

# Highlights from Resources for Integrated Care Webinar: Strategies for Health Plans to Support Access to COVID-19 Vaccines for Vulnerable Populations

## Overview

On April 1, 2021, Resources for Integrated Care (RIC), a collaboration between the Centers for Medicare and Medicaid Services' (CMS) Medicare-Medicaid Coordination Office (MMCO) and the Lewin Group, held a webinar and panel discussion to identify and analyze strategies for health plans to support access to COVID-19 vaccines for high-risk members.

Laura Maynard, managing consultant at the Lewin Group, introduced the event and the speakers. Marvin Figueroa, director of the Office of Intergovernmental and External Affairs at the U.S. Department of Health and Human Services (HHS), Shelly Winston, health insurance administrator at the Division of Part D Policy at CMS, Dr. Beejadi Mukunda, medical director for MyCare Ohio (an affiliate of CareSource), and Misty de Lamare, director of communications at L.A. Care Health Plan gave short presentations prior to the panel discussion.

Jennifer Anadiotis, director of Integrated Care Post-Acute Strategy at CareSource, and Dr. Alex Li, deputy chief medical officer at LA Care Health Plan, joined the speakers for a panel Q&A following the presentations. Resources from this event, including speaker slides and a full recording of the webinar, can be found online at [RIC's website](#).

## Presentations

**Laura Maynard** presented an overview of equity issues impacting the vaccine rollout. She said individuals dually eligible for Medicare and Medicaid are disproportionately affected by COVID-19 and face higher rates of case positivity and hospitalization than Medicare-only beneficiaries. She noted that dually-eligible beneficiaries also face unique barriers to vaccine access, including complex chronic conditions, transportation difficulties, and unmet social needs.

**Ms. Maynard** argued that health plans play a critical role in supporting equitable distribution of the COVID-19 vaccine, and that they have a special responsibility to their most vulnerable members. She highlighted four ways health plans are facilitating equitable vaccine distribution including:

1. Engaging with members to discuss their questions and concerns;
2. Collecting and analyzing data on COVID-19 healthcare outcomes and vaccination stratified by race, gender, ethnicity, and other key demographics;
3. Learning from peers and sharing best practices, and;
4. Promoting cultural competency within health plans by providing cultural competency training and resources and partnering with community-based organizations (CBOs).

**Ms. Maynard** also highlighted efforts by the federal government to promote vaccine equity, including President Joe Biden's January 21<sup>st</sup> Executive Order that aims to address the disproportionate impact of the COVID-19 pandemic on communities of color and other underserved populations and establishes a COVID-19 "Health Equity Task Force" within HHS. She said this Executive Order creates ample opportunities for health plans to partner with government to promote equity in the pandemic response.

Following Ms. Maynard, **Marvin Figueroa** gave a presentation on equity in the current vaccination effort and updated health plan stakeholders with information on how to partner with HHS. Mr. Figueroa explained that the vaccination effort is proceeding rapidly, with about 29 percent of the population having received at least one dose of the vaccine and about 16 percent of the population being fully vaccinated (as of the briefing). He also explained that vaccine access is continually expanding as more pharmacies across the country are receiving vaccines to administer.

**Mr. Figueroa** said that equity is at the heart of vaccine planning at HHS, and invited health plans to partner with HHS to help develop and execute strategies to increase vaccination rates in underserved communities. He suggested health plans could help disseminate vaccine resources that counter vaccine misinformation to address hesitancy, engage CBOs within their networks, collect and report key demographic data, and share best

practices with one another. Mr. Figueroa invited any health plans interested in collaborating with HHS to contact him directly, and gave his [email address](#).

In a brief Q&A following his presentation, **Mr. Figueroa** discussed ongoing efforts by the federal government to promote vaccine equity. He highlighted innovative vaccine delivery methods HHS is pursuing, including administering vaccines at dialysis centers and investing in mobile vaccine buses that deliver shots directly to underserved communities. He also described HHS' collaboration with tribal governments and the vaccine ambassador program, where HHS recruits trusted community members to promote vaccination in underserved communities. Programs like these, Mr. Figueroa said, are good examples of innovation that promotes equity, and he invited health plans to share any similar innovative ideas they may have.

**Shelly Winston** discussed CMS' COVAX data sharing project and next steps for improving COVID-19 vaccine equity and addressing vaccine hesitancy. Her presentation began with an overview of the COVAX system, CMS's secure platform for COVID-19 vaccine data. The platform enables Medicare Advantage health plans to access data on COVID-19 vaccinations reported by Medicare providers and pharmacies. This provides health plans faster access to key data, which they can then analyze and use for various purposes, including care coordination, care improvement, and beneficiary engagement.

