



Member Advocacy Council & Enrollee Advisory Committee Meeting

June 10, 2026

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Agenda

- Welcome
- Break-out session
  - Blue Cross Blue Shield of Arizona Health Choice (HCA)
  - Health Choice Pathway HMO D-SNP (HCP)
- Joint Session
  - AHCCCS Renewal
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS): Rating of the Health Plan
  - Heat Safety

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Purpose



The purpose of the Member Advisory Committee and Advocacy Council (MAC) is to:

- ✓ Gain input from you as members of Blue Cross Blue Shield of Arizona Health Choice and Health Choice Pathway HMO D-SNP
- ✓ Provide a place for you to share your feedback and help us make improvements
- ✓ Enhance overall Member experience.

As part of participating on the MAC, you will be asked for your commitment by sharing and providing feedback on access to care, services and products that are offered by **US**.

The feedback you provide is confidential and will help us to evaluate and implement improvement activities to improve existing programs, services and member communication materials.

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Be present.



Listen attentively & don't interrupt.

Seek first to understand then to be understood.

Listen to other's opinions.



Participation is key!

Respect the group's time and keep comments brief and to the point.



Speak honestly.

Share ideas, ask questions and contribute to discussion.

Honest and constructive discussions provide best results.



Be respectful.

Respect other's point of view without agreeing with them is okay.

It's okay to disagree, respectfully and openly without being disagreeable.



We will note any pending issues and provide updates during future committee meetings.



HCA Breakout Session

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Agenda

- Arizona Olmstead Plan
- Changes Are Coming to AHCCCS:
  H.R. 1 – What YOU Need to Know Member Services & Getting Help
- Member Benefits and Rewards

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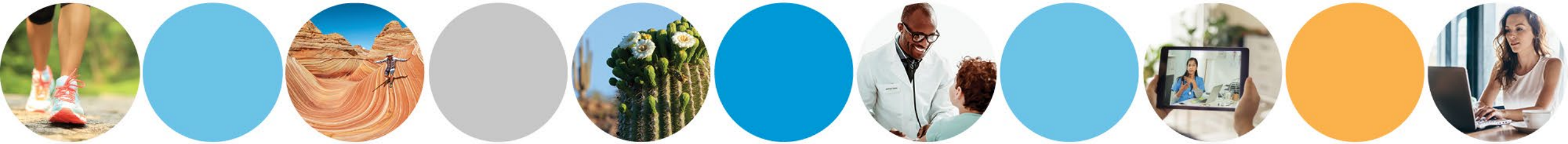
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Arizona Olmstead Plan

PRESENTER: JOSHUA NAPOLEON



What it the Olmstead Plan

- **Olmstead v. L.C.** Arizona Olmstead Plan (azahcccs.gov):
  - On June 22, 1999, the United States Supreme Court ruled in Olmstead v. L.C. that unjustified segregation of individuals with disabilities violates Title II of the Americans with Disabilities Act. This landmark decision established a legal framework for integrating people with disabilities into their communities.
- According to this ruling, states must provide community-based services to individuals with disabilities who would otherwise be eligible for institutional care if:
  - The state's treatment professionals determine that community placement is appropriate,
  - The individual agrees with the placement, and
  - The placement is feasible, considering the state's resources and the needs of others receiving state-supported disability

Arizona's Olmstead Plan

- "AHCCCS has developed a new Arizona Olmstead Plan to enhance the service delivery system through integrated care and further ensure members live and receive services in the most appropriate integrated setting in their community. Development of the Olmstead Plan included working with different external stakeholders, such as members/peers and advocates, as well as providing education to and soliciting input/feedback from the community through a survey, four community forums, and a public comment period."
  - Original plan developed in 2001 and updated in 2003
  - New webpage on the AHCCCS website in 2021 and release of the Olmstead Survey, followed by a workgroup and series of community forums
- Current plan "is limited in scope to initiatives for which AHCCCS can have a direct impact on systemic change."

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Arizona Olmstead Plan - Summary Overview

#	Strategy
1	**Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community** – Increase housing choice and opportunities for individuals and ensure necessary support services are available to assist members to obtain and maintain the least restrictive, most integrated community setting possible.
2	**Reach-in discharge planning for hospital settings –** Increase the ease of access for care coordination and discharge planning for members in hospital settings, while reducing outpatient service barriers.
3	**Reach-in discharge planning for the justice system –** Improve discharge planning, reach-in care coordination, and service delivery for members exiting the justice system.
4	**Expansion of Home and Community-Based Services (HCBS) for aging individuals with Serious Mental Illness (SMI) determinations –** Explore the feasibility of expanding HCBS for the aging SMI population.
5	**Workforce Development initiatives –** Implement programs and systems that will enhance the capacity, capability, and commitment of the health care workforce.
6	**High quality network to ensure members are served in the most effective and least restrictive manner –** Ensure services are provided by high quality network providers in a timely manner
7	**Person-centered planning enhancements -** Improve monitoring with service and treatment planning standards for Managed Care Organizations (MCOs).
8	**Aggregated Population Data -** Identify and monitor data to provide a systemic level review of members transitioning to least restrictive settings.

