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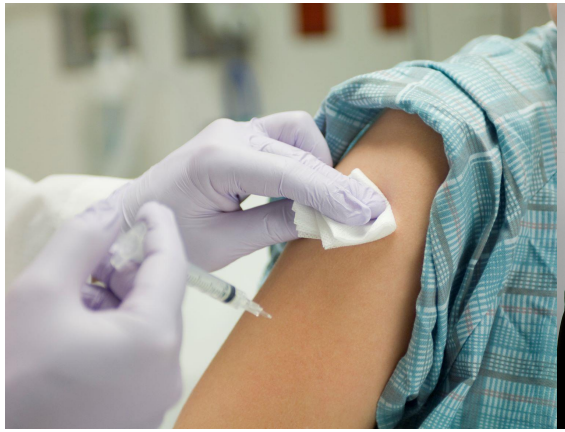
April 1, 2021

Strategies for Health Plans to Support Access to COVID-19 Vaccines for Vulnerable Populations



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Overview

- This session will include presentations, followed by a panel discussion and live Q&A with panelists and participants

- Video replay and slide presentation are available after each session at: https://www.resourcesforintegratedcare.com

Support Statement

- This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to dually eligible beneficiaries, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar

- To learn more about current efforts and resources -
  - Visit Resources for Integrated Care at **https://www.resourcesforintegratedcare.com**
  - Follow us on Twitter **@Integrate_Care**
  - Follow us on LinkedIn **https://www.linkedin.com/company/resources-for-integrated-care/**

Introductions

- **Marvin Figueroa**

  Director, Intergovernmental and External Affairs,

  HHS Office of the Secretary

- **Shelly Winston, MBA**

  Health Insurance Administrator,

  Division of Part D Policy,

  Centers for Medicare & Medicaid Services

Introductions

- **Jennifer Anadiotis, MBA, LSW, CCM**

  Director, Integrated Care Post-Acute Strategy, CareSource

- **Beejadi Mukunda, MD**

  Medical Director, MyCare Ohio, CareSource

Introductions

- **Alex Li, MD**

  Deputy Chief Medical Officer, L.A. Care Health Plan

- **Misty de Lamare**

  Director of Communications, L.A. Care Health Plan

Learning Objectives

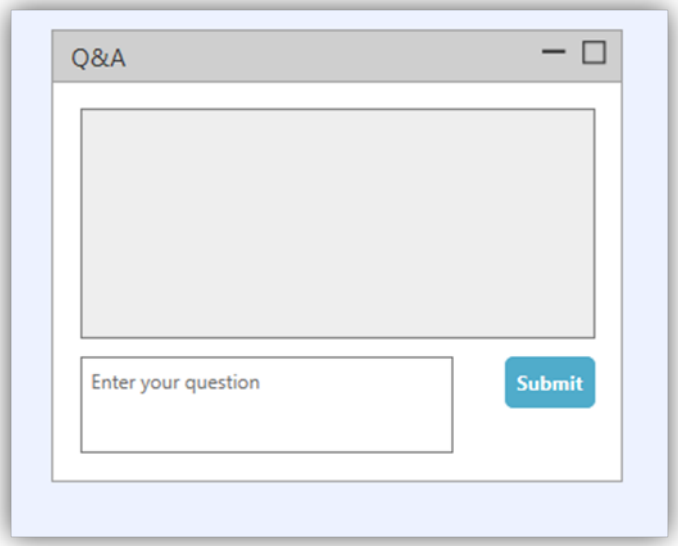
- Identify strategies to promote equitable access to COVID-19 vaccines, including effective collaborations with community partners
- Describe how to use data to identify high-risk members and target outreach to encourage uptake of the COVID-19 vaccine
- Identify key considerations for effective communication and outreach strategies to increase vaccine confidence

Webinar Outline

- Polls
- Introduction
- Federal speakers
  - HHS Update
  - COVAX Data Sharing Project Update
- Health plan speakers
  - CareSource
  - L.A. Care Health Plan
  - Panel Discussion
- Audience Q&A
- Evaluation

We Want to Hear From You!

- How is your organization promoting equity in access to COVID-19 vaccines?
  - *Please enter your response in the Q&A box on the left-hand side of your screen*



Equity in Access to Vaccination

- Dually eligible individuals are disproportionally impacted by COVID-19, with case rates 2.5 times higher than Medicare-only beneficiaries.[1]
- COVID-19 hospitalizations are 3 times more likely among dually eligible individuals than Medicare-only beneficiaries.[1]
- Dually eligible individuals face unique barriers to receiving COVID-19 vaccination, due to greater prevalence of…[2,3]
  - Complex health issues
  - Chronic conditions
  - Unmet social risk factors (e.g., food insecurity, homelessness, lack of access to transportation, and lower health literacy)

Health Plan Actions to Support Equitable Vaccination

- Health plans play a critical role in supporting equitable distribution of the COVID-19 vaccine by:[4]
  - Engaging with members to discuss their questions and concerns on COVID-19 vaccination, including engaging consumer advisory committees
  - Analyzing data to inform action - Using data to monitor which members have received vaccinations and collecting data on COVID-19 outcomes stratified by gender, race, ethnicity, preferred language, disability status, and other demographics
  - Learning from peers to better understand health plan best practices and actions underway for targeting vaccinations
  - Focusing on cultural competence utilizing CDC and other resources for accessible messaging in multiple languages and partnering with local community-based organizations

Ensuring an Equitable Pandemic Response and Recovery

- Executive Order signed January 21, 2021 in order to address the disproportionate and severe impact of COVID-19 on communities of color and other underserved populations[5]
- Establishes a COVID-19 Health Equity Task Force within the Department of Health and Human Services to provide recommendations for:
  - Strengthening equity data collection, reporting, and use related to COVID-19
  - Assessing response plans to determine if resources (e.g., PPE, tests, vaccines) have been or will be allocated equitably
  - Modifying plans and policies to advance equity
  - Partnering with States, localities, Tribes, and territories to explore ways to provide greater assistance to people experiencing disproportionate economic or health effects from COVID-19

HHS Update

Marvin Figueroa

Director, Intergovernmental and External Affairs, HHS Office of the Secretary

Questions and Answers

Marvin Figueroa

Director, Intergovernmental and External Affairs, HHS Office of the Secretary

COVAX Data Sharing Project

Shelly Winston

Health Insurance Administrator, Division of Part D Policy, Centers for Medicare & Medicaid Services

