

Exhibit 338

Department of Health Care Services
Vaccination Incentive Program
Outcome Metrics

<https://www.dhcs.ca.gov/Documents/COVID-19/APL-21-010-Attachment-A-Vaccination-Incentive-Program-Outcome-Metrics.pdf>

Attachment A
Department of Health Care Services
Vaccination Incentive Program
Outcome Metrics

Program component	Determination of incentive amount	Terms of incentive payment	Timing of baseline data and outcome ascertainment
Vaccine Outcome Achievement (\$200M)	Initial determination of maximum Medi-Cal managed care health plan (MCP) incentive amount based on MCP proportion of total Medi-Cal managed care enrollment	Specified payment earned upon MCP achievement of specified outcome	Baseline: Vaccination rate as of August 29, 2021. Outcome ascertainment: Vaccination rate as of: <ul style="list-style-type: none"> • October 31, 2021 • January 2, 2022 • March 6, 2022
<p><u>Proposed outcome measures (and weight)</u></p> <p><u>Intermediate outcome measures</u> MCPs must choose two of the following three intermediate outcome measures to report for the full duration of the program:</p> <ol style="list-style-type: none"> 1. Percent of homebound Medi-Cal beneficiaries who received at least one dose of a COVID-19 vaccine (5% weight). 2. Percent of Medi-Cal beneficiaries ages 50-64 years of age with one or more chronic diseases (as defined by the federal Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html) who received at least one dose of a COVID-19 vaccine (5% weight). 3. Percent of primary care providers in the MCP's network providing COVID-19 vaccine in their office (5% weight). <p><u>Vaccine uptake outcome measures</u> Payment will be based on performance on all of the below vaccine uptake outcome measures, calculated by the Department of Health Care Services (DHCS) and weighted as indicated.</p> <p>Overall vaccine uptake</p> <ol style="list-style-type: none"> 4. Percent of Medi-Cal beneficiaries ages 12 years and older who received at least one dose of a COVID-19 vaccine (35% weight). <p>Age group</p> <ol style="list-style-type: none"> 5. Percent of Medi-Cal beneficiaries ages 12-25 years who received at least one dose of a COVID-19 vaccine (10% weight). 6. Percent of Medi-Cal beneficiaries ages 26-49 years who received at least one dose of a COVID-19 vaccine (5% weight). 7. Percent of Medi-Cal beneficiaries ages 50-64 years who received at least one dose of a COVID-19 vaccine (5% weight). 			

8. Percent of Medi-Cal beneficiaries ages 65+ years who received at least one dose of a COVID-19 vaccine (5% weight).

Race/ethnicity

9. Percent of Medi-Cal beneficiaries ages 12 years and older from the race/ethnicity group with the lowest baseline vaccination rate who received at least one dose of a COVID-19 vaccine (15% weight).

10. Percent of Medi-Cal beneficiaries ages 12 years and older from the race/ethnicity group with the second-lowest baseline vaccination rate who received at least one dose of a COVID-19 vaccine (15% weight).

The race/ethnicity groups with the lowest *and second-lowest* baseline vaccination rates *are* defined based on the MCP-specific baseline vaccination rate of persons of Hispanic, American Indian/Alaska Native, Asian/Pacific Islander, Black/African American, and White race/ethnicity as identified using the below data sources. *In the event that one or both of the two lowest baseline rates are not below the measure 4 baseline rate, then DHCS at its sole discretion may redistribute funds for such measure(s) to all remaining measures.*

Data sources

Intermediate outcome measures:

MCPs must report these data to DHCS via secure file transfer protocol (SFTP) as follows:

- Rates as of August 29, 2021 (baseline) due October 30, 2021
- Rates as of October 31, 2021 due December 15, 2021
- Rates as of January 2, 2022 due February 16, 2022
- Rates as of March 6, 2022 due April 20, 2022

Measure specifications and SFTP instructions for MCP-reported data for these intermediate outcome measures were shared with the MCPs on September 15, 2021.