Olmstead Plan Updates

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Strategy #1: : Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community			
Objective #2: Expand access and range of housing settings for all eligible populations.			
Section	**Target Date**	**Performance Targets**	**Progress Summary**
2. A: Develop new transitional housing options to facilitate transition from residential, inpatient, the justice system, and housing instability to the least restrictive community-based settings	7/2025* 7/2026**	• Increase the number of transitional housing units to 50. • Maintain or exceed 95% occupancy across all units each month.	**10/2025:** Future updates on this project are accessible on the AHCCCS Housing Programs web page. The project construction was completed on 10/2025. ADOA has completed construction, and the building is now owned by ASH. AHCCCS is working to assist with communication between ASH and the Operator to enter into a lease agreement and open the transitional housing program.
2. B: Use covered Medicaid housing support services and partner with housing providers (e.g., Public Housing Authorities, 811 Project Rental Assistance, etc.) to expand permanent, community-based housing options.	7/2023 (Completed) 10/2026	• Establish baseline data of existing housing options provided to Medicaid members in conjunction with Medicaid covered services at the site. • Increase the number of housing units by 10%.	**10/2025:** AHCCCS continued efforts with the initiatives identified during the previous quarter. AHCCCS is working to capture all of the dedicated units statewide to improve tracking of the measure. Anticipated goal date is 1/2026. The AHCCCS Housing team and the Adult System of Care (ASOC) team work closely with the Continuums of Care (CoCs) to preserve these vouchers amid current federal funding challenges and potential reductions in permanent supportive housing subsidies.

*The Pathway to Hope construction is expected to be completed in June 2025.
** Changed from 7/2025 to 7/2026 as the Pathway to Hope construction is expected to be completed by June 2025, so pushing this date a year out allows AHCCCS to monitor the occupancy rates, which will be reported quarterly in this section post-launch

Olmstead Plan Updates

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Strategy #4: Expansion of Home and Community-Based Services (HCBS) for aging individuals with Serious Mental Illness (SMI) determinations			
Objective #1: Explore options to provide medically necessary HCBS to the aging SMI population who do not meet institutional level of care criteria to become eligible for the Arizona Long Term Care System (ALTCS).			
Section	**Target Date**	**Performance Targets**	**Progress Summary**
A: Identify a group of individuals 65 years and older with an SMI designation who were denied ALTCS eligibility for medical reasons	3/2025		**10/2025:** Updates will be reported in a future reporting cycle. We continue to educate ourselves and work internally among departments to better understand this population and reasons for ALTCS denial for medical eligibility reasons.

Member Involvement

Member involvement is key to the success of the Olmstead Plan:



Members can participate in planning and feedback sessions to share their experiences and needs.

Advocating for personal and community needs helps us tailor services more effectively.

Utilizing available community resources and services ensures members receive comprehensive support.

Connecting with care coordinators provides personalized assistance

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How to Get Involve?

- **AHCCCS Contact Information:**
  - Community Forums: Participate in quarterly AHCCCS Community Forums to learn about accomplishments made during the quarter and provide input on the Olmstead Plan.
  - Visit the AHCCCS Office of Individual and Family Affairs (OIFA) web page to receive more information about these AHCCCS Community Forums, and other community presentations.
  - Website: Arizona Olmstead Plan (azahcccs.gov)
  - Email: Olmstead@azahcccs.gov at any time to share your input on the Olmstead Plan

AHCCCS
Arizona Health Care Cost Containment System

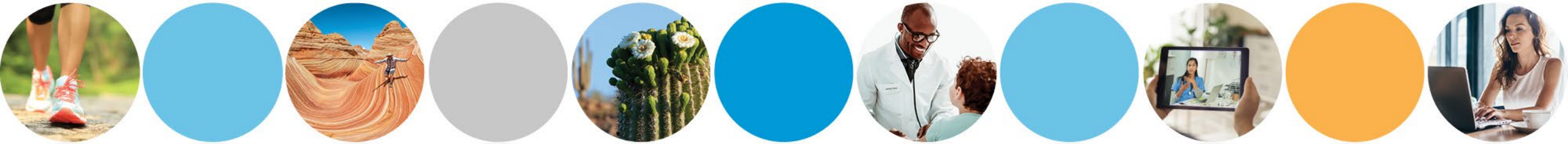
Arizona Olmstead Plan

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Changes Are Coming to AHCCCS: H.R. 1 – What YOU Need to Know

PRESENTER: CYNTHIA ROSS



What Is H.R. 1 Also Known As One Big Beautiful Bill?

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H.R. 1 – One Big Beautiful Bill

H.R. 1 is a new federal law that changes some Medicaid rules.

This law adds new work or community engagement requirements for certain adults who receive Medicaid benefits.

In Arizona, Medicaid is called AHCCCS.

AHCCCS is not ending. Most members will still qualify for coverage.

Some members may need to report work, school, or other approved activities to stay enrolled. Some members may need exemptions.

These changes start January 1, 2027.

Why This Matters for Arizona

AHCCCS provides health coverage to nearly 2 million people in Arizona.