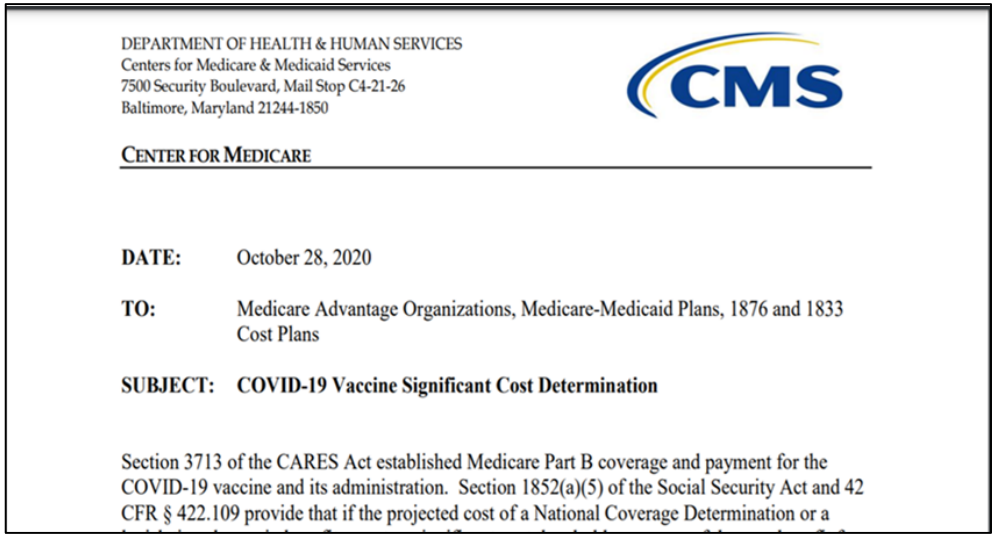
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

COVAX Data Sharing Project

- Project need
- Design goals and overview
- Limitations
- Plan uses
- Selected data
- Next steps

Project Need

- CMS released a memo to Medicare Advantage organizations and Medicare-Medicaid Plans on 10/28/2020 outlining Medicare fee-for-service payment for the COVID-19 vaccine and its administration for plan enrollees for 2020 and 2021:[6] https://www.cms.gov/files/document/hpms-memo-covid-19-vaccine-significant-cost-determination.pdf



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C4-21-26
Baltimore, Maryland 21244-1850

CMS

CENTER FOR MEDICARE

DATE: October 28, 2020

TO: Medicare Advantage Organizations, Medicare-Medicaid Plans, 1876 and 1833 Cost Plans

SUBJECT: **COVID-19 Vaccine Significant Cost Determination**

Section 3713 of the CARES Act established Medicare Part B coverage and payment for the COVID-19 vaccine and its administration. Section 1852(a)(5) of the Social Security Act and 42 CFR § 422.109 provide that if the projected cost of a National Coverage Determination or a

Design Goal

- **Goal:**
  - Make COVID-19 vaccine data available to Medicare Advantage organizations, Prescription Drug Plan Sponsors and Medicare-Medicaid plans ("Medicare plans")[7,8]
- **Need:**
  - Providing access to COVAX claims data submitted to Medicare Administrative Contractors (MACs)
  - Mapping each vaccination to the appropriate Medicare beneficiary and Medicare plan
  - Maintaining a secure portal or Advanced Programming Interface (API) available to Medicare plans for data requests and sharing where authorized plan representatives could receive COVAX reports
  - Capability to perform various data analyses as needed
  - Assimilation of transaction data daily from pharmacies
- **Result:**
  - ABII-COVAX Portal with two pathways:
    - Reporting of vaccines given through medical offices
    - Reporting of vaccines given through pharmacies