Vaccine uptake outcome measures:

Data sources are as follows. 1) MCP numerator: DHCS-CAIR2 linked data, based on COVID-19 vaccine administration dates on or before ascertainment date, 2) MCP denominator: DHCS Medi-Cal Data Warehouse Enrollment (most recent available), 3) County/counties numerator: CAIR2 Statewide Vaccine Status as of the ascertainment date, and 4) County/counties denominator: population data from the California Department of Finance, July 2021. Enrollment data from the Medi-Cal Data Warehouse are matched with COVID-19 vaccination data from the California Immunization Registry based on a combination of name, date of birth, and address. Race/ethnicity is also collected from Medi-Cal enrollment data. Data currently does not include doses administered by federal agencies who received vaccines allocated directly from CDC. DHCS will provide vaccine uptake outcome measure

data for baseline and each outcome ascertainment date to MCPs via SFTP.

Target setting, achievement measurement, and payment

To earn payment for a given outcome measure (including High Performance Pool measures), the MCP must have a case count/denominator of at least 30 for that outcome measure. If a MCP does not meet this requirement for one or more measure(s), DHCS at its sole discretion may redistribute funds for such measure(s) to all remaining measures with a case count/denominator of at least 30.

Intermediate outcome measures

For measures 1-3, the MCP-specific targets will be as follows:

- By October 31, 2021, a 10% increase over the MCP's baseline rate (worth 33.3% of funds allocated for the measure)
- By January 2, 2022, a 20% increase over the MCP's baseline rate (worth 33.3% of funds allocated for the measure)
- By March 6, 2022, a 30% increase over the MCP's baseline rate (worth 33.4% of funds allocated for the measure).

For the two measures chosen of Measures 1-3, MCPs that achieve a rate of 85% for a measure at any evaluation point in time will be considered to have met their target for that specific point in time.

Example:

- Acme MCP is allocated \$100 for measure 1, which is split amongst the specific points in time as follows:
 - October 31, 2021: \$33
 - January 2, 2022: \$33
 - March 6, 2022: \$34
- Acme has a baseline rate of 70% for measure 1
- Acme's target by October 31, 2021 = $70\% \times 1.1 = 77\%$
 - Acme achieves 75% and does not meet the target of 77%
 - Acme doesn't earn any funds (\$0) for October 31, 2021.
- Acme's target by January 2, 2022 = $70\% \times 1.2 = 84\%$
 - Acme achieves 85% and slightly exceeds the target
 - Acme earns the 33% of funds (\$33) allocated for the measure for January 2, 2022.
- Acme's target by March 6, 2022 = $70\% \times 1.3 = 91\%$
 - However, since 85% is considered full achievement, Acme's actual target is 85%.
 - Acme achieves 87% by March 6, 2022
 - Acme would be paid the 34% of funds (\$34) allocated for the measure for March 6, 2022.
- In total, Acme earns \$67 for measure 1

Vaccine uptake outcome measures

- **For measure 4**, gap closure from baseline to a target defined as *the lesser of either: 1) the percent of persons 12 years of age and older who received at least one dose of a COVID-19 vaccine on or before the outcome ascertainment date in the county or counties served by the MCP, or 2) 85%*. For MCPs that serve one county, this *target* would be the county rate. For MCPs that serve more than one county, this would be the weighted-average rate across all counties served.
- **For measures 5-8**, gap closure from baseline to a target defined as *the lesser of either: 1) the percent of persons in the same age group who received at least one dose of a COVID-19 vaccine on or before the outcome ascertainment date in the county or counties served by the MCP, or 2) 85%*. For MCPs that serve one county, this *target* would be the county rate. For MCPs that serve more than one county, this would be the weighted-average rate across all counties served.
- **For measures 9-10**, gap closure from baseline to a target defined as *the lesser of either: 1) the percent of the MCP's members 12 years of age and older who received at least one dose of a COVID-19 vaccine on or before the outcome ascertainment date, or 2) 85%*.

Gap closure for vaccine uptake outcome measures

To earn full payment for measures 4-10, MCPs would need to close 33.3% of the gap between their baseline rate and the target rate by October 31, 2021; 66.6% of the gap between their baseline rate and the target rate by January 2, 2022; and 100% of the gap between their baseline rate and the target rate by March 6, 2022. Partial payments are allowable for measures 4-10 (see section below).

For measures 4-10, MCPs that achieve a rate of 85% for a measure at any evaluation point in time will be considered to have met their target for that specific point in time.

Example:

Here is an example for vaccine uptake outcome measure 4. Assume 60% of MCP members aged 12+ had received at least one dose of the COVID vaccine as of August 29, 2021 (the baseline), and in the county served by the MCP, 80% of county residents age 12+ had received at least one dose as of August 29, 2021.