AHCCCS is paid for by both the federal government and the State of Arizona

Because of H.R.1, this new law is making some changes to how AHCCCS works, including how often some members check in to keep coverage.

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Who Is Most Affected by These Changes

Mainly affect adults ages 19–64 who receive AHCCCS benefits.

Children, seniors, and people with disabilities are less affected by these specific changes.

Some adults may need to work, attend school, volunteer, or participate in other approved activities to keep coverage.

Requirements may be different based on your situation.

Work or Community Engagement Requirements



Monthly Activity Requirements

- Starting January 2027, some adults in AHCCCS must complete 80 hours each month of approved activities to keep coverage.



Approved Activities Include

- Working or earning income
- Job training or job search programs
- Attending school part-time
- Volunteering in the community
- A combination of these activities



Reporting on Time Protects Your Coverage

- Activities must be completed and reported on time.
- Not meeting the requirements or missing reporting deadline could result in loss of coverage

Who Does NOT Have to Meet Activity Requirement

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Some people do not have to complete work or community activities to keep AHCCCS coverage.

You may be exempt if you are:

- An American Indian or Alaska Native eligible for Indian Health Service care
- A disabled veteran with a total disability rating
- A caregiver for a child age 13 or younger or for a person with a disability
- A former foster youth under age 26
- Medically frail, including people with serious physical, mental health, or substance use conditions
- Participating in a qualifying substance use disorder treatment program
- Pregnant or within 12 months after pregnancy
- Already meeting community engagement rules through programs like SNAP or TANF
- Currently incarcerated or recently released
- Experiencing a short-term hardship, such as hospitalization, living in an area where a federal emergency or disaster is declared, or living in an area with very high unemployment

To keep your exemption, make sure your information is up to date and respond to any requests from AHCCCS.

More Frequent Renewals

Some members will need to renew their AHCCCS eligibility every 6 months instead of once a year.

This means:

- You may receive more letters, emails, texts, or phone calls from AHCCCS or your health plan.
- You may need to complete forms or provide documentation more often.
- Missing a notice or deadline could cause you to lose coverage, even if you still qualify.
- Opening your mail and responding on time is one of the best ways to keep your AHCCCS coverage.

Many people lose coverage simply because paperwork is missed—so staying organized is very important.

What You Can Do Now

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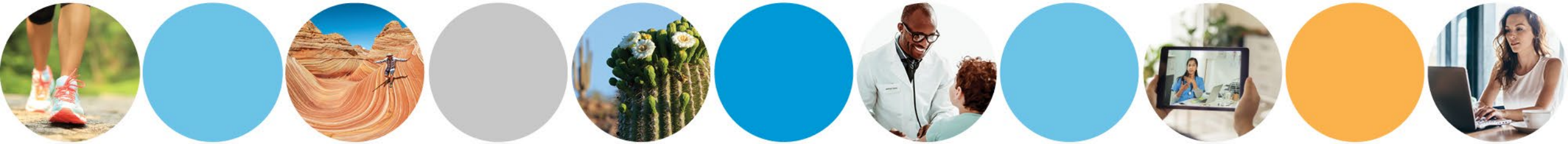
To Protect Your Health Coverage:	Keep your contact information up to date in Health-e-Arizona PLUS (address, phone number, and email).
	Open and read all mail, emails, texts, and calls from AHCCCS.
	Respond right away if AHCCCS asks for information or documents.
	Don’t miss deadlines—missing paperwork can cause a loss of coverage.
	Watch for at updates: https://www.azahcccs.gov/AHCCCS/Initiatives/HR1/ as the changes begin in 2027.
	If you need help or have questions, please contact us.

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Member Benefits and Rewards

PRESENTER: MARIA REYES



Healthy Rewards Program

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Blue Cross Blue Shield of Arizona Health Choice - Earn Gift Cards!

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Babies, children, and teens

Taking time to schedule Well Visits for your little ones will keep them healthy.

- Well-Child visits – **up to $150 annually**
  - **$25 per visit** up to six visits during 0-15 months of age
  - **$25 for one visit** during 16-30 months of age
- Child and Adolescent Well-visits – **$25 annually**
  - For ages 3 to under 21



Moms-to-be

- Prenatal visit – First trimester (First 12 weeks of pregnancy) – **$25 annually**
- Postpartum visit (7 to 84 days after delivery) – **$25 annually**



Additional activities and screenings

- Breast Cancer Screening – **$25 annually**
  - For women ages 40 to 74 years of age
- Cervical Cancer Screening - **$25 annually**
  - For women ages 21 to 64 years of age

To Earn Your Rewards

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To begin earning your Healthy Rewards start by:

- Scheduling an appointment
- Complete your appointment



Upon completion of the visit(s)

- Contact Member Services with the following information:
  - Date of visit
  - Type of visit / service
  - Doctor's name





Reach US by:

- Email: HCHcomments@azblue.com
- Phone: 1-800-322-8670, TTY: 711

Blue Cross Blue Shield of Arizona Health Choice Resources

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Resource: Member Services

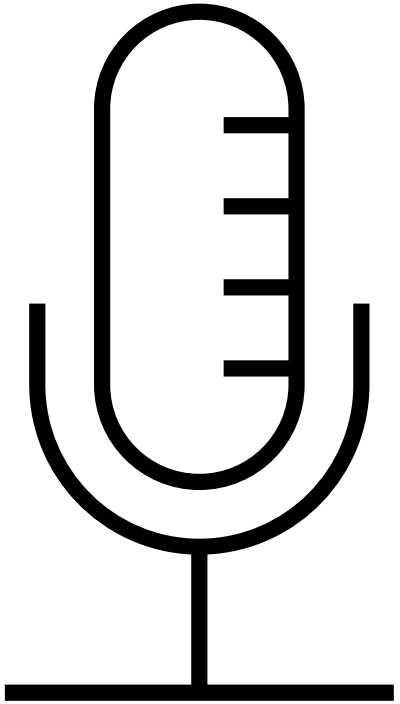


Call Member Services at 1-800-322-8670, TTY 711

- For information and assistance
- To obtain language or American Sign Language interpretation services when working with your health plan or provider
- To obtain transportation services to your appointments
- Assist in locating a provider
- Pharmacy benefit information
- Change a primary care provider
- File a complaint

Hours of Operation

- 8 a.m. – 5 p.m.
- Monday – Friday (expect holidays)



Please complete Member Feedback Survey





Health Choice Pathway (HMO D-SNP) Breakout Session

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Agenda

- SilverSneakers
- Supplemental Benefits Overview
- Member Services & Getting Help
- QA Session

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SilverSneakers

Sarah Bobko



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Move How You Want, When You Want With SilverSneakers®



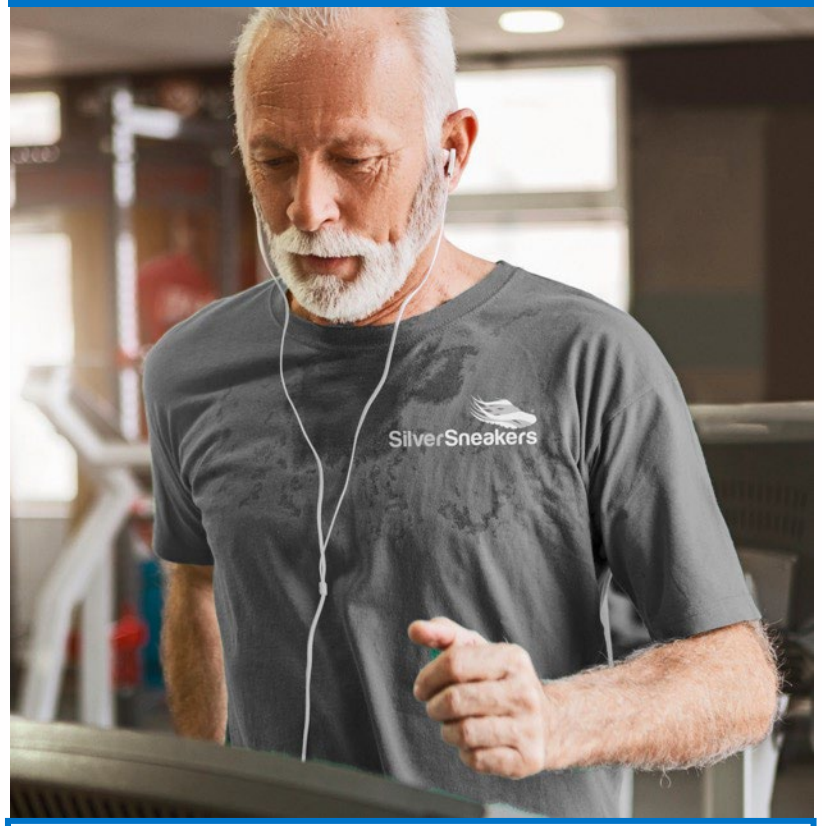
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Tivity Health is an independent and separate company contracted with Health Choice Pathway to provide health and wellness services to Health Choice Pathway HMO D-SNP members. Health Choice Pathway is a subsidiary of Blue Cross® Blue Shield® of Arizona, an independent licensee of the Blue Cross Blue Shield Association.

SilverSneakers®

With SilverSneakers, you're free to move:

IN THE GYM



Nationwide gym network with thousands of locations – **go to as many as you like**

AT HOME



LIVE and On-Demand classes led by SilverSneakers trained instructors – **convenience in the comfort of your home**

IN YOUR COMMUNITY



Fitness options outside of the gym – recreation centers, walking groups, workshops and more **in your community**

At-Home Exercise Kits

Strength
Exercise band

Walking
Pedometer

Yoga
Yoga Strap

Toning
Fitness Ball

Fitbit
Inspire 3



SilverSneakers by Tivity Health

Let's Get Started!