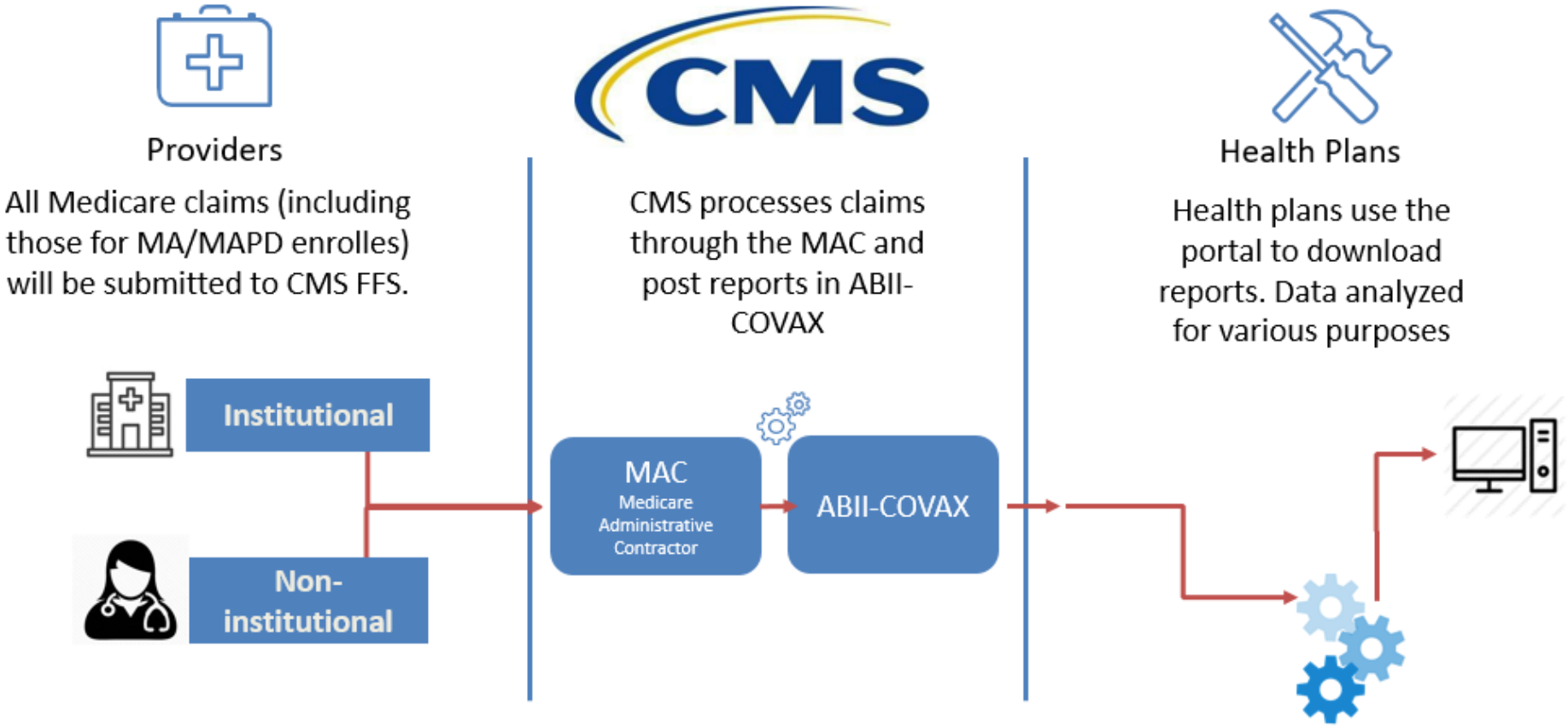
Claim Lag Times by Source

Days from Date of Service	NCPDP (Pharmacy Claims)	SSD (Medicare Claims)	CWF* (Adjudicated Medicare Claims)
<1 Day	85.44%	0.00%	0.00%
3 Days	90.43%	2.97%	0.00%
7 Days (1 Week)	91.50%	31.63%	0.00%
14 Days (2 Weeks)	92.37%	63.11%	6.40%
21 Days (3 Weeks)	93.65%	74.20%	36.20%
28 Days (4 Weeks)	94.84%	80.61%	55.50%
35 Days (5 Weeks)	95.96%	86.10%	64.40%
42 Days (6 Weeks)	97.14%	91.32%	71.10%
49 Days (7 Weeks)	98.42%	93.81%	76.40%
56 Days (8 Weeks)	100.00%	96.00%	79.90%

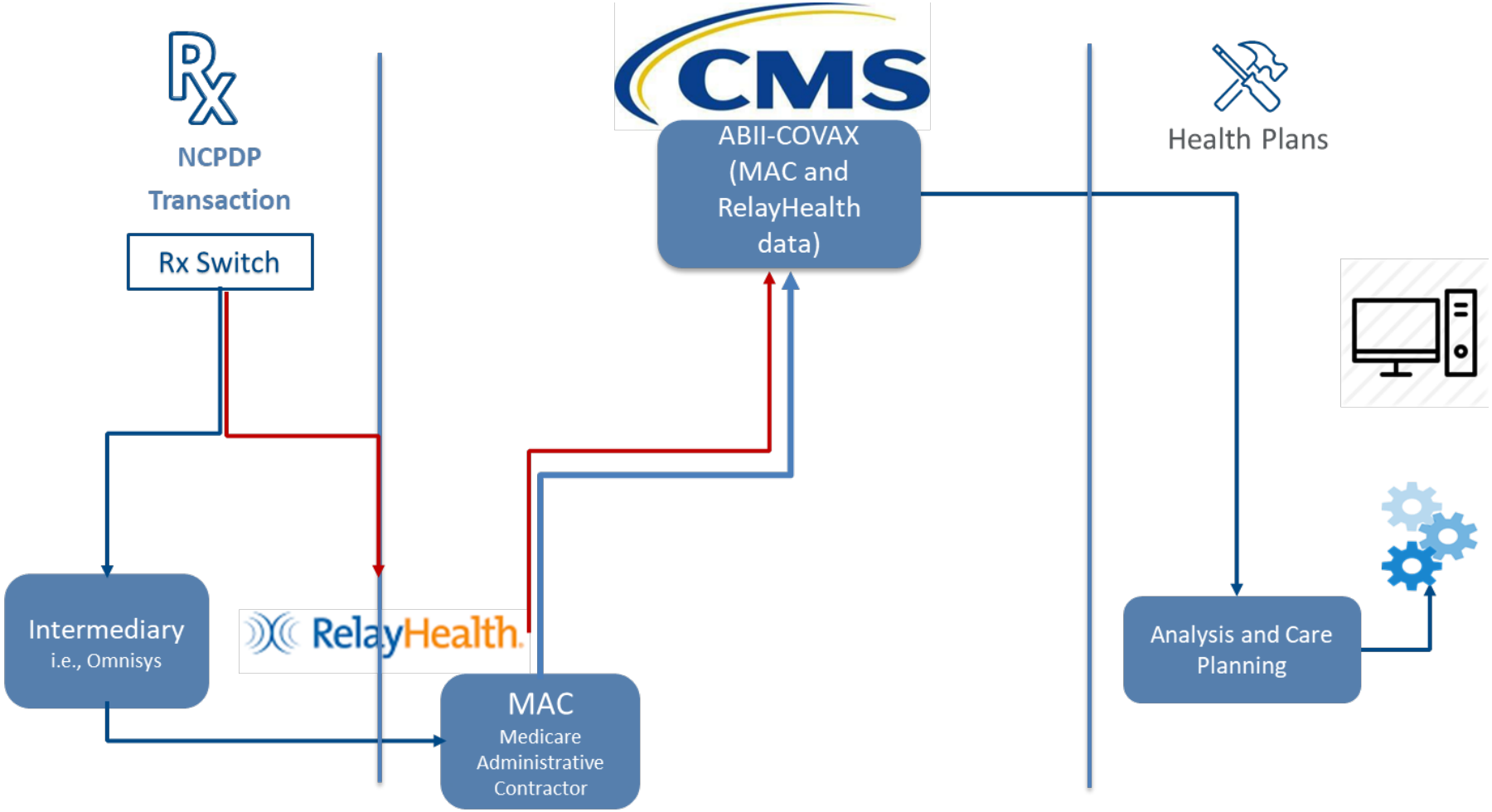
Note: Percentage indicate the percent of claims received from the date of service.
Because these are novel vaccines, we have limited COVAX administration data with which to estimate claims delay. Data obtained for more recent dates are particularly volatile. As additional data accrue, we will have greater confidence in determining the expected delay time between a service and when the claim appears in administrative data.