By October 31, 2021, 85% of county residents age 12+ had received at least one dose. In order to receive full payment at the October 31, 2021 time point, the MCP would need to have closed 33.3% of the gap between their baseline rate (60%) and the October 31st target rate (85%), which amounts to a MCP member vaccination rate of 68.3% by

	<p>October 31, 2021. The MCP will receive up to a third of their allocation proportional to the amount of progress made toward that goal.</p> <p>By January 2, 2022, 88% of county residents age 12+ had received at least one dose. In order to receive full payment at the January 2, 2022 time point, the MCP would need to <i>have closed 66.6% of the gap between their baseline rate (60%) and 85%, which would be their target rate at January 2, 2022.</i> This amounts to a MCP member vaccination rate of 76.7% by January 2, 2022. The MCP will receive up to a third of their allocation proportional to the amount of progress made toward that goal.</p> <p>By March 6, 2022, 90% of county residents age 12+ had received at least one dose. In order to receive full payment at the March 6, 2022, time point, the MCP would need to close 100% of the gap between their baseline rate (60%) and 85%. The MCP will receive up to the final third of their allocation proportional to the amount of progress made toward that goal.</p>
<p>Partial payment</p>	<p>There are no partial payments for intermediate outcome measures 1-3. For vaccine uptake outcome measures 4-10, MCPs may earn partial payment in proportion to the gap closure they achieve between their baseline and target rates and at each respective time point. MCPs must achieve gap closure of at least 5%, 10%, and 15% at each respective time point to qualify for any partial payment. The actual amount of any partial payment will be calculated as the actual gap closure divided by the targeted gap closure at each respective time point, multiplied by the measure's full payment amount.</p>
<p>High Performance Pool</p>	<p><i>Any Vaccine Outcome Achievement funds not earned in accordance with the terms set forth above will be pooled and placed into a High Performance Pool (HPP), which may be earned by MCPs that meet the Achievement Criteria set forth for HPP Measures.</i></p> <p><i>HPP funds will be distributed to MCPs based on performance on the three measures described in the table below.</i></p> <p><i>MCPs that meet the HPP Achievement Criteria will earn a pro-rata share of the HPP funds, which will be weighted based on the HPP measures achieved and each MCP's share of Medi-Cal membership relative to other MCPs meeting the Achievement Criteria. The payment for each HPP measure will be proportionate to the MCP's Medi-Cal membership relative to all MCPs that achieve the HPP measure, but total HPP payments to the MCP may not exceed 60% of the MCP's initial Vaccine Outcome Achievement allocation.</i></p>

	<p><i>Example: The total available HPP funds are \$60 million; thus, \$20 million is available for each of the three HPP measures. The MCP achieves two of the three HPP measures. For the first measure, the MCP accounts for 10% of membership relative to all MCPs that achieved the measure and, therefore, may earn \$2 million. For the second measure, the MCP accounts for 30% of membership relative to all MCPs that achieved the measure and, therefore, may earn \$6 million. This brings the total calculated HPP payment for this MCP to \$8 million. However, the MCP's initial Vaccine Outcome Achievement allocation was \$12 million, 60% of which is \$7.2 million—this is the MCP's cap on HPP payments. Therefore, the MCP will receive HPP payments of \$7.2 million, not \$8 million, across the two measures.</i></p> <p><i>Due to the rapidly evolving nature of the COVID-19 PHE and the need for the State to respond accordingly, DHCS may amend the Vaccine Incentive Program APL and this Attachment to incorporate any updates to the program.</i></p>
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High Performance Pool	
Measure	Achievement Criteria
% of Medi-Cal members ages 12 years and older who received at least one dose of a COVID-19 vaccine by March 6, 2022.	<i>Performance at 85% or higher OR relative improvement of plan vaccine uptake rate of 75% or greater from baseline on August 29, 2021 to March 6, 2022 (Measure weight: 33.3%)</i>
% of Medi-Cal members ages 5-11 years who received at least one dose of a COVID-19 vaccine by March 6, 2022.	<i>No more than 10% below the county rate by March 6, 2022. For MCPs that serve more than one county, this would be the weighted-average rate across all counties served. (Measure weight: 33.3%)</i>
% of Medi-Cal members 12 years or older who are fully vaccinated and received a booster dose by March 6, 2022.	<i>No more than 10% below the county rate by March 6, 2022. For MCPs that serve more than one county, this would be the weighted-average rate across all counties served (Measure weight: 33.4%)</i>