What you may gain:

- **Improved balance**
- **Flexibility & strength**
- **Pain management**
- **Emotional wellness**
- **New friendships**

What you will lose:

SilverSneakers Member Experience Center

- **English:** 1-888-423-4632
- **Spanish:** 1-888-617-6392



Supplemental Benefits Overview

Manny Felix



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More Than Just Medical Coverage

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$0 Premium

No monthly plan premium based on AHCCCS eligibility

$0 Deductible

No deductible for covered services

24/7 Support

Access to telehealth and emergency response services anytime

- All supplemental benefits are included with your Health Choice Pathway membership at no additional cost to you when you have AHCCCS (Medicaid) eligibility
- Benefits are designed to address preventive care, chronic condition management, and daily living support needs throughout the year
- Understanding and using these benefits can significantly improve your health outcomes and quality of life while reducing out-of-pocket expenses

Supplemental Dental

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$3,500 maximum benefit allowance per year for diagnostic, preventive, and Comprehensive Dental Services

Preventive Dental Care (Diagnostic)

- **Two oral exams** per year
- **Two cleanings** once every six months
- **One fluoride treatment** per year
- **Two dental X-rays** per year or **one complete full mouth (FMX)** or **panoramic X-ray**. (Complete/panoramic only allowed once every 36 months)

Comprehensive Dental Care

- Comprehensive services cover restorative procedures, endodontics, periodontics, and oral and maxillofacial surgery including extractions with no copay
- **Maximum benefit allowance of $3,500** per calendar year provides extensive coverage for maintaining optimal oral health
- **Full or partial dentures** covered once every 5 years with 4 adjustments annually

Vision and Hearing Services

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$350

Annual eyewear allowance for unlimited glasses or contact lenses

2 Hearing Aids

One per ear every 3 years at no cost

Vision Benefits

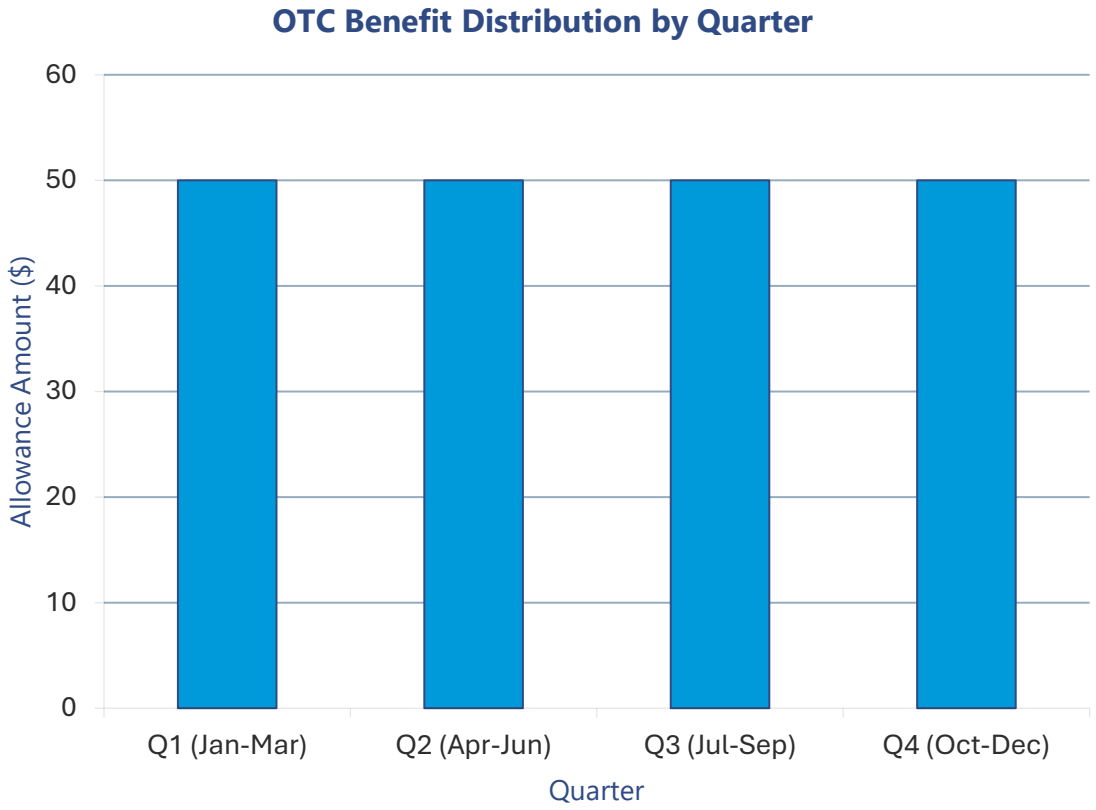
- **One routine eye exam** per year at no cost with **$350** benefit allowance towards eyewear
- Vision coverage helps detect early signs of serious health conditions like diabetes and hypertension

Hearing Benefits

- **2 hearing aids (one per ear every 3 years)** covered at no cost
- Hearing aid fittings and evaluations within 1 year of purchase
- Schedule appointments by calling TruHearing® **1-833-723-1154** Monday through Friday 8 a.m. to 8 p.m. MST

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Over-the-Counter Items



- Receive **$50 every three months** loaded directly to your flex card for purchasing over-the-counter products at participating retailers and online
- Covered items include brand-name and generic OTC products such as vitamins, pain relievers, toothpaste, cough drops, first aid supplies, and more
- Visit **bcbs-az.thehelperbeesportal.com** or call **1-888-454-1423** to check your balance, view eligible products, and find participating store locations
- **Important: Allowance expires at the end of each quarter and does not roll over**, so plan your purchases accordingly throughout the three-month period