** There is insufficient COVAX data available to calculate the claims delay in CWF; thus the delay was calculated using influenza vaccination data.*

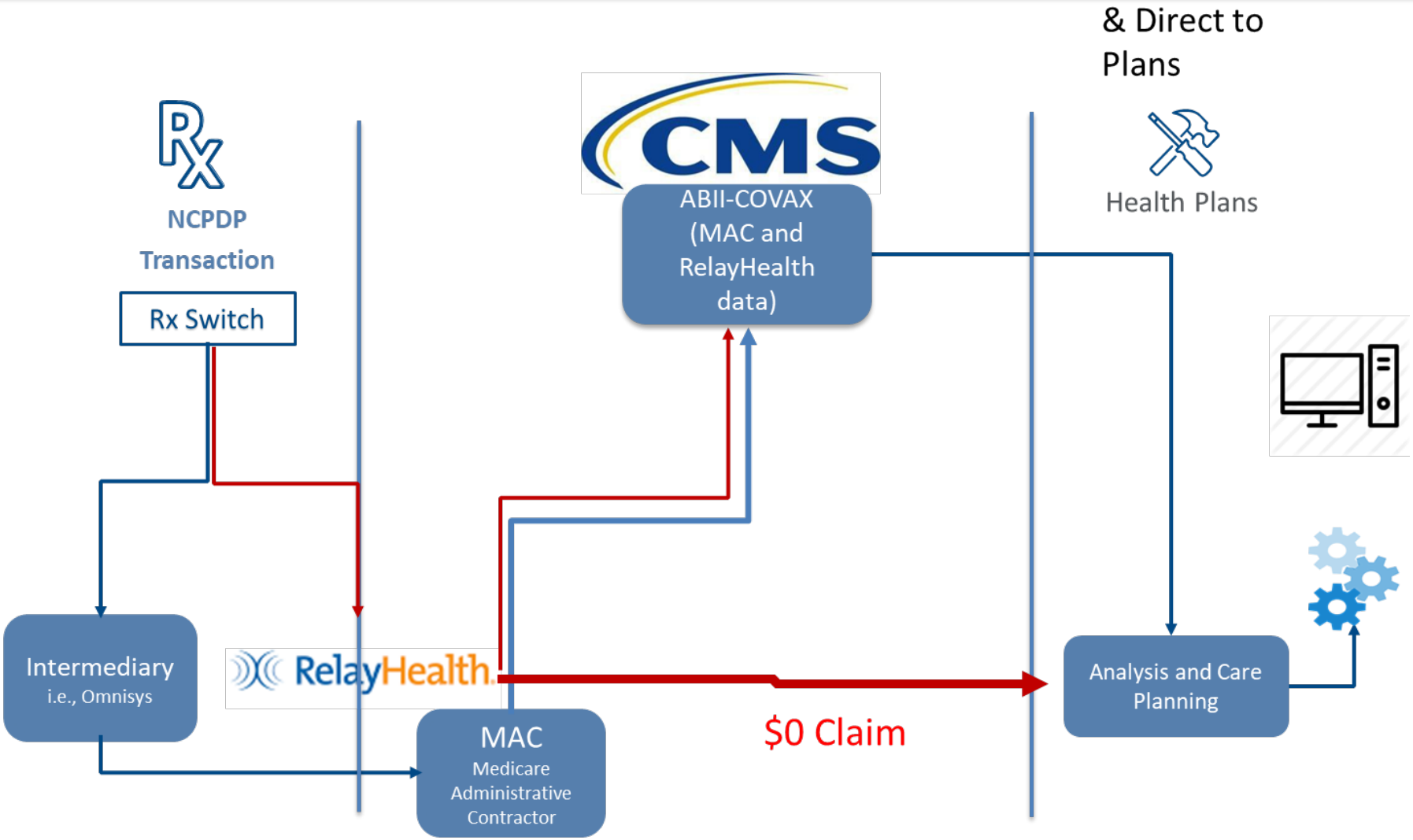
Medical COVID-19 Data to Health Plans via ABII-COVAX



Sharing Pharmacy Vaccination Data with Health Plans



Sharing Pharmacy Vaccination Data with Health Plans (cont.)



COVAX Data Report Downloads By Plan Type

Plan Type	# Plans	Plans Using Data*	
		Number	Percent
Prescription Drug Plans (PDPs)	67	59	88%
Medicare Advantage (MAs)	17	4	24%
Medicare Advantage and Prescription Drug (MAPDs)	698	677	97%
Program for All-Inclusive Care for the Elderly (PACE Plans) (in their capacity as PDPs)	158	54	34%
Medicare-Medicaid Plans (MMPs)	39	39	100%
All Plans Combined	**979**	**833**	**85%**

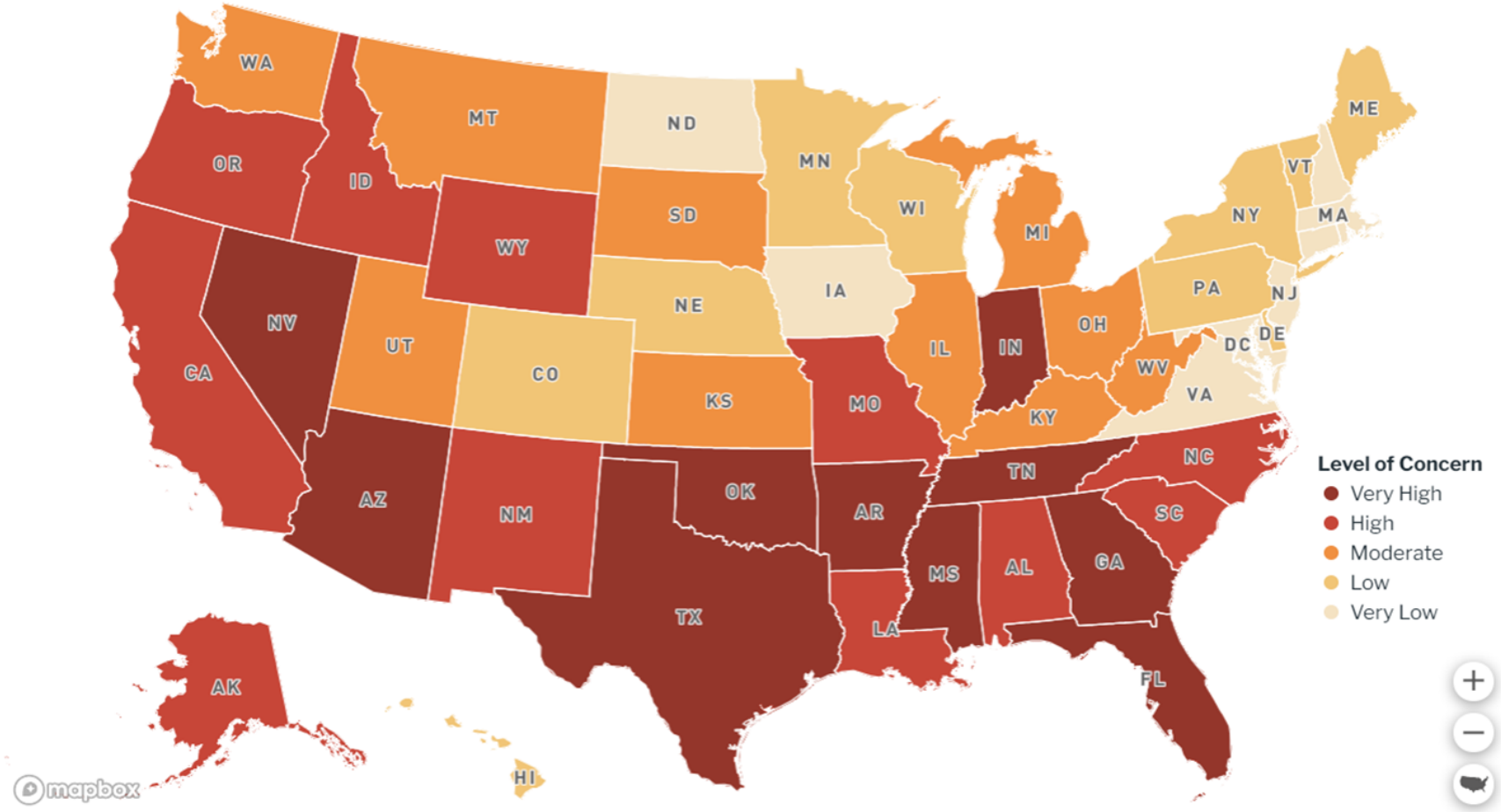
Note: The following organization types fall within the MA and MAPD plans: Healthcare Pre-Payment Plan (1833 and 1876 cost), Local and Regional Coordinated Care Plans, Medicare Medical Savings Accounts, and Private Fee-For-Service Plans.

