Plan Management Advisory Workgroup

November 13, 2025

Agenda

01	Welcome and Agenda Review	5 minutes
02	2027 QHP Amendment Proposed Changes	20 minutes
03	QHP Issuer Accountability Programs	25 minutes
04	Public Health for All Californians Together (PHACT) Coalition	10 minutes
05	Open Forum	60 minutes

2027 QHP Amendment Model Contact Proposed Change

Plan Management Division

Section 3.3: Agents in Covered California for the Individual Market

Update Summary	2027 Proposed Update
QHP for the Individual Market **Section 3.3 Agents in the Covered California for the Individual Market** **3.3 b) Compensation Methodology** Considering recent changes to Agent commission rates in the second half of the year, which may compromise Agent operations and their active participation in essential retention and enrollment efforts for the upcoming Renewal and Open Enrollment Periods, Covered California is proposing an updated contractual requirement. This requirement would call for Contractors to seek approval for any reductions to Agent commission rates following the annual Qualified Health and Dental Plan Certification negotiation meetings (July–December).	**QHP for the Individual Market** **Section 3.3 Agents in the Covered California for the Individual Market** **3.3 b) Compensation Methodology** **b) Compensation Methodology…** Contractor shall provide Covered California on an annual basis, a document describing its standard Agent compensation program. This document shall include a description of its Agent commission, and bonus or incentive programs, standard Agent contract, and Agent policies. Agent commission descriptions must detail both new and renewal enrollment commission rates. Any reduction in Contractor's Agent commission rates after the annual Qualified Health Plan Certification negotiation meeting between Covered California and Contractor must be submitted to Covered California for approval at least 60 days before desired implementation. Covered California shall review submitted commission rate changes and approve or deny changes within 30 days of Contractor's submission of all necessary information.

2027 Contract Amendment Draft & Public Comment

- Updated 2027 QHP Model Contract Amendment draft for the Individual Market will be posted to HBEX: https://hbex.coveredca.com/stakeholders/plan-management/contract-listings/2027/

- Covered California invites stakeholders to review this proposed change and encourages feedback.

- Stakeholders will have until **COB, Tuesday, December 2, 2025,** to provide comments on the Section 3.3 b) Compensation Methodology update. Comments should be returned to PMDContractsUnit@covered.ca.gov.

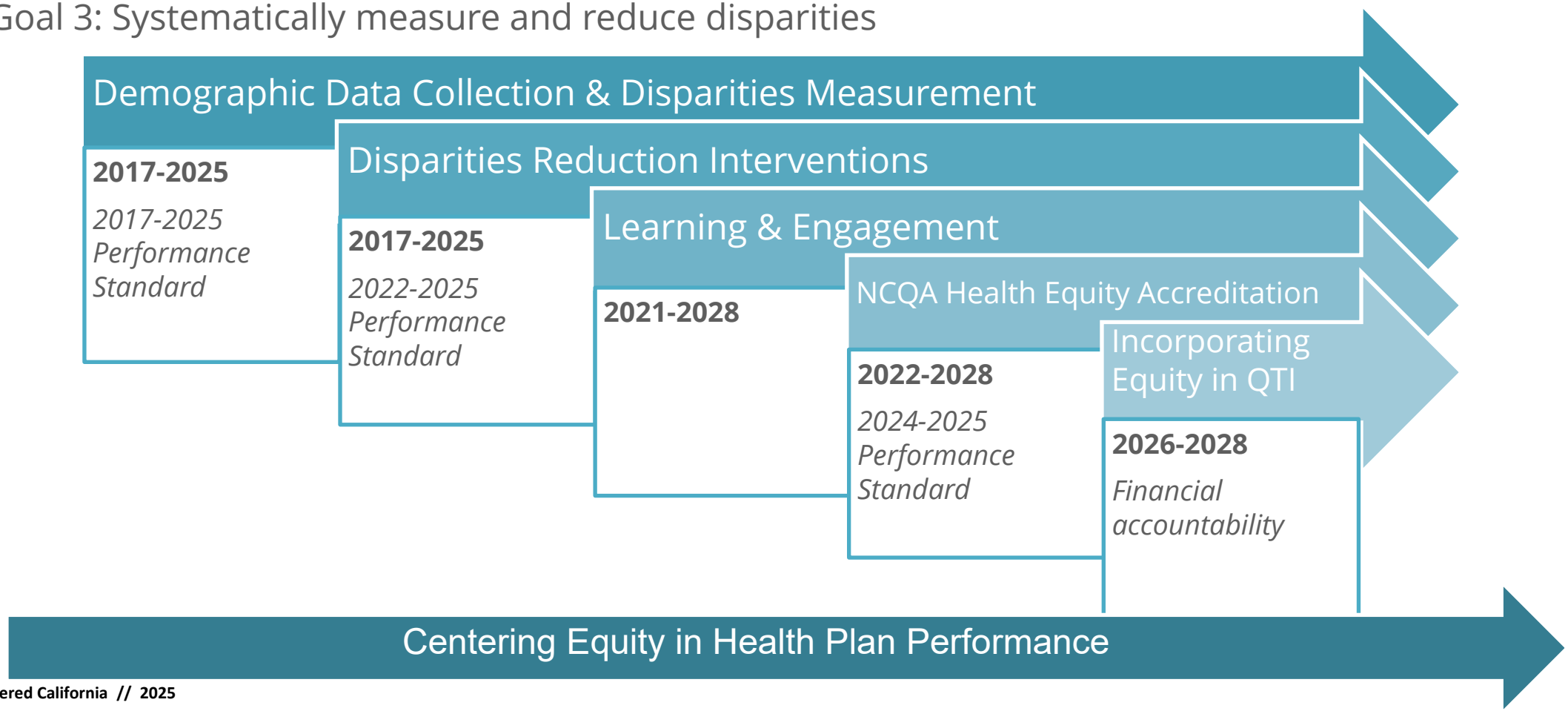
Any questions, please email the PMD Contracts Unit

2027 QHP Attachment 1 Proposed Changes

Equity & Quality Transformation Division

COVERED CALIFORNIA HEALTH EQUITY INITIATIVES

Multi-year contractual initiatives have been in place since 2017 and seek to achieve the following goals:
Goal 1: Improve demographic data capture to support measurement
Goal 2: Improve structure and rigor for disparities intervention development
Goal 3: Systematically measure and reduce disparities



BACKGROUND & TIMELINE OF NCQA CHANGES

2022

QHP Issuer contract amendment requiring QHP Issuers to achieve NCQA Health Equity Accreditation (HEA) by 2023 with financial incentive for early adoption.

2023

All QHP Issuers required to achieve NCQA Health Equity Accreditation

Aug 2025

NCQA releases proposed updates to 2026 Standards for Health Equity Accreditation for Public Comment

Sept 2025

California Public Purchasers collectively submitted comments to proposed updates

Oct 2025

NCQA Standards Committee Meeting held. Covered California found many NCQA proposed updates misaligned with California health equity goals and prepared to remove HEA requirement.

Nov 2025

Covered California to share proposed redlined updates in anticipation of NCQA final update to accreditation standards and initiate the comment period

January 2026

On January 15, 2026, NCQA will update Issuers with an active Accredited Health Equity to reflect Health Outcomes Accreditation and/or Community-Focused Care Accreditation.

July 2026

New NCQA Standards for Health Outcomes Accreditation take effect

NCQA HEALTH EQUITY PROPOSED UPDATES FOR 2026

Type of Change	Standard Change(s) from 2024-2026	NCQA Rationale	Example Redlines
Removal of language specifically referencing health equity, diversity	Organizational Readiness HEA1A: Removal of language "diverse staff" to be replaced by "responsive workforce"	To "**Adapt to the evolving policy environment**" and "focus on respectful, appropriate, responsive care, **rather than abstract concepts such as reducing bias or promoting inclusion**"	HE1: The organization has a workforce capable of supporting its goals to provide opportunities for members or patients to achieve their best possible health. ~~supports health equity goals and takes action to reduce bias and improve diversity, equity and inclusion.~~
Removal of requirements to collect specific patient demographic data factors, and removal of standardized approach to measure stratification	Collection of Data on Gender Identity HE 2D: Retirement of requirement to collect data on gender identity Use of Data to Assess Disparities HE 6B	To "**Adapt to the evolving policy environment**"	HE2: ~~The organization gathers individuals' race/ethnicity, language, gender identity and sexual orientation data using standardized methods.~~ The organization gathers member- or patient-level demographic data using standardized methods.
Removal of language around culturally and linguistically appropriate services and serving multicultural populations	Revise language including in program description in HE 5A Change "Use of Data to measure CLAS and inequities" (HE 6D) to "Evaluating Effectiveness of Interventions" (HO 7D)	To "**Adapt to the evolving policy environment**" and to "better **describe the intent of activities formerly referenced by broader terminology such as "diversity** of the community" And enable "organizations to select data quality lenses that are most meaningful for their population and regulatory priorities"	HE5: ~~The organization continually improves its services to meet the needs of multicultural populations.~~ The organization has clearly defined processes, goals and responsibilities for continuously improving the appropriateness and accessibility of its services.
Additional requirements to expand demographic data collection to include disability status, disability accommodations, and geographic data elements	Collection of new data elements on Disability Status & Disability-Related Accommodations HO 2 Collection of new data elements on geographic data HO 2	To "Add content for disability" and "Add content for geographic classification" Both to "expand the selection of data types so that organizations can select data quality lenses that are most meaningful for their population and regulatory priorities."	"The organization has a documented process for direct collection of data on disability function for all patients or members that includes: • The following response options: – Hearing. – Seeing (including when wearing glasses). – Concentrating, remembering or making decisions. – Walking or climbing stairs. – Dressing or bathing..."