Meal Benefits for Recovery

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56 Meals/Year

Total meals available for eligible members

- Post-acute meals support members recently discharged from inpatient facilities including hospitals, skilled nursing facilities, or inpatient rehabilitation centers
- Chronic meals available for members with COPD, congestive heart failure, or diabetes who are actively enrolled in care management programs
- All meal benefits provided at no cost to eligible members, with prior authorization potentially required for chronic condition meals
- Healthy, prepared meals delivered to your home eliminate cooking burden during recovery or chronic condition management

Post-Acute

28 meals after discharge from hospital, SNF, or inpatient rehab

↓

Chronic Care

28 meals for COPD, CHF, or diabetes under care management

Telehealth and PERS

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24/7 Access

Virtual visits available anytime, anywhere

$0 Cost

No copay for telehealth or PERS device

Telehealth Services

- Access primary care, specialist consults, and urgently needed services through virtual visits using online technology and live audio/video
- Visit **azblue.com/hcpathway** to connect 24/7 with healthcare providers for conditions treatable remotely

Personal Emergency Response System

- PERS medical alert device provides continuous in-home and mobile monitoring with 24/7 professional operator assistance
- Press the button during emergencies to speak with trained operators who immediately coordinate emergency dispatch and appropriate assistance
- To order a PERS device or for additional questions, call **1-800-979-9238**, TTY: 711, 8 a.m. to 5 p.m., Monday through Friday or visit **bcbsaz.connectamerica.com**.

Fitness SilverSneakers®

- Fitness benefit provides access to participating fitness centers or home fitness kit at no cost to help you stay active and healthy
- Regular physical activity reduces risk of chronic diseases, improves mental health, and enhances overall quality of life for plan members

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Transportation

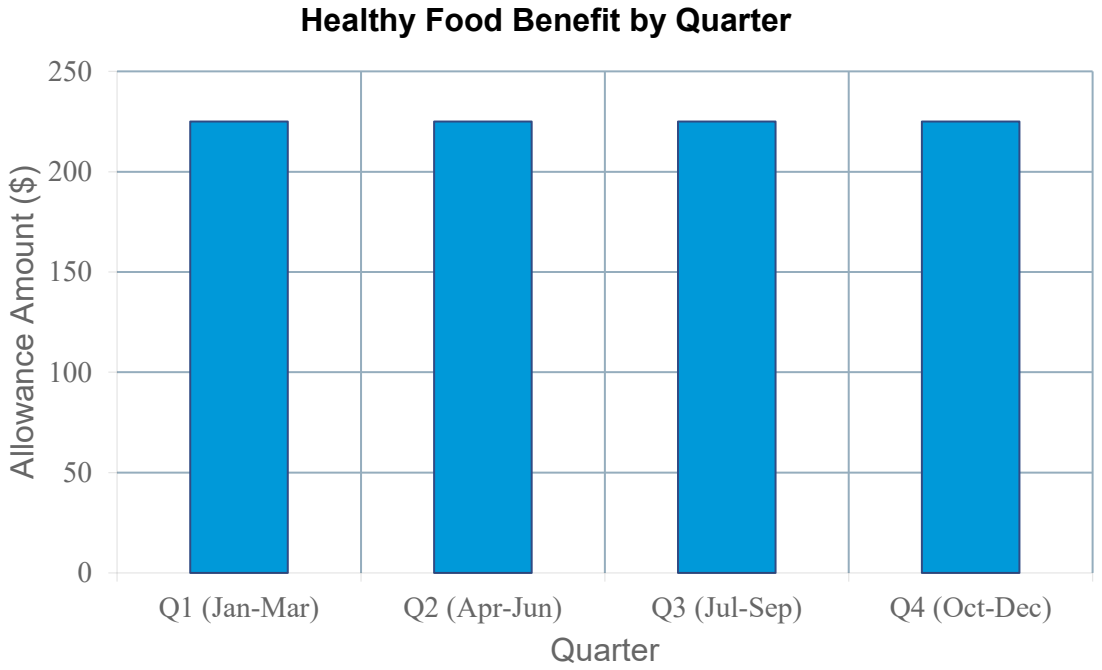
24 Trips/Year

One-way trips to health-related locations

- Transportation services include **24 one-way trips** every calendar year to plan-approved health-related locations with no copay
- Never miss medical appointments, pharmacy visits, or health-related errands due to lack of transportation with this valuable benefit

SSBCI Healthy Food Benefit

- Special Supplemental Benefits for Chronically Ill (SSBCI) provides **$225 every three months** loaded to flex card for healthy groceries and produce
- Eligibility requires diagnosis of chronic conditions including cardiovascular disorders, vision or hearing impairment, obesity and metabolic syndrome, chronic mental health conditions, or substance use disorders
- Not all members qualify as additional coverage criteria may apply beyond the chronic condition diagnosis requirement
- Check balance and find stores at **bcbs-az.thehelperbeesportal.com** or call **1-888-454-1423**, with unused allowance expiring each quarter