**These numbers represent 833 plans who have requested access to the reports. 706 plans downloaded the most recent report.*

Limitations of the Data

- There may be duplicate claims, which complicates data analyses
- CMS nor plans receive data on Medicare beneficiaries vaccinated at mass COVID-19 vaccination sites administered by health departments
- Plan-to-plan comparisons of the percentage of enrollees vaccinated are difficult as plans are dependent on varying vaccine supplies and state infrastructures
- Logistical and supply issues abound

Depending on Where You Live, Scale-up of COVID-19 Vaccination May Be More Difficult



Source: CVAC Index[9]

Plans' Use of COVID-19 Vaccination Data

RESOURCES FOR INTEGRATED CARE
Resources for Plans & Providers for Medicare-Medicaid Integration

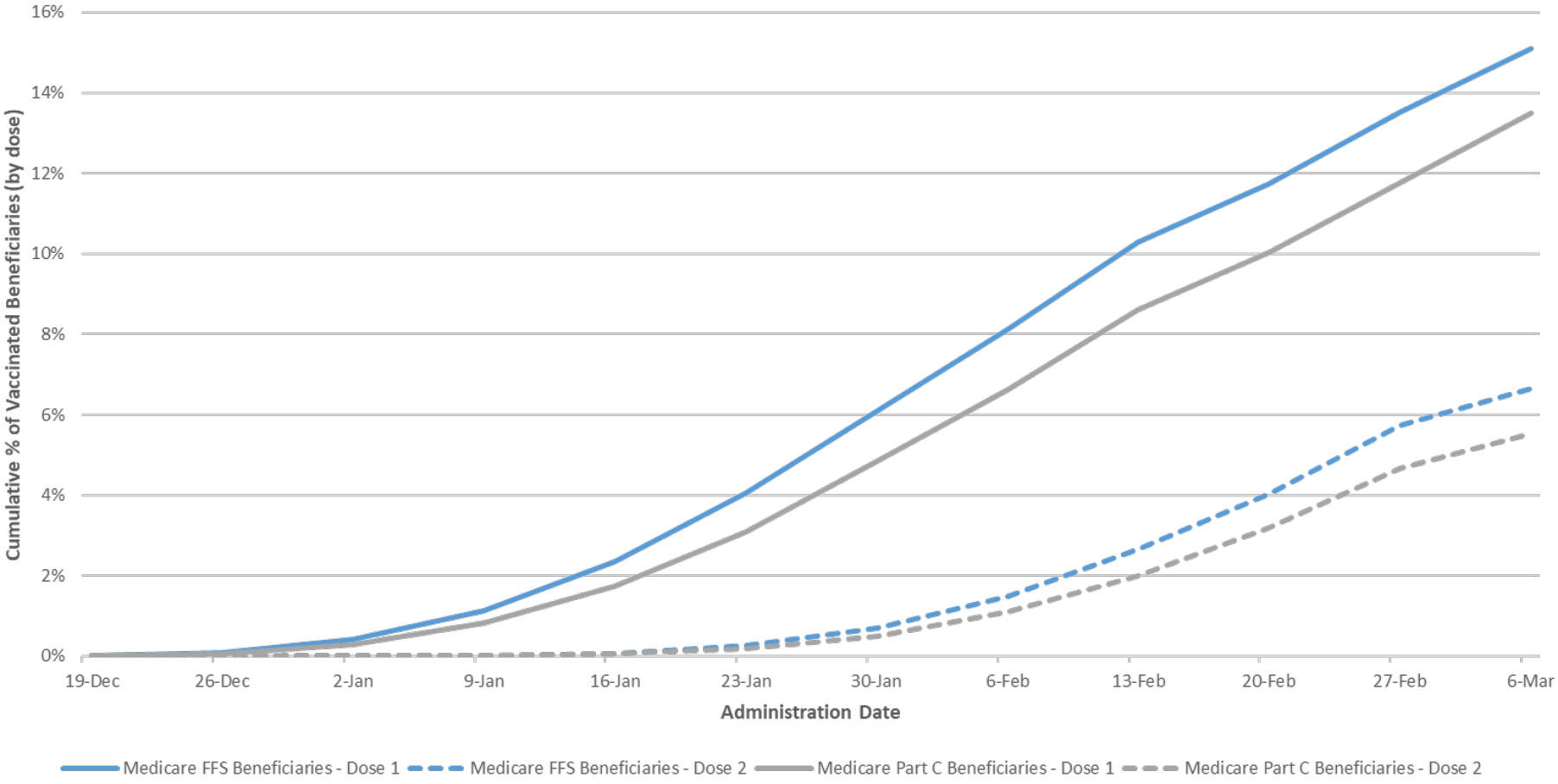
Data Requested for Plan Health Care Operations

- Care Coordination
- Care Improvement

What now?