NCQA HEALTH EQUITY ACCREDITATION CURRENT QHP ISSUER STATUS

QHP Issuer Product	Expiration Year
Aetna HMO	2026
Anthem Blue Cross EPO	2026
Anthem Blue Cross HMO	2026
Blue Shield California HMO	2025*
Blue Shield California PPO	2025*
Chinese Community Health Plan HMO	2027
Health Net HMO	2027
Health Net PPO	2027
Inland Empire Health Plan HMO	2026
Kaiser Permanente HMO (NorCal)	2026
Kaiser Permanente HMO (SoCal)	2027
L.A. Care HMO	2027
Molina Healthcare HMO	2028
Sharp Healthcare HMO	2026
Valley Health Plan HMO	2027
Western Health Advantage HMO	2028

Blue Shield of California survey underway in alignment with 2024 NCQA HEA Standards*

ARTICLE 1: EQUITY & DISPARITIES REDUCTION

Notable Changes to Draft Attachment 1	Rationale
Health Equity Capacity Building Effective Plan Year 2027, Covered California will remove the requirement for QHP Issuers to achieve or submit evidence of NCQA Health Outcomes Accreditation, formerly known as Health Equity Accreditation, from its contract requirements.	As part of our strong commitment to advancing health equity and reducing disparities, we believe the NCQA's proposed updates to the HEA standards are not fully aligned with our strategic approach. This change will allow us to better tailor our efforts to meet the needs of our Enrollees and achieve meaningful progress in equity-focused initiatives.
Health Equity Capacity Building QHP Issuers will be required to maintain a diverse workforce representative of the populations they serve to support equitable health outcomes. QHP Issuers can either submit evidence of compliance with NCQA Health Equity Accreditation 2024 Standards or report on efforts to achieve workforce diversity, including assessments of representation, recruitment practices, cultural humility, and staff training. Issuers who submitted proof of NCQA HEA 2024 Standards in Plan Year 2026 are exempt from resubmitting during this contract period.	This new language change is intended to ensure QHP Issuers prioritize developing and maintaining a workforce that reflects the diversity of the populations they serve. Covered California supports meaningful progress, and this change emphasizes accountability, transparency, and the critical role of workforce diversity and cultural humility in addressing health disparities.
Culturally and Linguistically Appropriate Care To meet contract requirements, QHP Issuers may provide either NCQA Health Equity Accreditation Standards reports or reports outlined by Covered California demonstrating culturally and linguistically appropriate services. Health Outcomes Accreditation and its associated reports will not be accepted to meet this requirement.	This change reflects Covered California's commitment to ensuring the consistent implementation and monitoring of culturally and linguistically appropriate services to better serve our diverse Enrollees.

Policy For Removal From The Exchange (“25/2/2”)

Kelly Saephan
Senior Equity & Quality Specialist

MAKING QUALITY COUNT: CONTRACT PROVISIONS ON QUALITY

For existing carriers: “25/2/2” allows for selective contracting and removal from marketplace for consistent poor performance on quality measures.

Quality Transformation Initiative: assesses quality improvement payments up to 66th percentile national performance.

2023-2025 REMOVAL FROM THE EXCHANGE“25/2/2” POLICY & METHODOLOGY

Assessment Structure	Composite measure score on QRS Clinical Quality Management Summary Indicator measures compared to MY 2018 25th percentile individualized composite benchmark for each product. • **Monitoring Period**: If an issuer has one or more products that falls below the 25th percentile individualized composite benchmark for its product-reportable subset of the QRS Clinical Quality Management Summary Indicator measures for **two consecutive** years. • **Remediation Period**: The product is required to meet or exceed the 25th percentile individualized composite benchmark within the **following two years**, or it will not be certified for the Plan Year following the performance assessment of the last year of the remediation period. • **Removal from Exchange**: If the product does not perform above the 25th percentile individualized composite benchmark for **four consecutive years**.
25th Percentile Benchmark	Covered California uses the 25th percentile score for each of the QRS Clinical Quality Management Summary Indicator measures from the QRS national percentile data. An unweighted average of these scores is computed to establish the 25th percentile composite benchmark excluding Non-Reportable (NR) scores and measures without a 2018 benchmark.
Annual Assessment	If the issuer product meets the CMS eligibility criteria to report QRS measures scores, it will be assessed for this 25/2/2 program as early as Measurement Year 2021. Product performance will be assessed annually.

MY2024 INDIVIDUAL MEASURE & COMPOSITE RESULTS

MY 2024 25/2/2 Assessment

Identifier	Measure Acronym	QRS Clinical Quality Management Summary Indicator Measures	MY 2018 25th Percentile	Anthem EPO	Anthem HMO	Blue Shield HMO	Blue Shield PPO	Chinese Community HMO	Health Net HMO	Health Net PPO	Kaiser HMO	L.A. Care HMO	Molina HMO	Sharp HMO	Valley HMO	Western HMO
		MY 2018 Individualized Composite Benchmark	**0.560**	**0.560**	**0.566**	**0.566**	**0.566**	**0.573**	**0.566**	**0.566**	**0.566**	**0.560**	**0.558**	**0.566**	**0.558**	**0.552**
		MY 2024 Composite Score		**0.616**	**0.614**	**0.656**	**0.647**	**0.620**	**0.666**	**0.605**	**0.795**	**0.637**	**0.656**	**0.705**	**0.646**	**0.666**
S1D1C2M2	AMM	Antidepressant Medication Management	0.588	0.601	0.600	0.584	0.599	NR	0.630	0.612	0.746	0.641	0.600	0.741	0.631	0.650
S1D3C6M17	CCS	Cervical Cancer Screening	0.481	0.582	0.509	0.638	0.686	0.572	0.667	0.569	0.752	0.545	0.516	0.718	0.509	0.598
S1D1C3M6	CBP	Controlling Blood Pressure	0.538	0.664	0.630	0.708	0.676	0.530	0.703	0.620	0.801	0.680	0.713	0.754	0.608	0.684
S1D1C3M7	PDC	Proportion of Days Covered (RAS Antagonists)	0.729	0.701	0.686	0.725	0.734	0.806	0.755	0.704	0.804	0.767	0.748	0.821	0.753	0.798
S1D1C3M8	PDC	Proportion of Days Covered (Statins)	0.681	0.669	0.621	0.661	0.676	0.619	0.700	0.683	0.861	0.701	0.671	0.792	0.664	0.735
S1D1C4M13	PDC	Proportion of Days Covered (Diabetes All Class)	0.678	0.709	0.698	0.729	0.700	0.832	0.791	0.743	0.767	0.750	0.743	0.828	0.778	0.759
S1D1C4M9	EED	Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	0.406	0.389	0.460	0.550	0.479	0.446	0.535	0.367	0.774	0.599	0.533	0.647	0.467	0.484
S1D3C7M19	PPC	Prenatal and Postpartum Care: Postpartum Care	0.658	0.798	0.805	0.875	0.830	NR	0.783	0.791	0.930	0.891	0.819	0.820	0.741	0.788
S1D3C7M20	PPC	Prenatal and Postpartum Care: Timeliness of Prenatal Care	0.774	0.805	0.779	0.864	0.811	NR	0.904	0.868	0.960	0.917	0.789	0.754	0.724	0.924
S1D3C8M23	CHL	Chlamydia Screening in Women	0.402	0.502	0.554	0.546	0.515	NR	0.503	0.450	0.646	0.641	0.643	0.532	0.651	0.583
S1D3C8M25	MSC	Medical Assistance With Smoking and Tobacco Use Cessation	0.483	0.539	NR	NR	NR	0.577	NR	NR	NR	0.384	NR	NR	NR	0.562
S1D3C9M47	IMA	Immunizations for Adolescents Combination 2	0.174	0.241	0.418	0.326	0.268	NR	0.378	0.197	0.586	0.393	0.328	0.426	0.529	0.314
S1D3C9M30	WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	0.586	0.689	0.720	0.716	0.684	0.576	0.699	0.704	0.900	0.770	0.764	0.726	0.699	0.775
S1D3C9M31a	W30	Well-Child Visits in the First 30 Months of Life (First 15 Months)	0.661	0.732	0.500	0.602	0.750	NR	0.609	0.561	0.813	0.235	NR	0.600	NR	NR

- Red shaded cells indicate a measure score result below the Measurement Year (MY) 2018 25th percentile baseline.
- "NR" indicates this measure was not reportable to QRS for MY 2024 or the denominator did not meet the minimum threshold for reporting.
  - NR results are omitted from composite scoring results.
- Products with composite score results below the 25th percentile benchmark target may currently be operating within the removal timeline (appendix).

Note: Plan All-Cause Readmissions (PCR) measure has been removed from MY 2024 25/2/2 assessment scoring due to a substantial measure methodology adjustment.

TRENDED MEASURES BELOW THE 25TH PERCENTILE

13 of 13 QHP issuer products remain in **good standing** based on composite performance

- There has been meaningful improvement from MY 2021 to MY 2024, although not across all issuer products.
- 8 QHP issuer products showed improvement, decreasing their total number of Clinical Quality measures below the 25th percentile.
- CCHP has been removed from the monitoring period, due to their increased performance scores in Year 2 of the monitoring period.
- Plan All-Cause Readmissions (PCR) measure has been removed from MY 2024 25/2/2 assessment scoring due to a substantial measure methodology adjustment.

QHP Issuer Products	MY 2021	MY 2022	MY 2023	MY 2024
Anthem Blue Cross EPO	8/20	8/20 =	5/16 ↓	3/14 ↓
Anthem Blue Cross HMO	4/18	5/19 ↑	5/15 =	3/13 ↓
Blue Shield California HMO	4/20	5/19 ↑	3/15 ↓	4/13 ↑
Blue Shield California PPO	4/19	3/19 ↓	4/16 ↑	1/13 ↓
Chinese Community Health Plan HMO	5/14	6/13 ↑	6/09 =	3/08 ↓
Health Net HMO	2/19	1/19 ↓	2/15 ↑	1/13 ↓
Health Net PPO	5/19	7/19 ↑	5/15 ↓	3/13 ↓
Kaiser Permanente HMO	0/18	0/18 =	0/15 =	0/13 =
L.A. Care HMO	3/20	3/20 =	2/16 ↓	2/14 =
Molina Healthcare HMO	10/19	10/18 =	7/15 ↓	1/12 ↓
Sharp Healthcare HMO	2/19	2/19 =	2/16 =	2/13 =
Valley Health Plan HMO	2/17	2/17 =	3/14 ↑	2/12 ↓
Western Health Advantage HMO	3/19	2/19 ↓	0/14 ↓	0/13 =

- Numerator represents the **total number of Clinical Quality Measures currently below the 25th percentile** for the QHP Issuer Product.
- Denominator represents the **total number of reportable scores** for the QHP issuer product.