Making the Most of Your Benefits

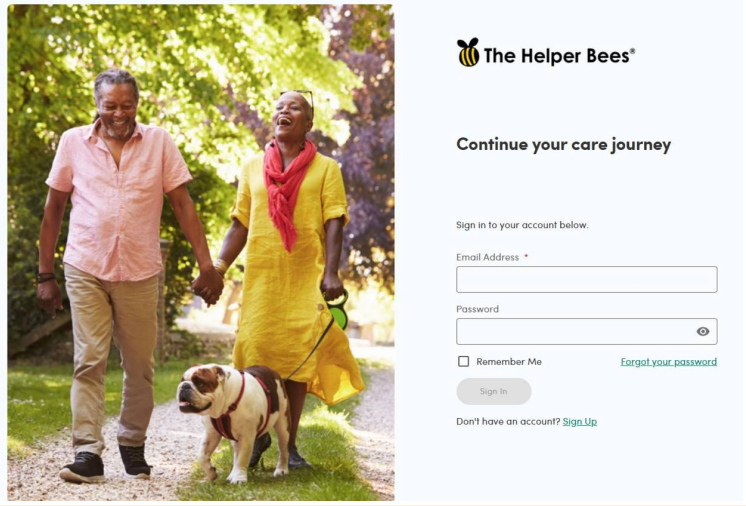
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Review Your Needs

- Assess which supplemental benefits align with your current health needs and lifestyle to maximize value from your coverage
- Schedule preventive appointments for dental, vision, and hearing services early in the year to ensure availability and timely care

Access Your Flex Card

- Visit **bcbs-az.thehelperbeesportal.com** to check OTC and healthy food balances, view eligible products, and locate participating retailers
- Use transportation benefit for medical appointments and set up PERS device if you live alone or have mobility concerns



Contact Member Services

- Call **1-800-656-8991, TTY 711** for questions about eligibility, benefit usage, or to request assistance with accessing any supplemental services
- Keep track of quarterly allowance cycles to use OTC and healthy food benefits before they expire at the end of each three-month period



Member Services & Getting Help

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Understanding Member Support Needs

- Common reasons members call include questions about what the plan covers, how to use benefits, and navigating the healthcare system
- Finding the right provider is a frequent need—members want to know which doctors accept their plan and how to schedule appointments
- ID cards and transportation assistance are essential services that members rely on for accessing care and getting to appointments
- Claims and billing questions require clear explanations to help members understand their statements and resolve any payment concerns

Benefits questions

Understanding coverage, eligibility, and what's included in your plan

Finding providers

Locating in-network doctors, specialists, and healthcare facilities

ID cards

Requesting replacement cards, updating information, or resolving card issues

Transportation

Arranging rides to medical appointments and understanding transportation benefits

Claims and billing

Questions about claims status, bills, payments, and resolving billing concerns

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Member Experience When Contacting Member Services

Was it easy to get help?

Were your needs resolved during the call?

Did you feel heard?

- **Ease of Reaching Help:** What was your experience trying to reach a representative? Were phone numbers easy to find and navigate?
- **Issue Resolution:** Were your needs resolved during the call, or did you need additional follow-up?
- **Ability to Understand Representatives:** Could you understand the representatives clearly? Was there a language barrier or communication difficulty?
- Let's discuss: Was it easy to get help when you needed it, and what obstacles did you encounter in the process?

Contact Member Services

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PHONE:
1-800-656-8991,
8 a.m. to 8 p.m., 7 days a week.

Member Services also has free language interpreter services available for non-English speakers. TTY **711**, calls to this number are free.



EMAIL:
hchcomments@azblue.com

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Q&A Session

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Joint Session

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Agenda

- AHCCCS Renewal
- Consumer Assessment of Healthcare Providers and Systems (CAHPS): Rating of the Health Plan
- Heat Safety



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Renewing AHCCCS Benefits

By: Abel Arizmendi
Consumer Outreach Specialist



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AHCCCS Renewals

- Update your information, address, income, phone numbers, etc.
- Renew with Blue Cross Blue Shield of Arizona Health Choice Application Assisters, HEA online, local DES office
- Have your AHCCCS ID number when renewing





Understanding Consumer Assessment of Healthcare Providers and Systems (CAHPS): Rating of the Health Plan