**Ms. Winston** explained that CMS is hoping to utilize data from the COVAX system to address vaccine hesitancy by identifying "persuadable" vaccine-hesitant populations and facilitating targeted outreach. She said COVAX data has been useful so far in identifying the principle concerns of persuadable vaccine-hesitant individuals, including concerns about the newness of the vaccine, cost considerations associated with vaccination (i.e. the cost of transportation, internet, etc.), and distrust of government officials associated with the vaccine effort.

For next steps to address these concerns, **Ms. Winston** said CMS intends to add to the sources of information available to health plans to empower outreach efforts by providing analysis and better data stratified by population demographics and location. Ms. Winston also said CMS will continue to monitor and share best practices.

**Dr. Beejadi Mukunda** gave a brief presentation describing CareSource and its ongoing work to support equity in the vaccination rollout. CareSource has a history of serving low-income populations across multiple states, including Georgia, Indiana, Kentucky, Ohio, and West Virginia. Dr. Mukunda also described MyCare Ohio's dually eligible program, which serves about 30,000 members with a person-centered model of care that coordinates beneficiaries' complex care needs.

**Dr. Mukunda** said CareSource's effort to improve vaccine equity centers around three elements: education and advocacy, community partnerships, and expanded use of transportation benefits. CareSource is currently partnering with organizations including federally qualified health centers, local health departments, community-based organizations, area agencies on aging, and health systems to engage members, deliver doses, and promote equity in vaccination. Dr. Mukunda also noted that analytic tools, like the COVAX platform, have so far been essential for coordinating CareSource's vaccination efforts for dually-eligible beneficiaries.

**Misty de Lamare** described LA Care and its best practices for vaccine equity. She explained that LA Care is an independent public health plan that serves low-income residents of Los Angeles County, and briefly discussed its products, including Medi-Cal (California's Medicaid insurance), Cal MediConnect (LA Care's product for dually-eligible members), and LA Care Covered (LA Care's Affordable Care Act marketplace insurance). Ms. de Lamare said many of LA Care's efforts surrounding vaccination have focused on counteracting vaccine misinformation by providing reliable info about the vaccine through culturally competent targeted member outreach. She explained that currently LA Care is releasing vaccine information tailored to target populations in conjunction with the phases of the state of California's vaccine rollout. She also noted that to improve vaccination rates, LA Care established a central vaccine command center, expanded the transportation benefit, and is currently hosting COVID-19 vaccine clinics across the county.

## Panel Q&A

Ms. Maynard guided panelists through questions submitted by the audience for the panel Q&A section of the event. The first question asked was: “What challenges around vaccine access and uptake are [health plans] seeing, especially related to the dually eligible population?” **Dr. Mukunda** explained that CareSource’s greatest challenge was vaccine supply in the early days of the vaccine rollout, but now the challenge has shifted to registering and administering vaccines to homebound dually-eligible members, limited by transportation issues, or have difficulties using technology. **Dr. Alex Li** echoed Dr. Mukunda’s comments, noting that transportation difficulties and technological challenges are barriers for LA Care’s dually-eligible beneficiaries as well.

The second question asked was: “How are [health plans] addressing vaccine hesitancy among beneficiaries, staff, and providers?” **Ms. de Lamare** said LA Care’s efforts have been focused on recruiting community ambassadors to answer questions and address misinformation. **Dr. Mukunda** said that CareSource is utilizing data insights to conduct targeted education.

The third question asked was: “How are health plans preventing or mitigating the risks of disparities in the distribution of the COVID-19 vaccine?” **Dr. Mukunda** responded that CareSource targeted particular underserved areas identified by current vaccine data to conduct targeted outreach and deliver vaccinations directly to those communities. **Jennifer Anadiotis** further elaborated, describing CareSource’s work to identify key vaccine concerns and develop specific strategies tailored to address them. She also mentioned CareSource’s ongoing partnerships with CBOs in vaccine-hesitant and underserved ZIP codes. Finally, **Dr. Li** reiterated the importance of culturally-competent outreach efforts, and said cultural competency was a key component of LA Care’s outreach.

RIC will continue to monitor the COVID-19 vaccine rollout and provide resources for providers and health plans. New information and webinars published by RIC can be found on their [website](#).