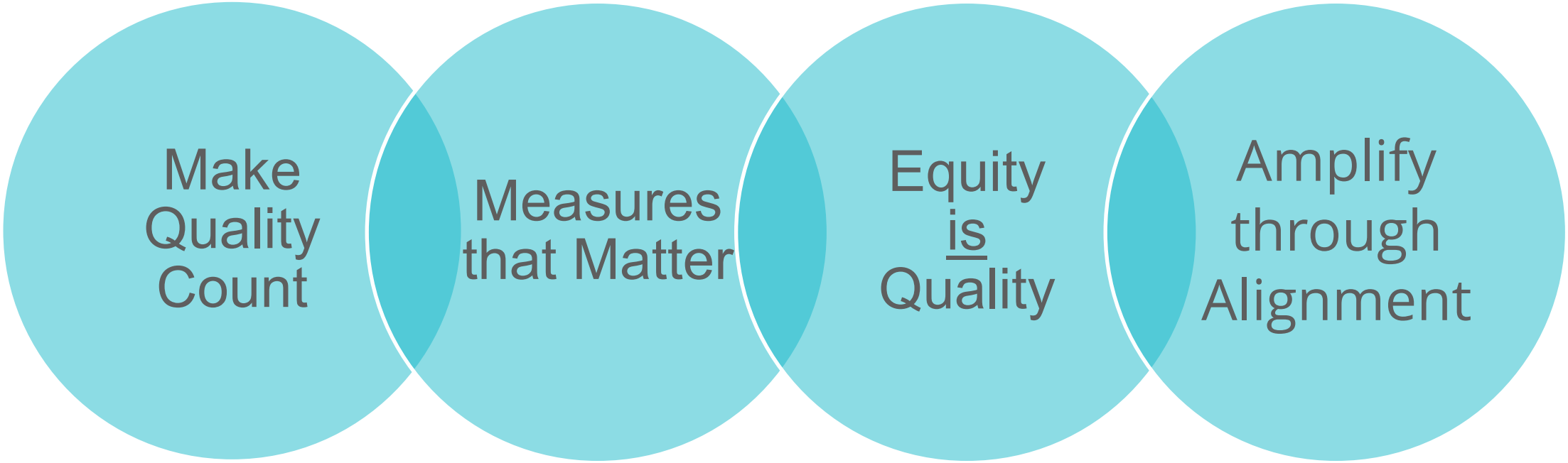
Quality Transformation Initiative

Measurement Year 2024 | Year 2 Results

Joy Dionisio, MPH
Senior Equity & Quality Specialist

COVERED CALIFORNIA

QUALITY TRANSFORMATION INITIATIVE



0.8% to 4% premium at risk for

a small set of clinically important measures

stratified by race/ethnicity

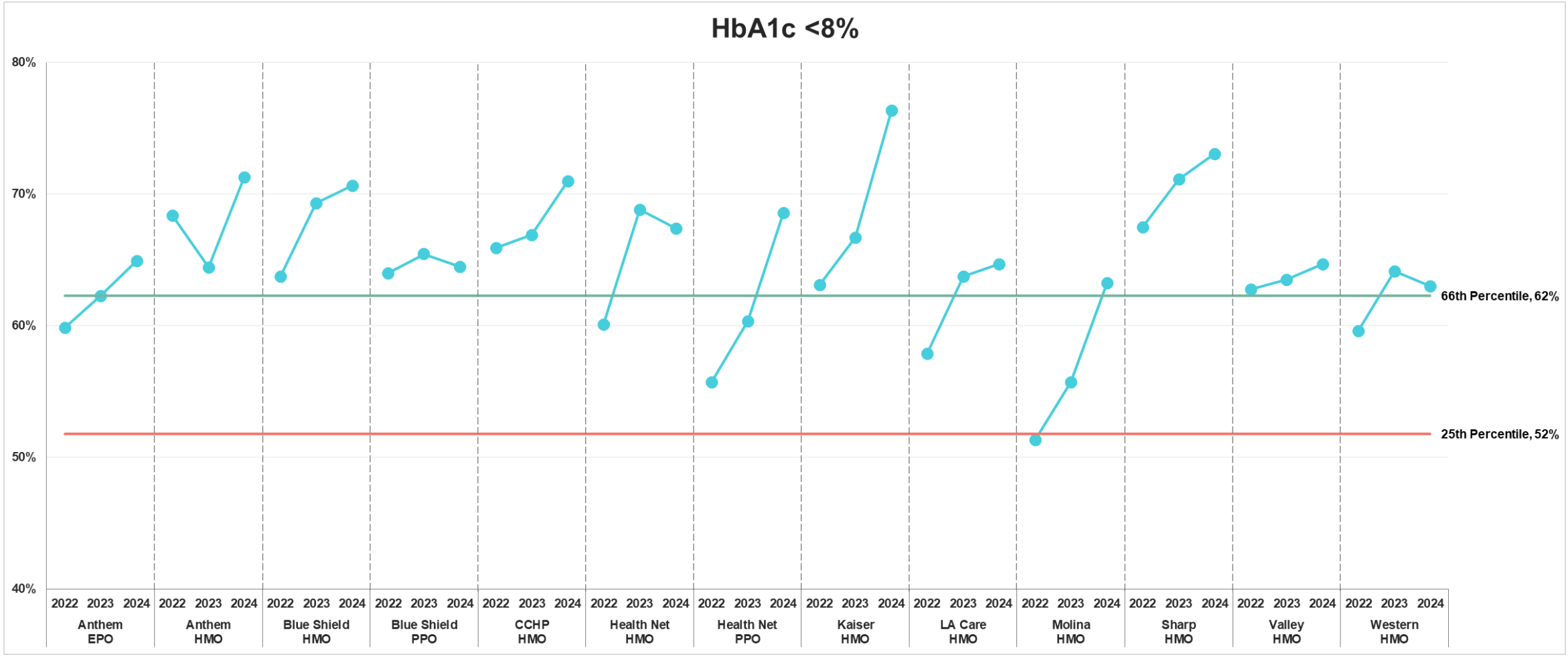
selected in concert with other public purchasers*

*Public purchasers includes CalPERS and DHCS/Medi-Cal

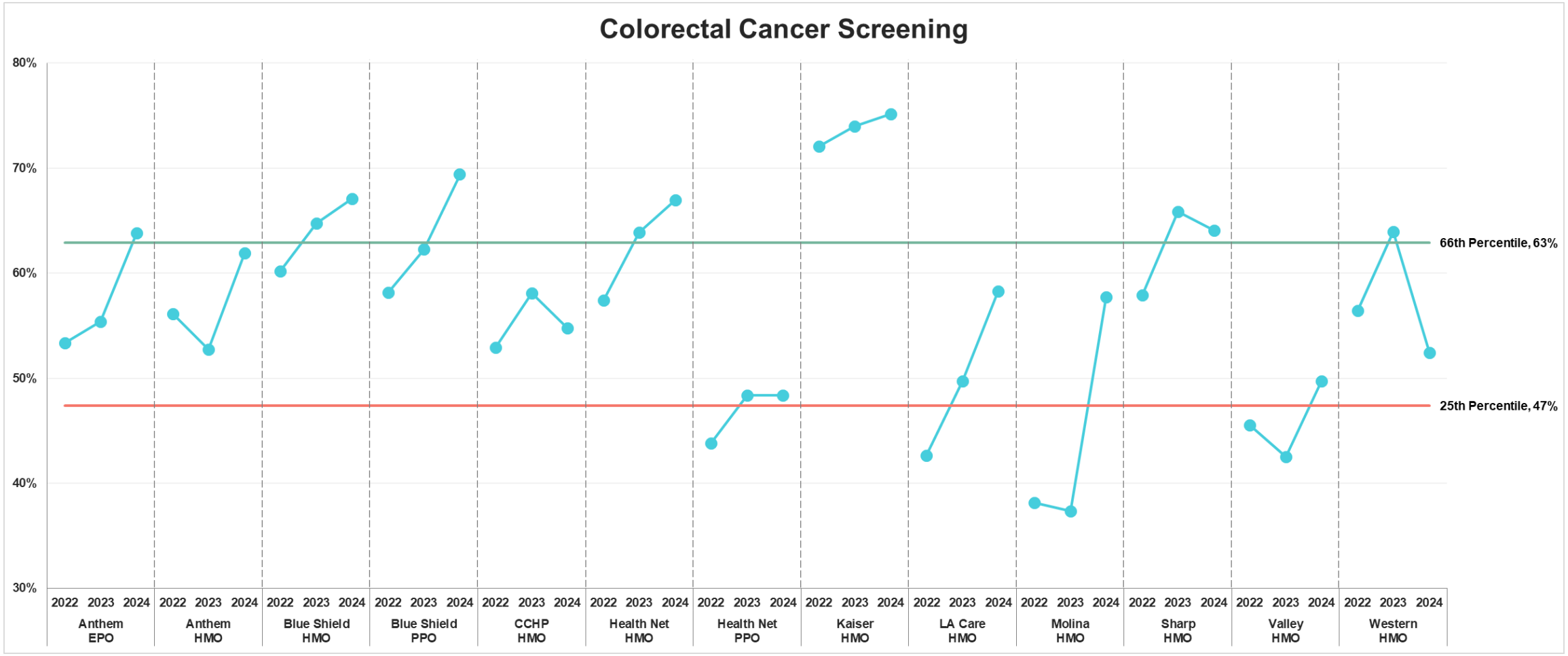
PLAN REPORTED ACTIVITIES FOR QTI

Category	Example Activities Deployed by QHPs	# of QHPs
Internal Organizational Changes	❑ Restructured population health equity and quality teams ❑ Created internal equity workgroups and leadership training ❑ Formed formal health equity committees	4
Direct-to-Member Programs & Incentives	❑ Text messaging and mailer campaigns ❑ New wellness incentives and rewards programs	5
Provider Network & Contract Enhancements	❑ Added equity clauses and QTI metrics in contracts ❑ Incorporated equity measures in VBP models ❑ Deployed provider education sessions	6
Technology & Data Exchange Innovations	❑ Launched equity dashboards with stratified data ❑ Improved member matching via CAIR unique ID ❑ Enhanced EHR alerts and real-time gap reporting ❑ Modernized data systems for equity analytics	7
Performance Monitoring & Accountability	❑ HEDIS dashboards tracking equity metrics ❑ Regular disparity reviews (e.g., maternal health) ❑ Equity goals tied to performance reviews	7
Health Disparities & Equity-Focused Efforts	❑ Partnered with BIPOC-led organizations and universities ❑ Expanded doula and cultural outreach services ❑ Introduced equity-focused provider scorecards	8
Other	❑ Youth outreach and school partnerships ❑ Innovation pilots and internal sprints ❑ Collaborations with CBOs and local health departments	5