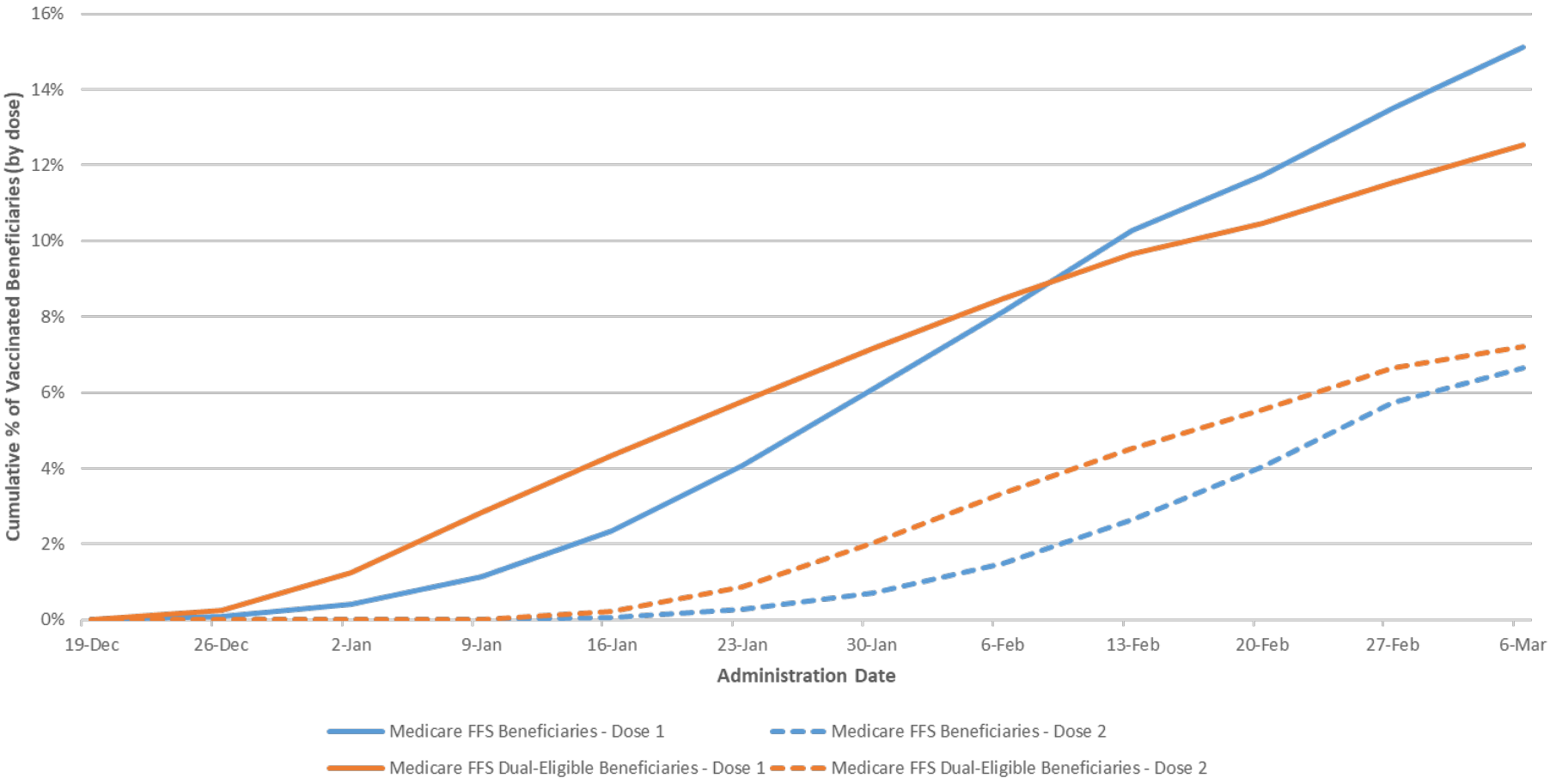
- Passive Use
- **Beneficiary Messaging**
- **Active Engagement**

Vaccine Volume, Medicare FFS vs. Medicare Advantage Plans



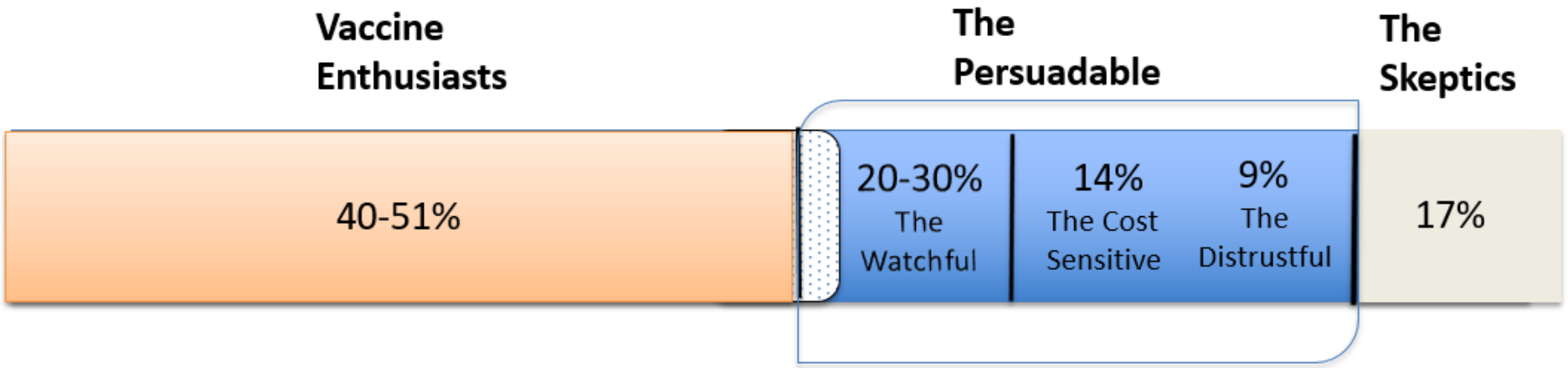
All brands (Pfizer + Moderna); Source: CMS COVAX Data through March 6, 2021

Vaccine Volume, Medicare FFS (overall) vs. FFS Dually Eligible Beneficiaries



All brands (Pfizer + Moderna); Source: CMS COVAX Data through March 6, 2021

Analysis of COVID-19 Vaccine Groups and Possible Strategies



- Make the vaccine free and accessible with a streamlined sign up process
- Leverage this group to promote vaccination across communities
- Provide logistical support

