVID Vaccine Strategies
November 8, 2021**

Attendees:

Maureen Corcoran, Ohio State Medicaid Director
Amanda Cassel Kraft, Assistant Secretary for MassHealth
Sara Salek, Chief Medical Officer, Arizona Health Care Cost Containment System
Jacey Cooper, California State Medicaid Director
Dr. Lakshmi Emory, Chief Medical Officer, Aetna Better Health of Illinois
Deirdra Yocum, VP Operations Ohio Market, CareSource
Harmony Harrington, VP Government & Community Relations, Blue Cross Blue Shield of Illinois (BCBS IL)

Purpose:

To discuss strategies for improving vaccination rates among Medicaid beneficiaries. Participants discussed developing boots-on-the-ground strategies to improve vaccination rates in communities with low vaccine uptake. Representatives from participating states including Arizona, California, Massachusetts, and Ohio, argued that collaboration and data sharing between Medicaid agencies, public health agencies, and health plans are crucial. State participants argued that creating a unified data sharing interface could be instrumental to identifying and addressing issues causing low vaccination rates among Medicaid beneficiaries and geographic hotspots for low vaccination rates.

Summary:

Ohio health department officials met at the start of the pandemic and utilized rapid cycle improvement (RCI), a method for identifying, implementing, and measuring changes made to improve a process, to improve vaccination rates among Medicaid beneficiaries. Using this approach, Ohio was able to leverage state vaccine registry data and utilize important information to better execute different vaccination strategies for communities with low vaccination rates. Participants from Ohio explained that a unified, collaborative approach across all state health agencies increased their ability to target the most at-risk communities. As part of their RCI approach, Ohio created a single interface where all vaccine-related information was collectively stored and updated in real time.

Massachusetts public health officials created the Vaccine Equity Initiative (VEI) in collaboration with MassHealth, which utilized a hyper-local approach (i.e. door knocking, walk-in clinics, etc.) to improve vaccination rates within communities. Through VEI, MassHealth expanded access to non-emergency medical transportation (NEMT) for Medicaid beneficiaries to access vaccine clinics and created in-home vaccination programs. Massachusetts also created a vaccine incentive for managed care organizations (MCOs) that offered any MCO plan within Massachusetts achieving an 80% vaccination rate among its members a \$500,000 incentive payment. While no MCO has yet reached the 80% goal, a unified data sharing interface is helping them make progress towards this goal by enabling targeted outreach to specific communities with low vaccination rates.

Arizona's Medicaid agency partnered with other state agencies and health plans to implement a COVID-19 hotline to connect Medicaid beneficiaries to COVID-19 services and information. Through a collaboration with the Arizona Department of Health Services and the Arizona Health Care Cost Containment System (AHCCCS), a unified interface with data sharing capability was created to help remove barriers to vaccination. For example, it was used to provide Medicaid-specific transportation services for beneficiaries who want to get vaccinated. State health officials continue to meet with MCOs to develop and implement new strategies for improving vaccination rates.



California's Medicaid agency improved vaccination rates among Medicaid beneficiaries by operationalizing a new public data sharing interface created in collaboration with the California Department of Health Care Services (DHCS) and the state's public health agency, early in the pandemic. By utilizing this data sharing interface, California public health officials were able to immediately identify which Medicaid beneficiaries are not receiving vaccinations and implement strategies to reach these beneficiaries. California aims to close the gap in vaccination rates between Medicaid beneficiaries and the overall population to less than 10% by January 2022.

Aetna Illinois utilized a multi-model approach incorporating texting campaigns, targeted outreach, direct mailers, online resources, and vaccine scheduling and transportation to increase the number of vaccinations. Aetna engaged early on with providers in low-income communities to help better address low vaccination rates. Their data sharing collaboration allowed them to develop and adapt as new data was collected. For example, collected data helped to identify households with both vaccinated and unvaccinated members and create targeted mailers for these households.

CareSource Ohio implemented a similar data sharing platform utilized by both providers and pharmacies to collectively work on improving vaccination rates among Medicaid beneficiaries. They also established the Pharmacy Targeted Incentive Program (TIP), in which Medicaid enrollees who received vaccinations from participating pharmacies received a \$100 gift card.

BlueCross BlueShield of Illinois (BCBS IL) described its approach as centered around mobile care with a focus on community outreach and education. BCBS IL established partnerships early on with the Illinois Department of Healthcare and Family Services, Illinois Department of Health, and local public health agencies to establish a collaborative data sharing initiative aimed at identifying and targeting unvaccinated Medicaid beneficiaries. BCBS IL also established partnerships with Federally Qualified Health Centers and other large health and wellness hubs in communities hardest hit by COVID-19. BCBS IL also partnered with the Pritzker Foundation, allowing them to increase vaccination rates by transforming community centers and buildings into vaccine hubs throughout the state.