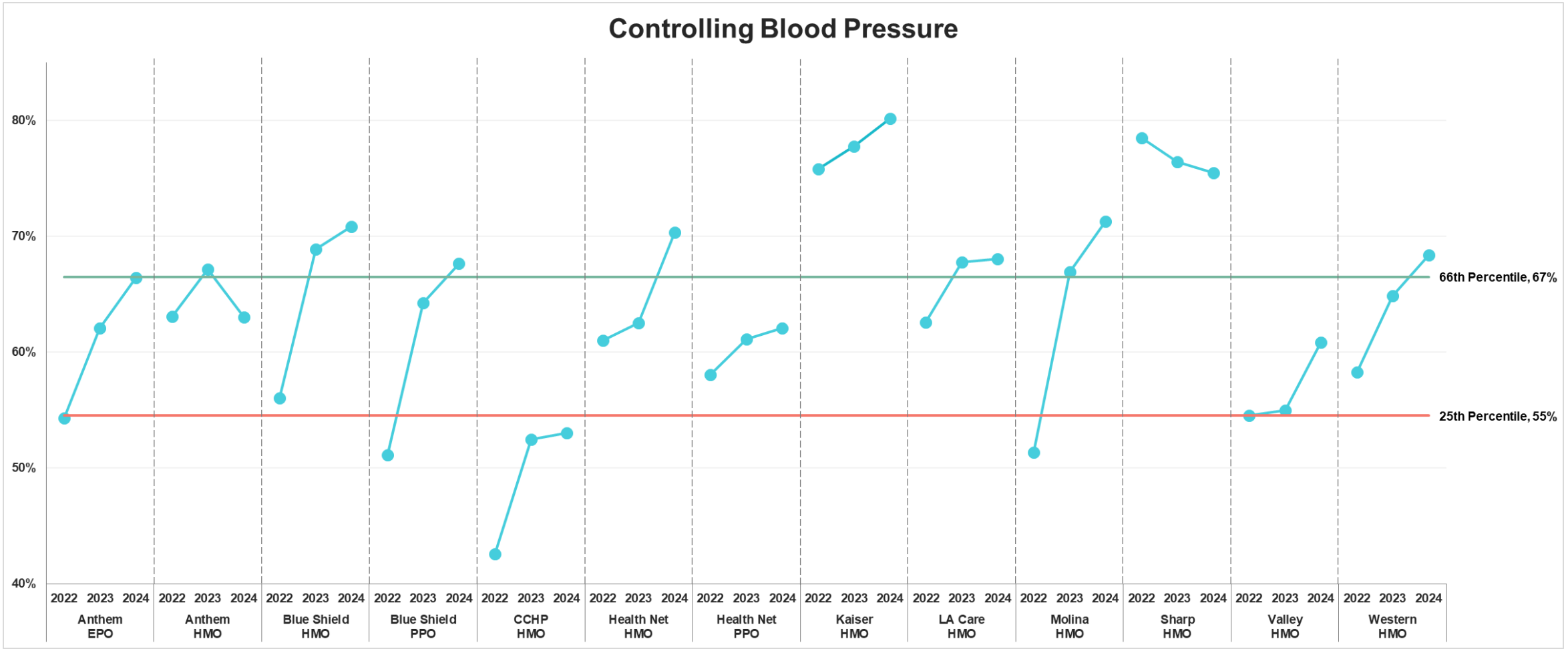
MY2024: DIABETES CONTROL ABOVE 66TH PERCENTILE FOR ALL 13 ISSUER PRODUCTS



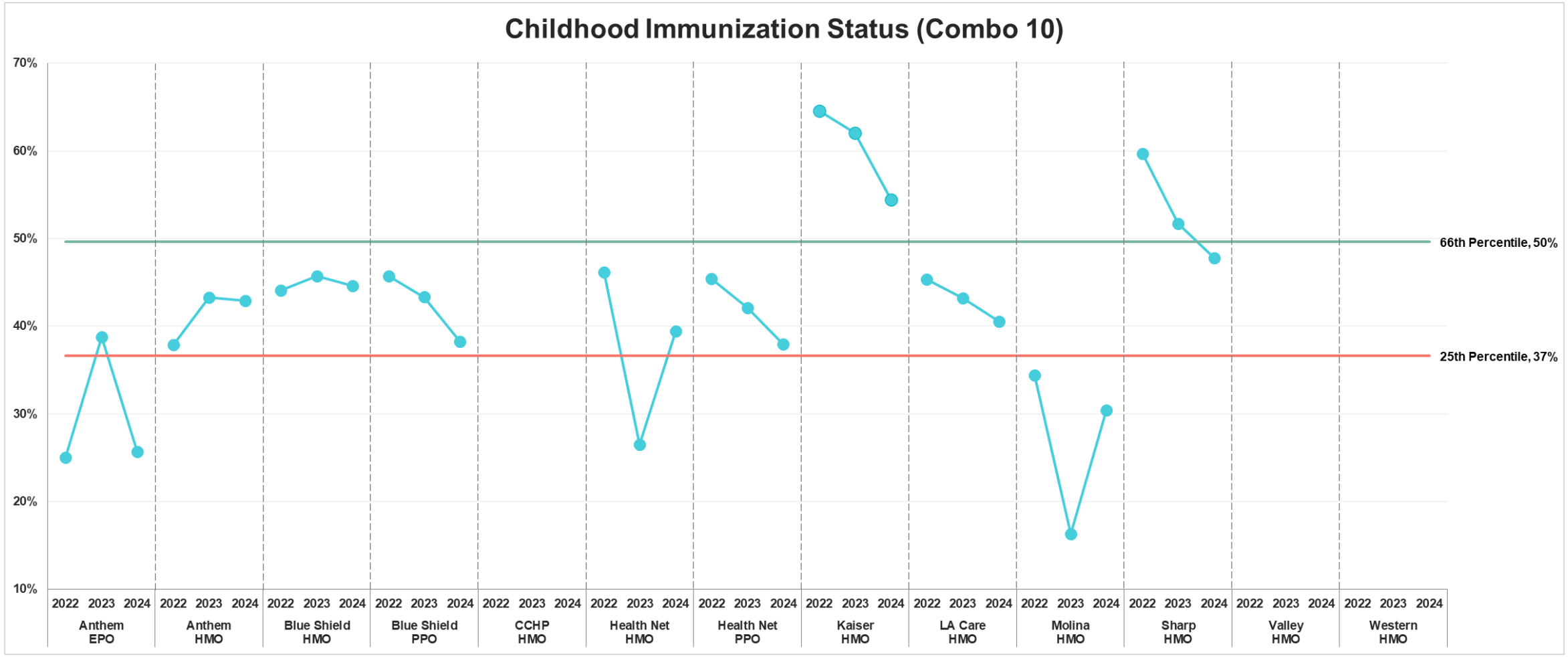
My2024: COLON CANCER SCREENING CONTINUES TO IMPROVE, NO ISSUER BELOW 25TH PERCENTILE



My2024: BLOOD PRESSURE CONTROL CONTINUES TO IMPROVE ACROSS 11 ISSUER PRODUCTS

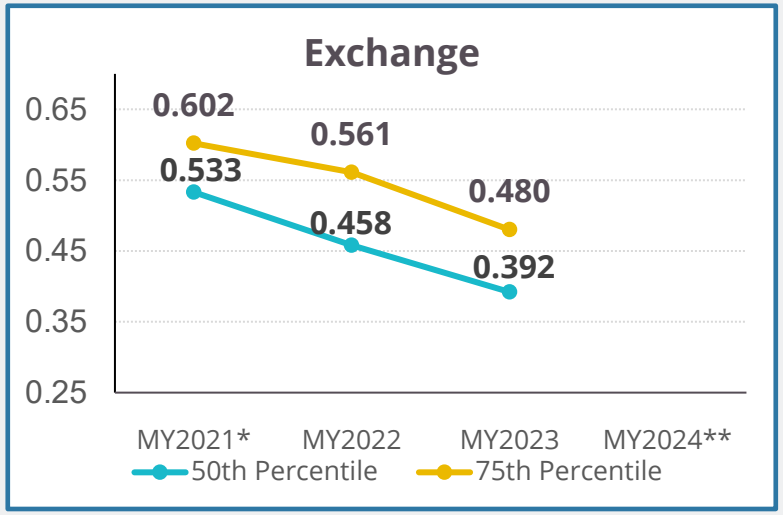


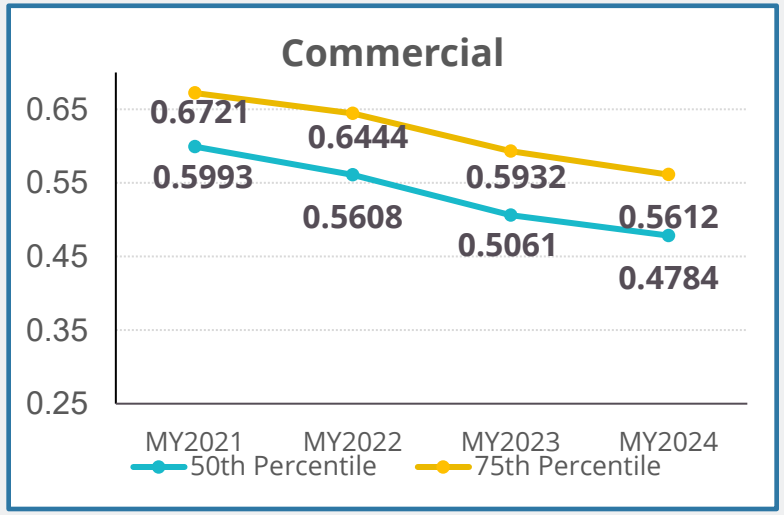
My2024: FOR CHILDREN IMMUNIZATION, ONLY ONE ISSUER ABOVE 66TH PERCENTILE

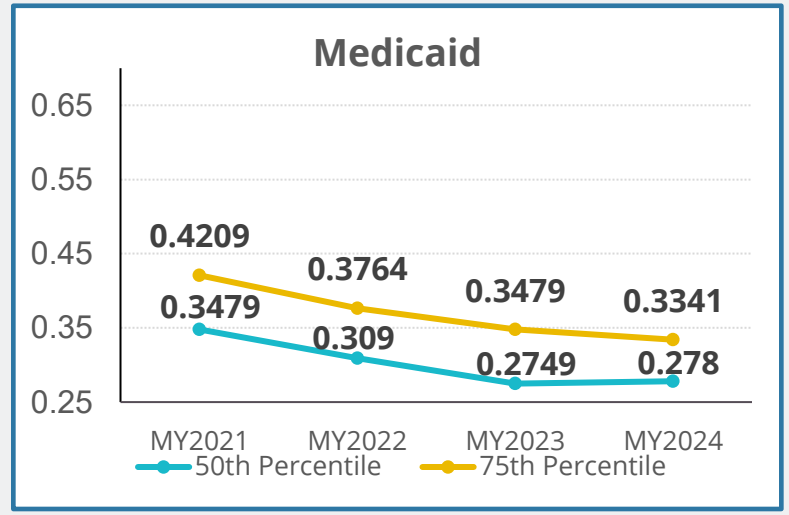


NATIONAL DECLINES ON CHILDHOOD IMMUNIZATION

National CIS-10 Trends







Factors that contribute to low performance on CIS-10 measure:

- Caregiver vaccine fatigue after COVID-19
- Healthcare systems are struggling with access in primary care and declines in usual source of care persist
- Declining vaccine confidence
- Variation in immunization guidance (federal vs state)
- CDC allowable catch-up schedule is not fully captured in CIS-10 measure specifications

*MY2021 Only reported, not scored.
**MY2024 Exchange percentiles not currently available as of 10/13/2025.

QTI ADJUSTMENTS BASED ON ISSUER FEEDBACK

CIS10 Allowance Program

- MY2023 Launch: Allowed issuers to submit supplemental data for children completing the full vaccine series, even if the 2nd flu shot was given after the 2nd birthday (90 days).
- MY2024 Expansion: Now includes all CIS10 vaccines. Vaccinations accepted up to 180 days post-2nd birthday. Designed in response to issuer request and to maintain clinical appropriateness.