- Boost visibility of others being vaccinated and offer positive COVAXs
- Address cost concerns
- Track and elevate data on racial disparities in vaccination
- Listen to feedback on community concerns

- Continue to counter misinformation online
- Identify trusted influencers

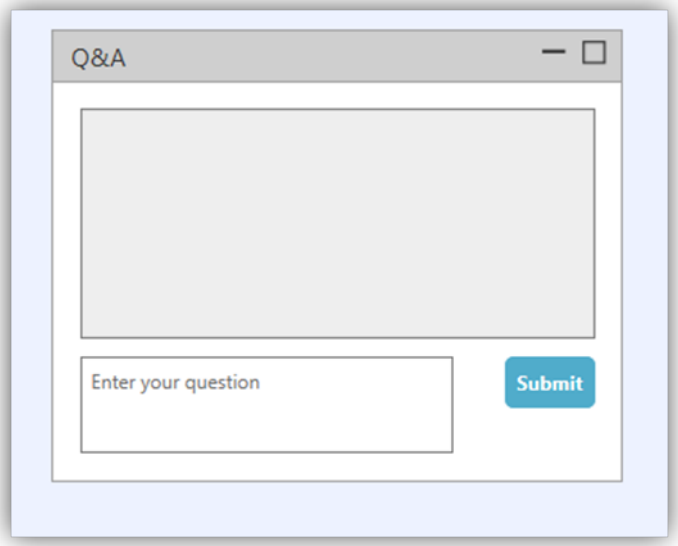
Note: Adapted from Surgo Advisors and Kaiser Family Foundation Publications[10,11]

CMS' Next Steps

- Adding to the sources of information available to health plans
- Behind the scenes analysis, stratification by
  - Group demographics
  - Location
- Monitoring best practices

We Want to Hear From You!

- How are you using this CMS data? What other data do you use to identify members for specific outreach?
  - *Please enter your response in the Q&A box on the left-hand side of your screen*



CareSource

Beejadi Mukunda, MD

Medical Director

MyCare Ohio, CareSource

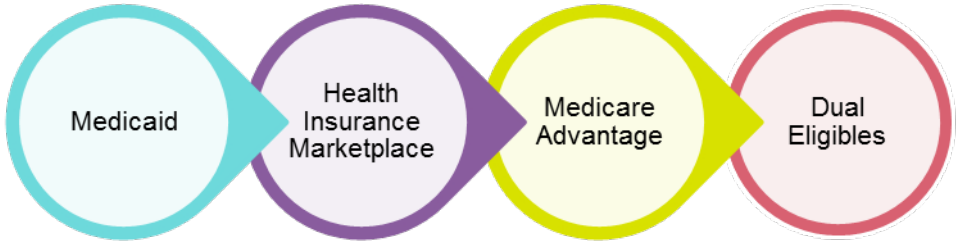
CareSource

About CareSource

Our MISSION

To make a lasting difference in our members' lives by improving their health and well-being.

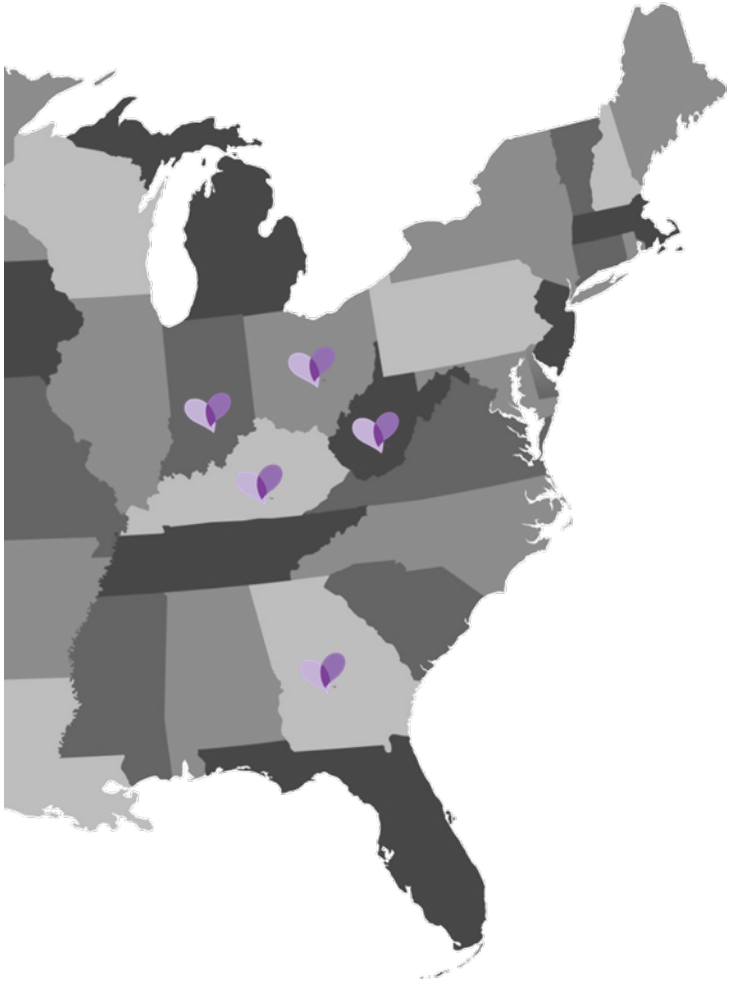
- A nonprofit health plan and national leader in Managed Care
- 30-year history of serving low-income populations across multiple states and insurance products
- Currently serving members in Georgia, Indiana, Kentucky, Ohio, and West Virginia
- 4,500+ employees located across 40+ states



2.0M members

*Approx. 30K Dually Eligible members

CareSource's Service Area



GEORGIA

Medicaid
Marketplace

INDIANA

Medicaid
Marketplace

KENTUCKY

Marketplace

OHIO

Medicaid
Dual Eligible
Marketplace
Medicare Advantage

WEST VIRGINIA

Marketplace

MyCare Ohio

- The CareSource dually eligible program serves people who are dually eligible for Medicare and Medicaid. In Ohio, CareSource participates in the state's MyCare Ohio program serving almost 30,000 members
- CareSource's person-centered, integrated care model provides care coordination to a population with complicated health care needs

CareSource's COVID-19 Vaccination Efforts

Education and Advocacy

- Focus on health equity
- Vaccination appointment scheduling and reminder assistance
- Multi-channel communication with members, providers, and staff (e.g., phone, email, text)

Community Partnerships

- FQHCs, local health departments, community-based organizations, and health systems
- CareSource Volunteer Program to support vaccination clinics
- Coordination with Area Agencies on Aging

Expanded Transportation Benefits

Analytics

- COVAX Dashboard
- Reporting tools to aid outreach

L.A. Care Health Plan

Misty de Lamare

Director of Communications

LA Care Health Plan

L.A. Care HEALTH PLAN®

About L.A. Care

- L.A. Care Health Plan is an independent local public agency created by the State of California to provide health coverage to low-income residents in L.A. County

- With more than two million members, L.A. Care is the nation's largest publicly operated health plan. Products offered include:
  - Medi-Cal (Medicaid): ~ 1,145,295
  - Cal MediConnect (Dually Eligible): ~ 18,627
  - L.A. Care Covered (Exchange): ~ 79,645
  - PASC-SEIU Plan: ~ 51,299

- We are dedicated to providing access to quality health care for Los Angeles County's vulnerable and low-income communities and supporting the safety net required to achieve that purpose

L.A. Care's COVID-19 Vaccination Efforts – Building Trust

- At L.A. Care, our goal is to build trust in the safety of the COVID-19 vaccine by dispelling common myths and sharing facts about the vaccine's safety and availability, so community members decide to and know how and when to get vaccinated. We do so by:
  - Providing reliable information that is respectful of the communities served
  - Allowing for informed decisions regarding getting vaccinated

L.A. Care's COVID-19 Vaccination Efforts – Member Outreach

- Planning for COVID-19 vaccination outreach includes:
  - Messaging and tactics that will roll out in phases in alignment with the state and county public health departments approved tiers and target populations that are identified by the COVID-19 vaccination program in Los Angeles County
  - An internal Vaccine Command Center to centralize and coordinate various communications and outreach efforts
- We use a rules-based identification system for large-scale member outreach, including:
  - Utilization-based diagnostic information and machine learning modeling to stratify members by risk for COVID-19 severe illness
  - Allowing clear identification and encouragement of individuals at highest risk for severe COVID-19 experiences to get vaccinated

COVID-19 Vaccination: Health Plan Discussion Panel

- **Beejadi Mukunda, MD**

  Medical Director, MyCare Ohio, CareSource

- **Alex Li, MD**

  Deputy Chief Medical Officer, L.A. Care Health Plan

- **Jennifer Anadiotis**

  Director, Integrated Care Post-Acute Strategy, CareSource

- **Misty de Lamare**

  Director of Communications, L.A. Care Health Plan

Health Plan Panel Discussion

What challenges around vaccine access and uptake are you seeing, especially related to the dually eligible population?

Health Plan Panel Discussion

How are you addressing vaccine hesitancy among beneficiaries, staff, and providers?

Health Plan Panel Discussion

How are you supporting equitable access to the vaccine? How are you preventing or mitigating the risk of disparities in access to the vaccine?

Health Plan Panel Discussion

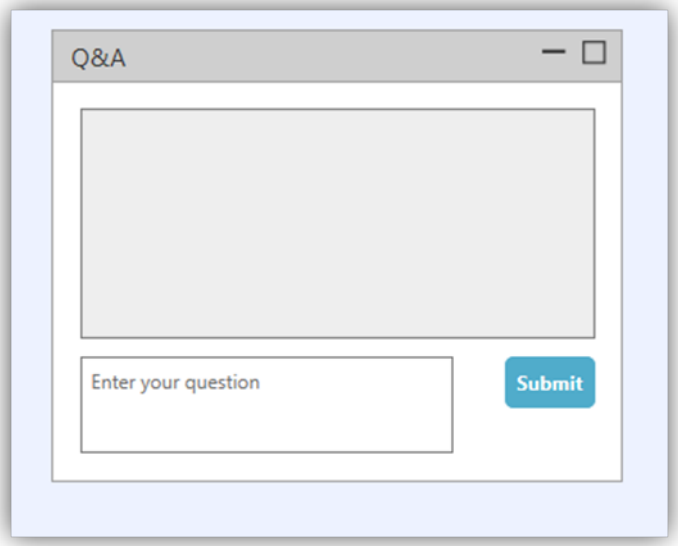
What strategies are you using to conduct outreach to members, including those identified as high-risk? How are you ensuring cultural competence in your messaging to beneficiaries?

Health Plan Panel Discussion

How have you partnered with community-based organizations, local public health departments, and other organizations to promote vaccine uptake and equitable access to vaccines?

We Want to Hear From You!

- How are you partnering with community organizations to promote vaccine uptake and equitable access to the COVID-19 vaccine?
  - *Please enter your response in the Q&A box on the left-hand side of your screen*



Questions and Answers

Shelly Winston, MBA
CMS

Beejadi Mukunda, MD
CareSource

Jennifer Anadiotis, MBA, LSW, CCM
CareSource

Alex Li, MD
L.A. Care Health Plan

Misty de Lamare
L.A. Care Health Plan

Thank You for Attending!

- The video replay and slide presentation will be available at: https://www.resourcesforintegratedcare.com
- Questions? Please email RIC@lewin.com
- Follow us on Twitter at @Integrate_Care to learn about upcoming webinars and new products!

Webinar Evaluation Form

- Your feedback is very important! Please take a moment to complete a brief evaluation on the quality of the webinar. The survey will automatically appear on the screen approximately a minute after the conclusion of the presentation.
- We would also like to invite you to provide feedback on other RIC products as well as suggestions to inform the development of potential new resources: https://www.research.net/r/MVGNWVJ

Resources

- CDC's COVID-19 Vaccination Communication Toolkit: https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html
- CMS COVID-19 Vaccine Policies & Guidance: https://www.cms.gov/COVIDvax
- Office of Minority Health's COVID-19 Resources on Vulnerable Populations for Health Care Professionals: https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/COVID-19-Resources/COVID-19-Resources-For-Health-Care-Professionals
- Resources for Integrated Care COVID-19 Vaccination Promotion Checklist For Health Plans: https://www.resourcesforintegratedcare.com/sites/default/files/COVID-19-Vaccination-Promotion-Plan-Checklist.pdf
- Resources for Integrated Care COVID-19 Vaccination Blog: https://www.resourcesforintegratedcare.com/COVID-19_Vaccination_Blog

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