CIS10 Payment Adjustment

- For MY2024, Issuers may choose to retain 50% of each product's CIS10 QTI payment. Funds can support issuer-led quality improvement activities. The 50% reduction is applied after CIS10 Allowance Program assessed.
- Issuers must discuss plans with Covered California before committing funds to ensure alignment with program criteria and goals. Issuers must submit 2026 mid-year and end-of year reports outlining quantitative accounting of funds spent and a signed attestation of accuracy by QHP issuer leadership.
- Covered California may continue program in MY2025 depending on issuer adherence to guidelines and impact of funds.

QHP PERMISSIBLE USES OF RETAINED FUNDS

- ✓ Boosting childhood immunization rates and well-child visits
- ✓ Expanding pediatric and adult preventive care access
- ✓ Reducing health disparities among children and vulnerable groups
- ✓ Supporting vaccine outreach and education
- ✓ Strengthening immunization data systems
- ✓ Investing in primary care workforce

ESTIMATED 2026 QTI PAYMENT

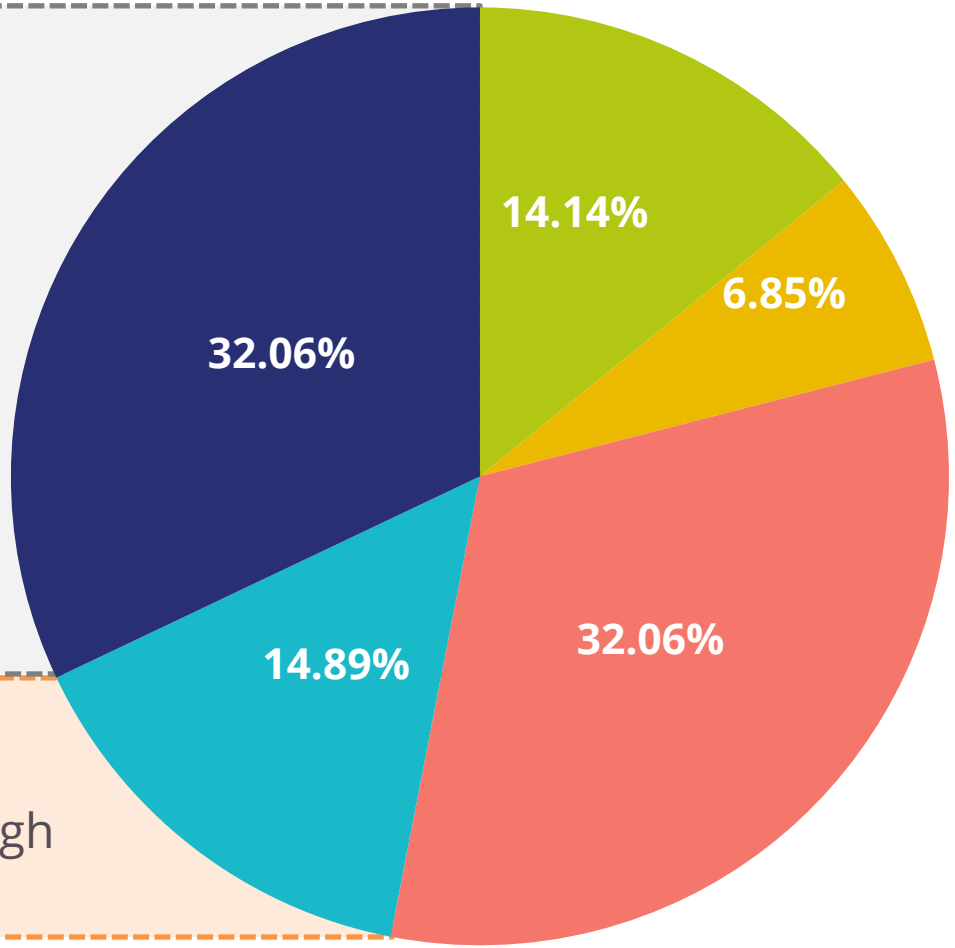
MY2024 QTI Funds by Measure

~$11.9 Million

QHP Issuers to Retain 50% of MY2024 CIS-10 Funds (after QTI Allowance) for use in new or existing Issuer-led Quality Improvement Activities that meet Covered California criteria

~$5.5 Million

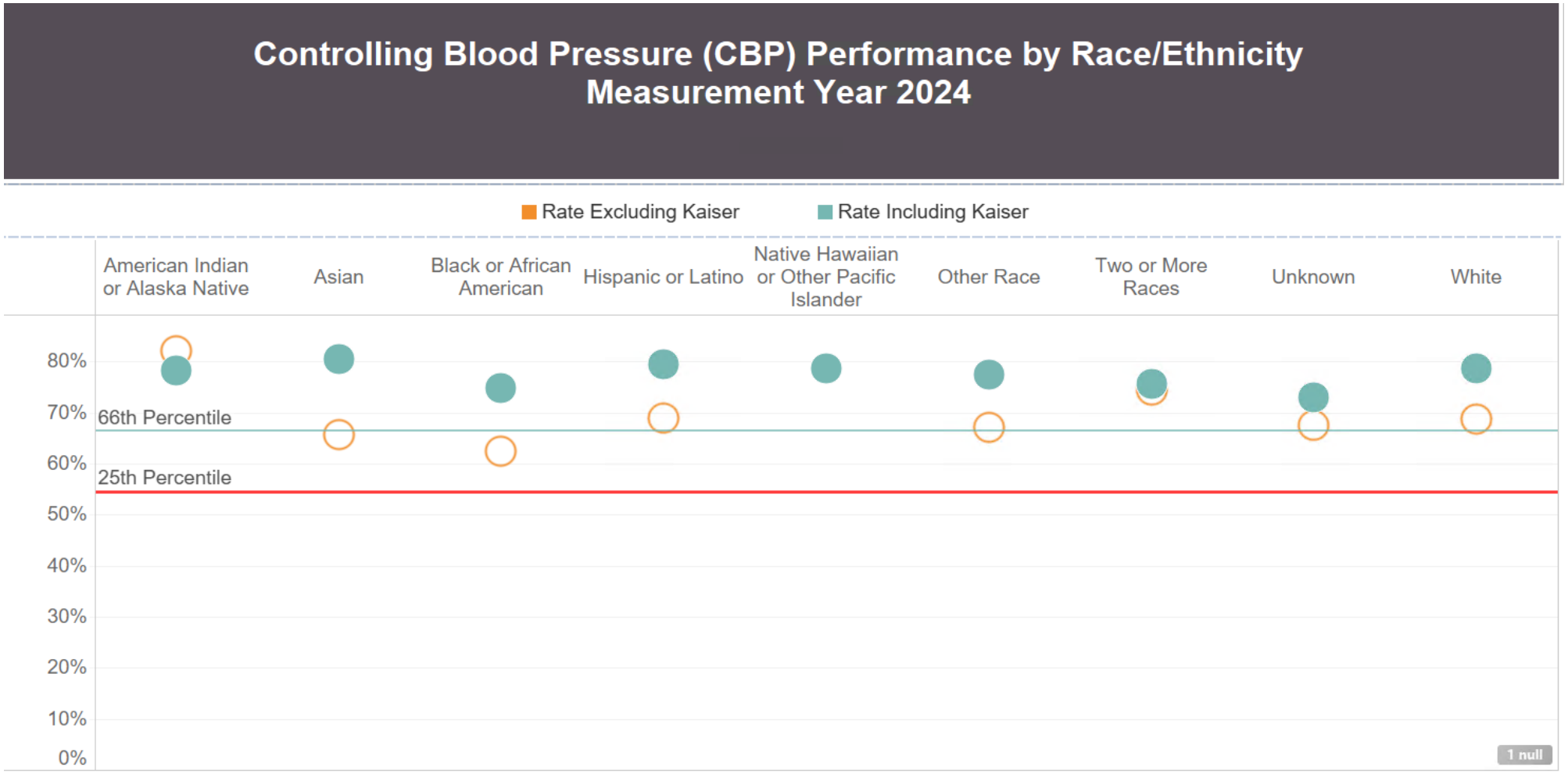
QHP Issuers Savings through CIS-10 Allowance Program



~$19.6 Million

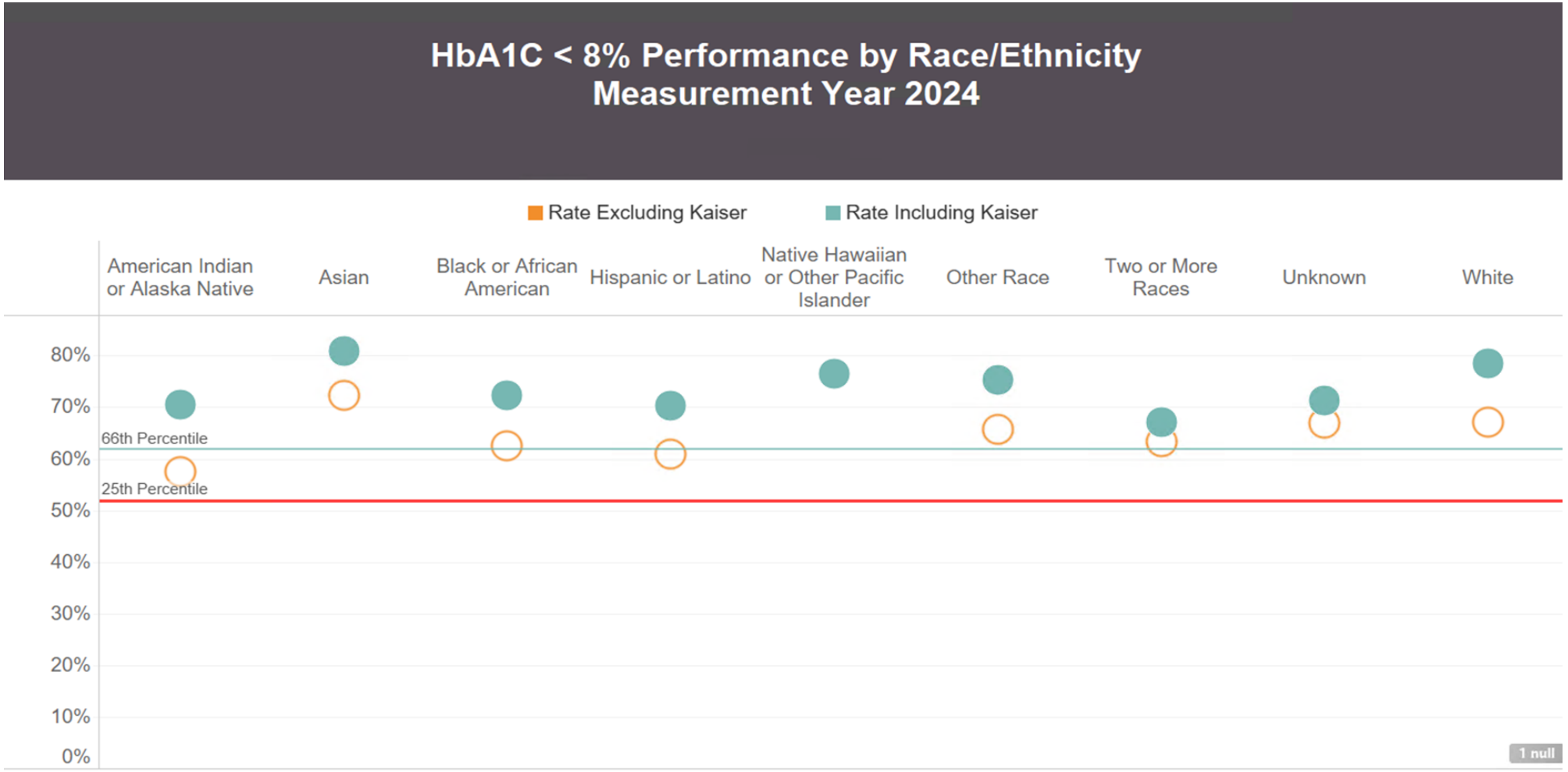
To be allocated to Covered California selected 2026 PopHIs

WHILE STRONG OVERALL PERFORMANCE, BLOOD PRESSURE CONTROL VARIES ACROSS SUBPOPULATION



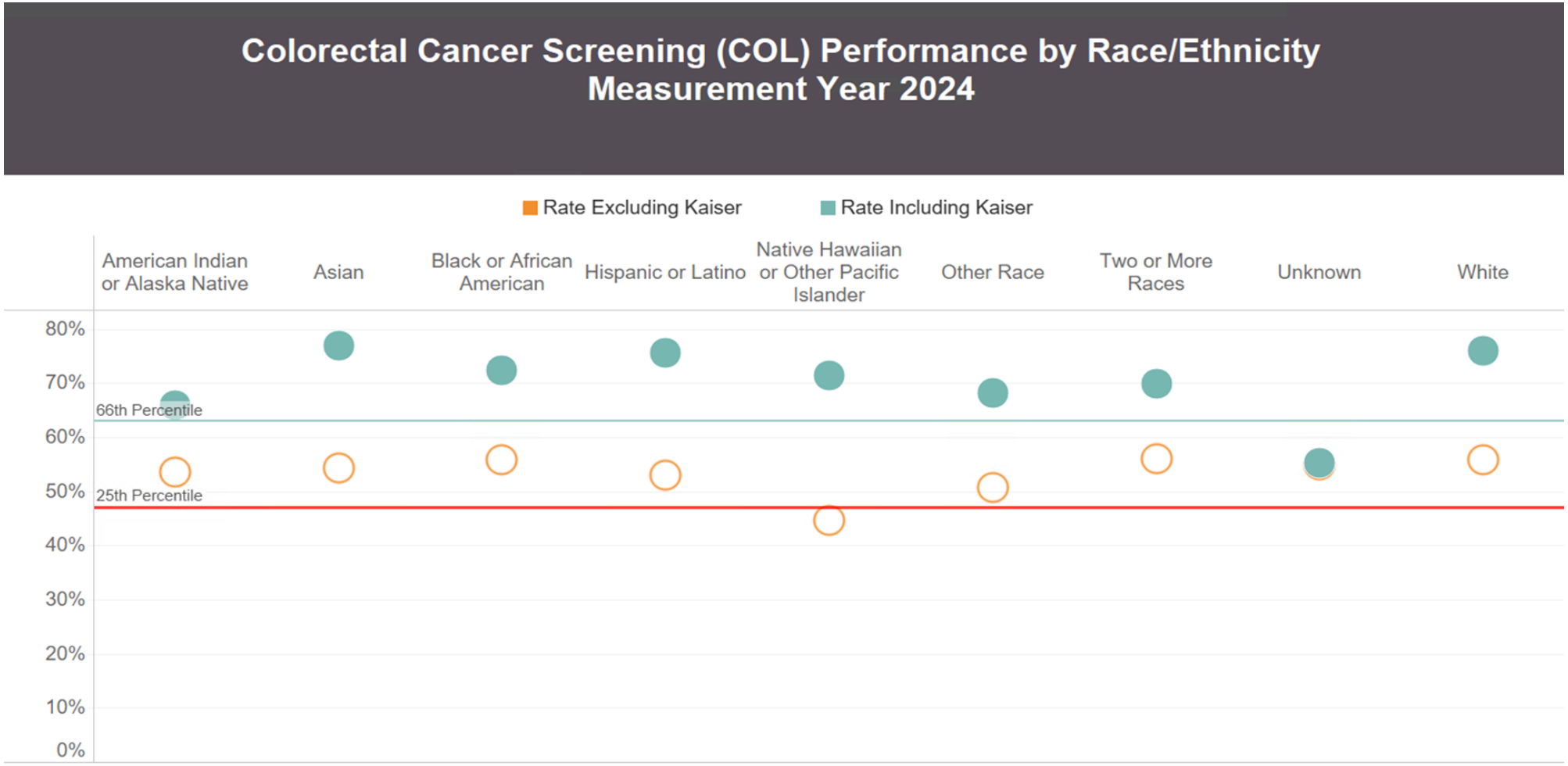
Because Kaiser submits full Commercial population data (n ~ 45,780) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included. Blank data points are counts too low to report.

NO SUBPOPULATION BELOW 25TH PERCENTILE FOR DIABETES CONTROL



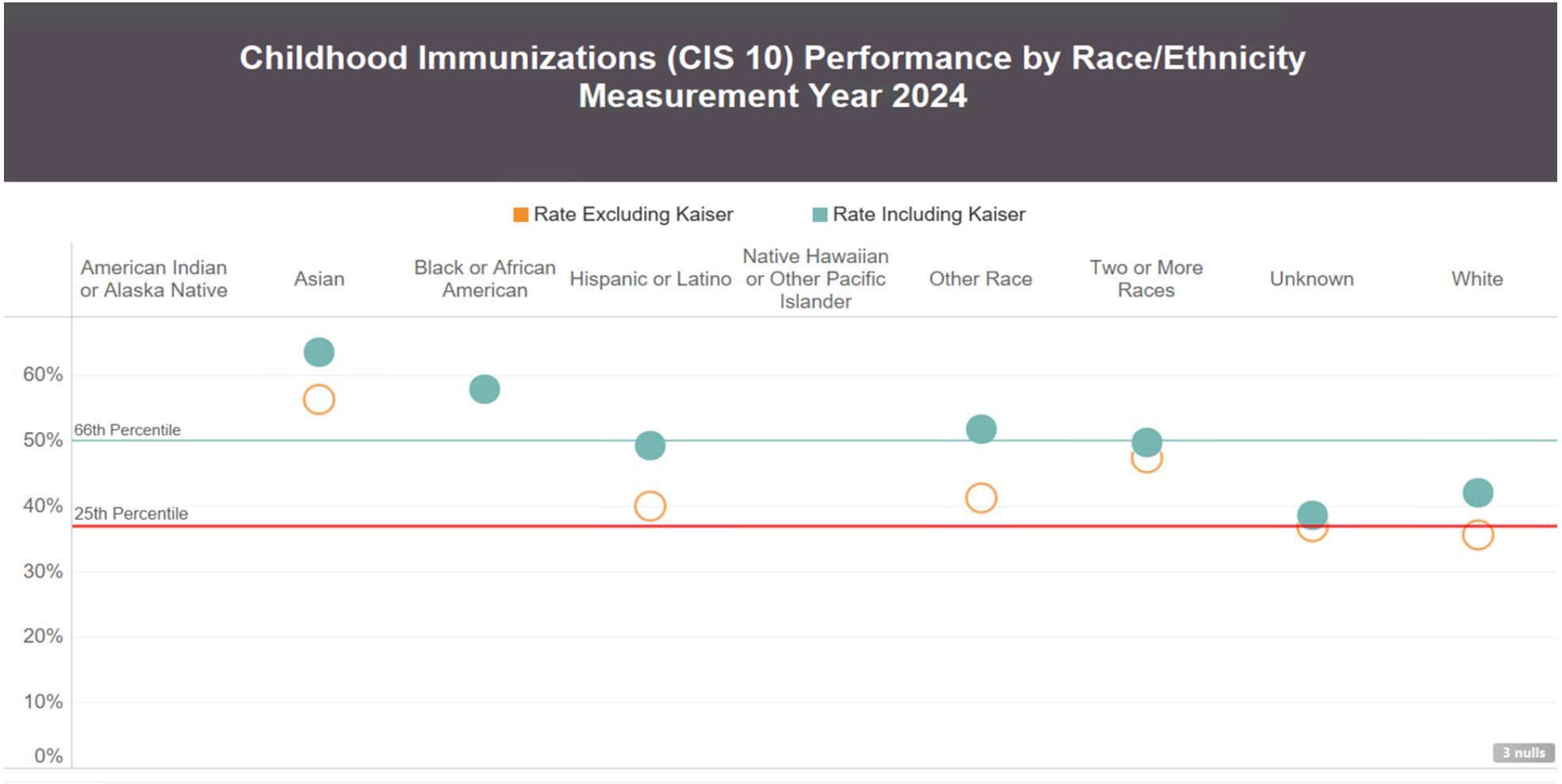
Because Kaiser submits full Commercial population data (n ~ 40k) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included. Blank data points are counts too low to report.

CONTINUED EFFORT NEEDED TO IMPROVE COLON CANCER SCREENING RATES ACROSS ALL SUBPOPULATIONS



Because Kaiser submits full Commercial population data (n ~ 164,660) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included.

PRONOUNCED DIFFERENCES IN CHILD IMMUNIZATION RATES BY SUBPOPULATION

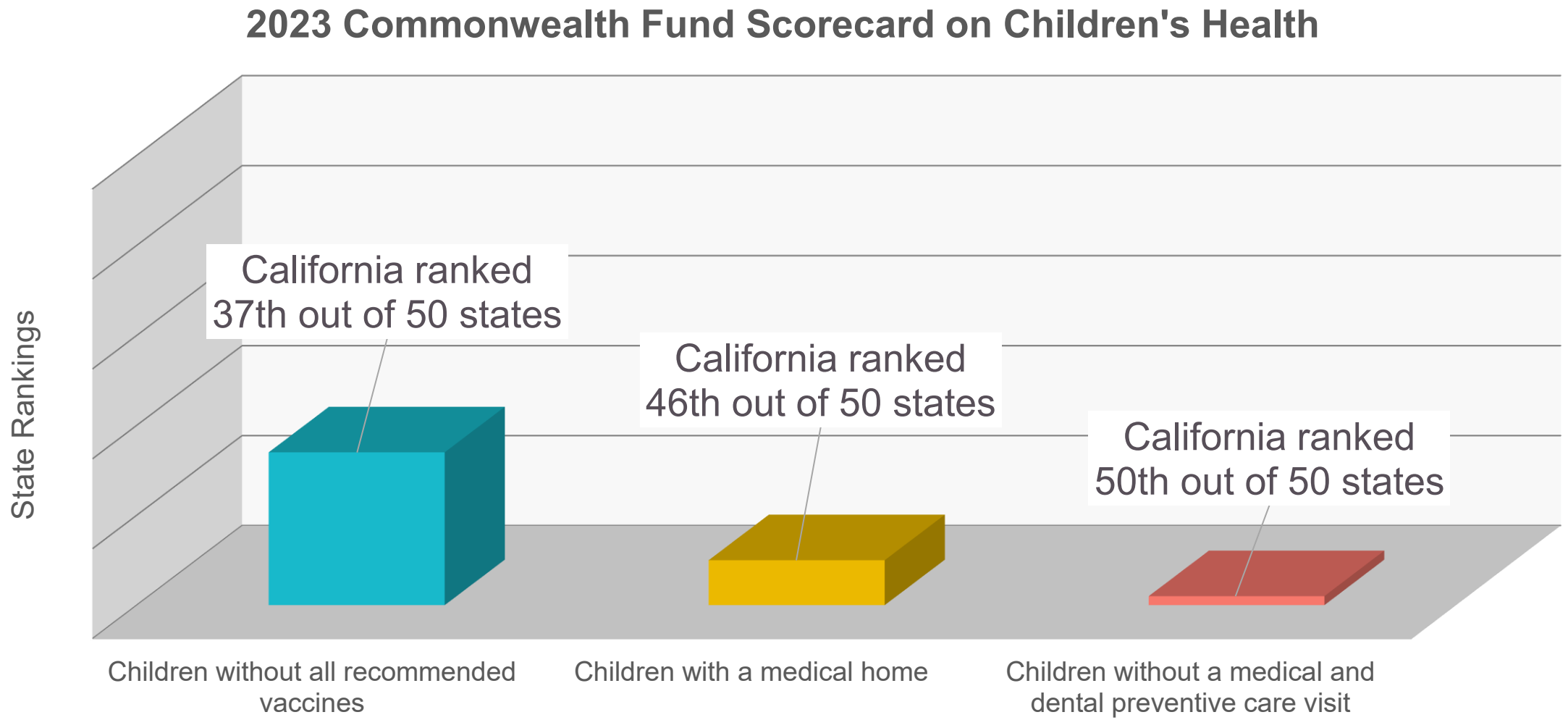


Because Kaiser submits full Commercial population data (n ~ 2,060) while most other Issuers submit a hybrid sample (≤ 411), Kaiser's large sample size significantly influences the rate, so views are shown with and without Kaiser included. Blank data points are counts too low to report.

Public Health For All Californians Together (PHACT) Coalition

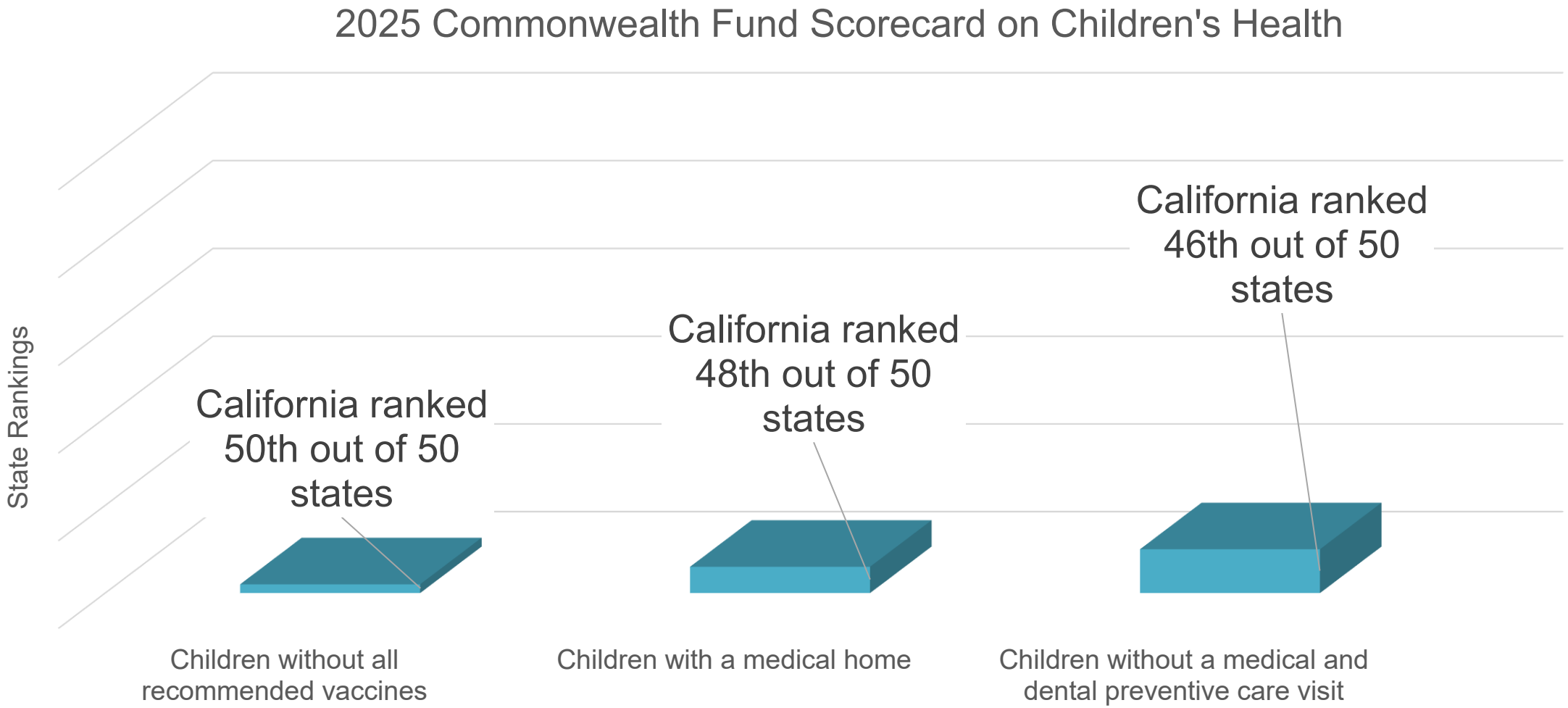
Equity & Quality Transformation Division

FOR KIDS: A FAILING GRADE IN CALIFORNIA



CDPH

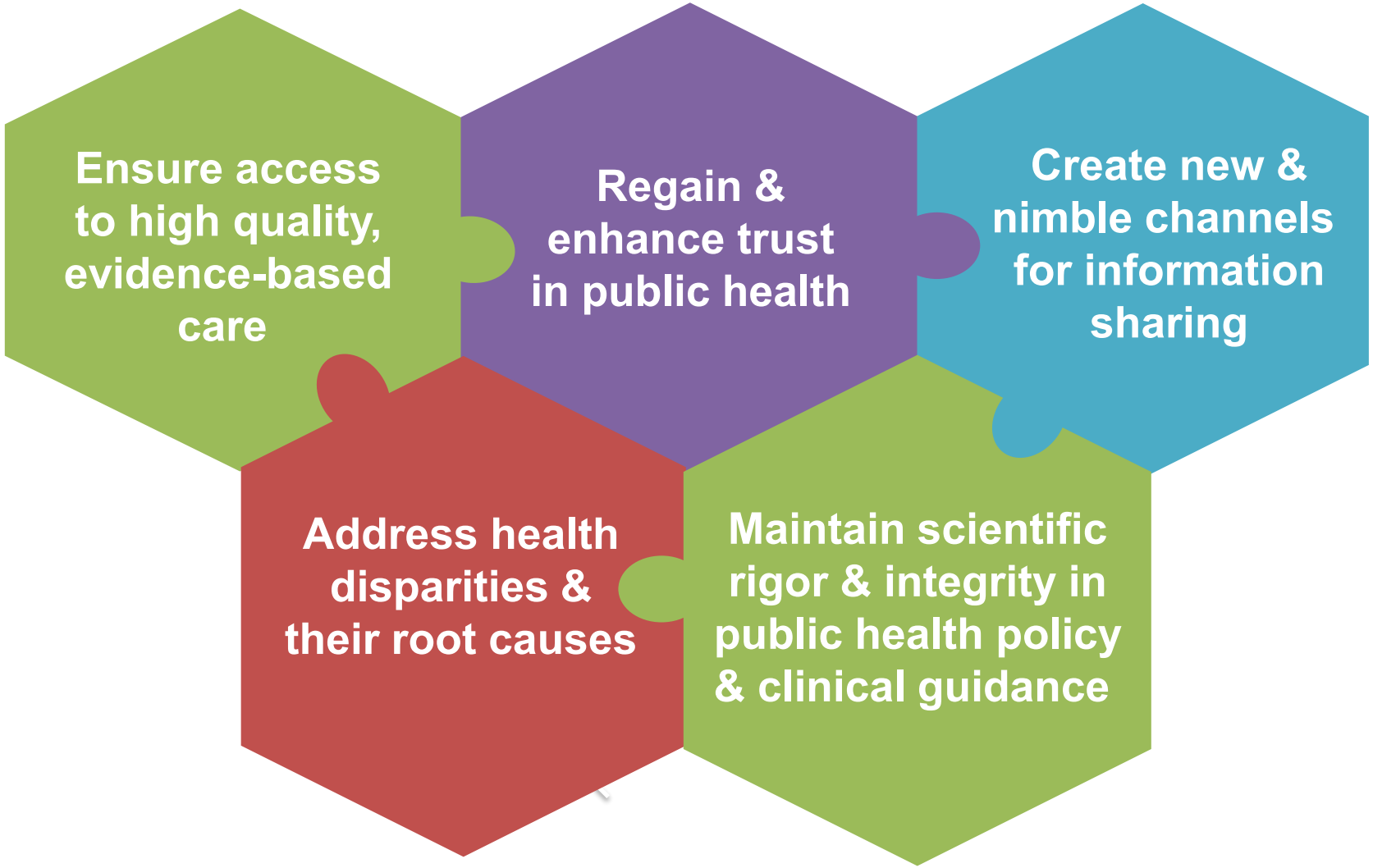
AND WORSENING…



CDPH

California stands together with our public health and medical professional colleagues to uphold integrity and protect the health of our communities.

New Tools Needed for New Times



CDPH

PHACT Coalition: Vision and Purpose

Our vision: To build trust and strengthen community well-being by improving health outcomes through transparent, evidence-informed services and care for all Californians.

Our common purpose: To bring together a network of multi-sectoral partners across the state of California to provide timely, evidence-based guidelines and culturally appropriate health messaging to protect the health and advance the well-being of all Californians.

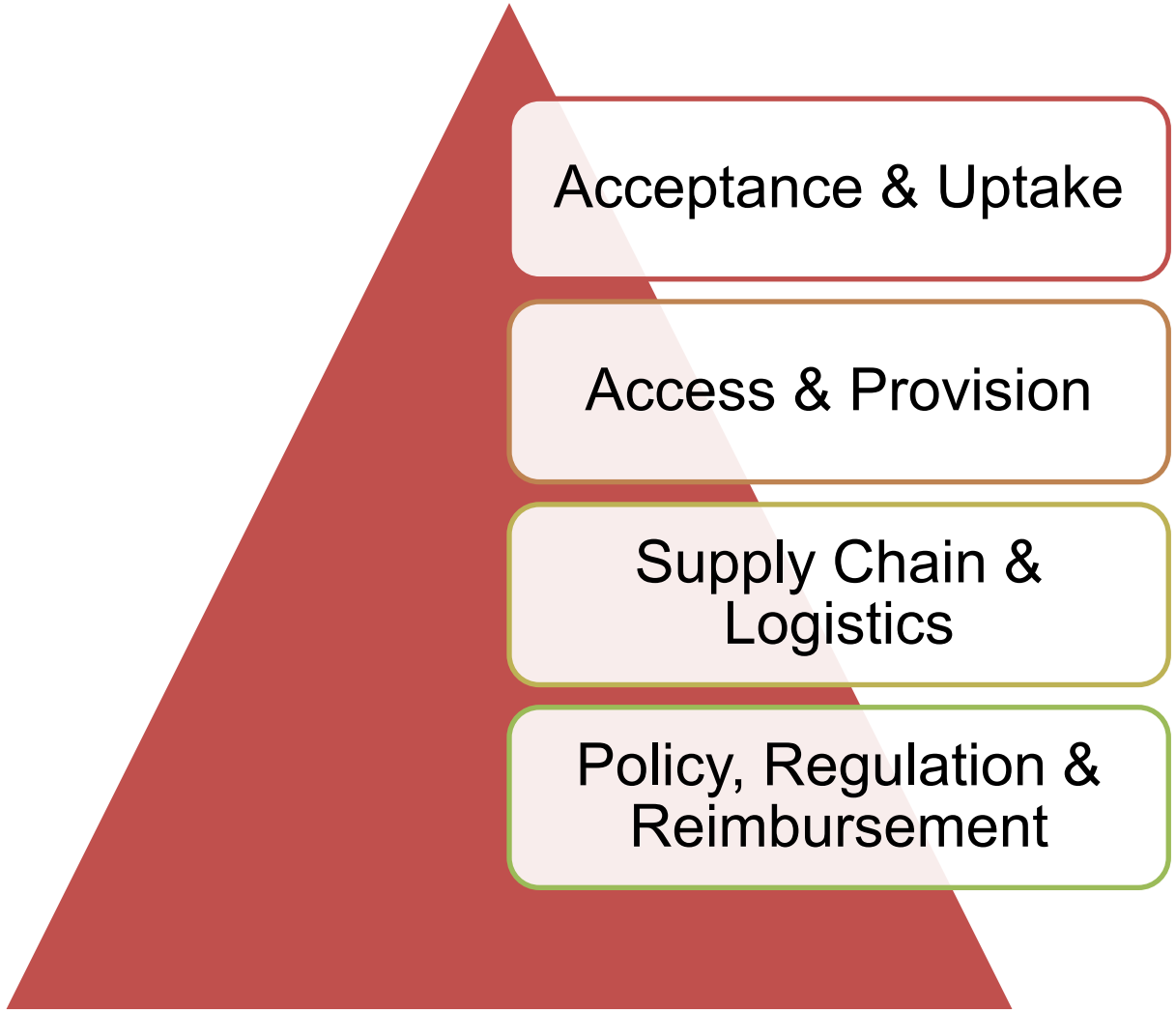
PHACT Coalition: Objectives

- Strengthen and organize formal mechanisms for strategic collaboration across multiple sectors
- Align communication and dissemination strategies leveraging each partner's communication channels to maximize reach across California
- Identify gaps, challenges and opportunities for innovative solutions to promote health across California
- Identify critical assets and share resources (funding, expertise) where capacity exists
- Share challenges, learn together, pilot test innovative solutions, and scale and disseminate effective, evidence-based strategies

PHACT Coalition Structure

CDPH

First Area of Focus: Vaccines



Interventions, messaging and best practices to support patients, communities, care teams in accessing and receiving evidence based, high quality preventive care

Policy decisions, guidelines, legislation, and payment concerns can be raised and funneled to existing responsible parties via the coalition; information from responsible parties will be shared via the coalition

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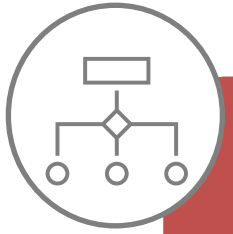
The Future We Want

Meet the Times	We will be nimble and prepared to meet the times whether federal changes, funding changes, or other unanticipated changes come our way in California.
Protect Progress	We will have prevented erosion of the health and wellbeing that Californians have now while aspiring to do more.
Scaled Approach	We will identify reproducible California-wide approaches to effectively address challenges public health and preventive care in a coordinated way across health sectors.

CDPH

Coming Together

Establish and support the sharing of science and evidence with transparency and integrity



Leverage each others' assets, share resources, reduce duplicative work, and embolden creativity

In a time of information overload, learn from trusted experts outside of any one organization

Build networks and partnerships to solve public health challenges in our communities

CDPH

Strong showing of interest & collaborators identified after Kickoff

We asked for interest & input

Complete the survey – tell us about:

- Your interest in the coalition
- What focus areas interest you
- What you can contribute
- What concerns you may have

We received 141 responses

Respondents include:

- Health systems
- Health plans
- Community based organizations
- Academic partners
- Consumer advocate organizations
- Provider professional societies
- Communications & marketing experts

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Early deliverables underway:

- Primer for clinicians and pharmacists on AB 144, including FAQs for different populations served
- Implementation support for young children (age 3 and under) with Commercial health insurance accessing COVID-19 vaccine
- Amplifying existing messaging from CDPH's respiratory virus season toolkit & the United States Vaccine Resource Hub, like this video
- Training on evidence-based, next-gen of health and science communications
- Building our internal structure & identifying partners and co-leads for each of the working groups
- Landscape analysis & collation of evidence to support vaccine uptake, with focus on childhood vaccinations

Vaccine Intervention Analysis & Areas Of Potential Investment

Equity & Quality Transformation Division

APPROACH TO VACCINE INTERVENTION LANDSCAPING

- UCSF (CPR3) partners conducted structured literature review focused on children/youth, respiratory virus vaccine intention and willingness, with particular attention toward California
  - Final inclusion of ~77 publications
- Alignment with permissible activities noted in CIS-10 QTI Payment Reduction parameters
- Prioritized interventions with strongest body of evidence and those that could be meaningfully funded by health plans

FINDINGS CONSISTENT WITH GUIDANCE & EVIDENCE

Supported by PHACT Coalition, CDPH, HHS

Aligned with use of CIS-10 Retained Funds

Evidence-based & data driven

Represent opportunity for alignment across issuers

Broad reach to Californians beyond CCA enrollees

Category	Evidence-Based Interventions	Partners/SMEs

Primary Care or Care Team Supports	▪ Quality improvement interventions directed to primary care providers (often bundled)
	  ▪ EHR alerts to prompt providers to order a vaccine (inpatient population)
	  ▪ Provider-level performance reports
	  ▪ Enhanced patient communication (visuals, talking points, education about patient engagement)
	▪ Primary care learning collaboratives
	▪ Volunteer vaccination workforce
	▪ Pharmacy-based immunization support
	  ▪ Access to immunization information system
	  ▪ Peer comparison digital interventions, e.g. ranked performance and metrics
		▪ Frameworks Institute virtual workshops on trust-building and communication
		▪ Expert consultant in-clinic technical training for “all team” approach
		▪ Co-sponsor CME collaborative training for providers (e.g. Trusted Messenger Program via Public Good Projects)

Data & Surveillance	▪ Hotspot vaccine strategy integrating clinical data, community data and predictive models to identify zip codes where CBO partnership could increase vaccine penetrance ▪ Vaccine desert mapping and outreach incorporating vulnerability indices ▪ Creation of a vaccine dashboard ▪ Extended safety surveillance by crowdsourcing data from vaccine recipients through healthcare portal	▪ Public Good Projects media landscaping, predictive modeling, and assessment of interventions ▪ U Penn CHIBE to support understanding of localized perspectives & motivations related to health behaviors ▪ Your Local Epidemiologist listening via inbound Q&A (CDPH contractor)

VACCINE INTERVENTION LANDSCAPING RESULTS

Category	Evidence-Based Interventions	Partners/SMEs

Individual & Community Interventions	▪ Personalized reminders (name, gender, practice)
	▪ Standardized text reminders vs. portal messaging
	▪ Alternative sites
	  ▪ School-located flu vaccinations
	  ▪ Mobile initiatives/clinics for hard to reach communities; border communities; racial ethnic minority groups
	  ▪ Community pop-ups in collaboration with local groceries stores, farmers markets, CBOs, schools, and faith-based organizations
	▪ Supportive services coupled with vaccination
	  ▪ Transportation support, free rides to vaccine appointment
	  ▪ Community health workers , ambassadors, Community nurse navigators
	▪ Case management integration for Medicaid beneficiaries
	▪ Authentic partnership with CBOs – examples below are CA-based:
	  ▪ ¡Ándale! ¿Qué Esperas? Campaign
	  ▪ California Alliance Against COVID-19
	  ▪ Case study: United in Health & CHAMACOS
	▪ Awareness building and importance of framing
	  ▪ Social media plus/minus influencers
	  ▪ Multicultural media campaigns, messaging and curated resource hubs
	  ▪ Local presentations, eg churches, and campaigns
	  ▪ Digital story-telling and interactive tools
	  ▪ Infographics, videos, animated videos
	  ▪ Messages emphasizing parenting autonomy, reverse narratives
	  ▪ Peer-led discussion groups
		▪ Partnership with CACHI to fund partnerships with community-based organizations
		▪ Community-specific listening tour (targeted by zip code/ region) facilitated by Manatt
		▪ Support for interventions in partnership with LA Unified School District
		▪ Public Good Projects social media scraping and maintenance of curated resource hubs
		▪ Frameworks Institute workshops on trust-building, curated messaging
		▪ Hollywood Health & Society collaborates with writers of popular TV / movies to insert evidence-based storylines into popular media and study the impact of these storylines on attitudes and beliefs ($225K)

ALIGN & AMPLIFY THESE EFFORTS: NEXT STEPS

1) Review menu of interventions & funding opportunities
2) Identify area(s) of interest and priority
3) Reach out to Drs. Barbara Rubino and Monica Soni to be connected with specific organizations and for details on investment opportunities
4) Join PHACT if you haven't yet!

http://tiny.ucsf.edu/tbYitC

Thank you

EQT@covered.ca.gov