By: Manny Felix & Maria Reyes

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What is CAHPS

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Purpose of CAHPS

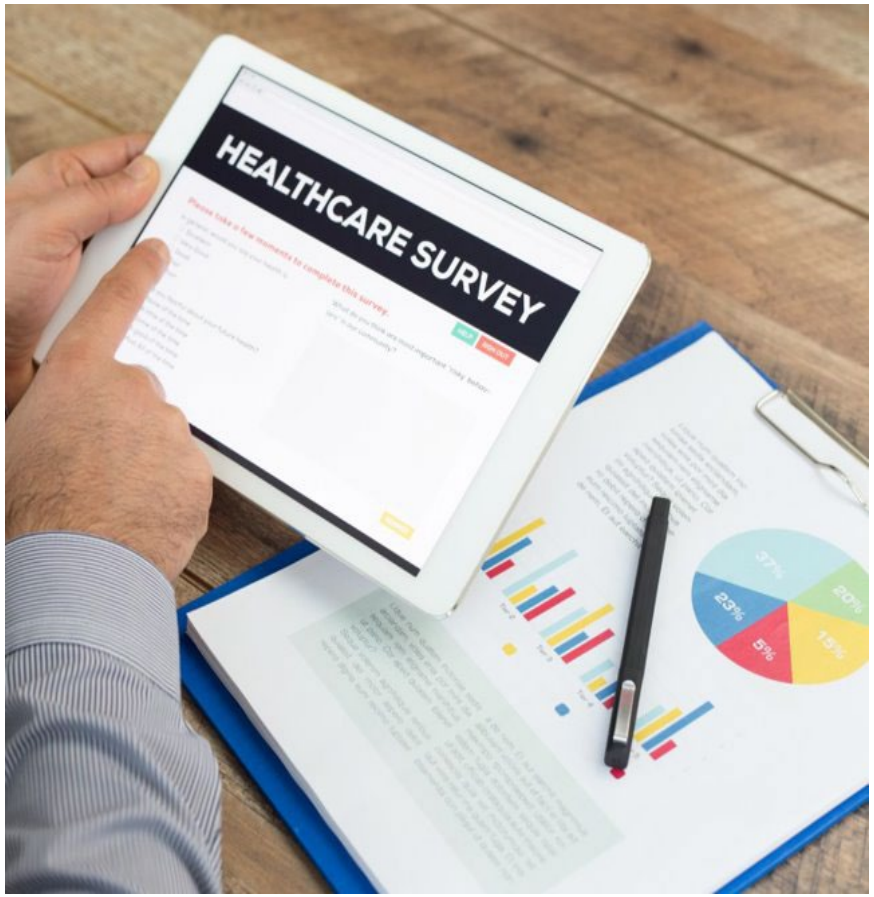
CAHPS collects your feedback to assess healthcare service quality and improve care delivery.

Survey Coverage

Used by Medicare and Medicaid to gather your experience data.

Focus Areas

Questions target your priorities like access to care, doctor communication, and customer service.



CAHPS Survey: Key Categories

Access to Needed Care	Assesses how easily you obtain necessary treatments and specialists for their health needs.
Timeliness of Care	Evaluates how quickly you receive care for illnesses and injuries to ensure prompt treatment.
Doctor Communication Quality	Measures clarity, listening, respect, and time doctors spend communicating with you effectively.
Customer Service Experience	Focuses on the helpfulness and courtesy of support staff in assisting you.
Overall Enrollee Ratings	Includes overall ratings of healthcare you receive from your primary care doctors, specialists, and the Blue Cross Blue Shield of Arizona Health Choice and Health Choice Pathway

Sample Survey

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These questions ask about your own health care from a clinic, emergency room, or doctor's office. This includes care you got in person, by phone, or by video.

3. In the last 6 months, did you have an illness, injury, or condition that needed care right away?
   - O Yes
   - O No → **If No, Go to Question 5**
4. In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
   - O Never
   - O Sometimes
   - O Usually
   - O Always

YOUR HEALTH PLAN

32. In the last 6 months, did you get information or help from your health plan's customer service?
    - O Yes
    - O No → **If No, Go to Question 35**
33. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
    - O Never
    - O Sometimes
    - O Usually
    - O Always
34. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
    - O Never
    - O Sometimes
    - O Usually
    - O Always

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Why CAHPS Matters

Insight into YOUR Experience	CAHPS provides valuable feedback on your experiences, critical for healthcare quality improvement.
	Surveys reveal delays, poor communication, and customer service problems.
Supports Providers and Plans	Survey results help **US** identify strengths and areas needing improvement in provider services.
Empowers YOU	CAHPS allows **YOU** to voice opinions and influence the quality of **YOUR** care.
Targeted Improvement Actions	Health plans implement changes like new scheduling and staff training.
Informs Policy and Research	Collected data guides policymakers and researchers to improve healthcare systems.

Member Participation & Engagement



Member selection begins:

- **Medicaid:** Random selection starts February 25, 2026
- **Medicare:** Random selection starts March 3, 2026



Survey is mailed, emailed, or conducted by phone



Responses are anonymous and voluntary



Higher participation = more accurate results.



Your voice drives meaningful improvements

CAHPS Questions: Member Feedback

The following questions are going to be asking about your experience in different areas of healthcare on a scale from 1-10. Please feel free to go into detail why you chose your score.

Health Plan Experience.

- How are you feeling about the customer services and overall benefits you get from Blue Cross Blue Shield of Arizona Health Choice and Pathway?
- How confident are you in your understanding of your benefits and how to use them?

CAHPS Questions: Member Feedback

The following questions are going to be asking about your experience in different areas of healthcare on a scale from 1-10. Please feel free to go into detail why you chose your score.

Communication with Provider(s)

- Do you feel your primary provider listens carefully to you and respects what you have to say?
- Do you feel your specialist listens carefully to you and respects what you have to say?
- Have any of your providers made you feel rushed or dismissed during your visits? Can you share more about that?

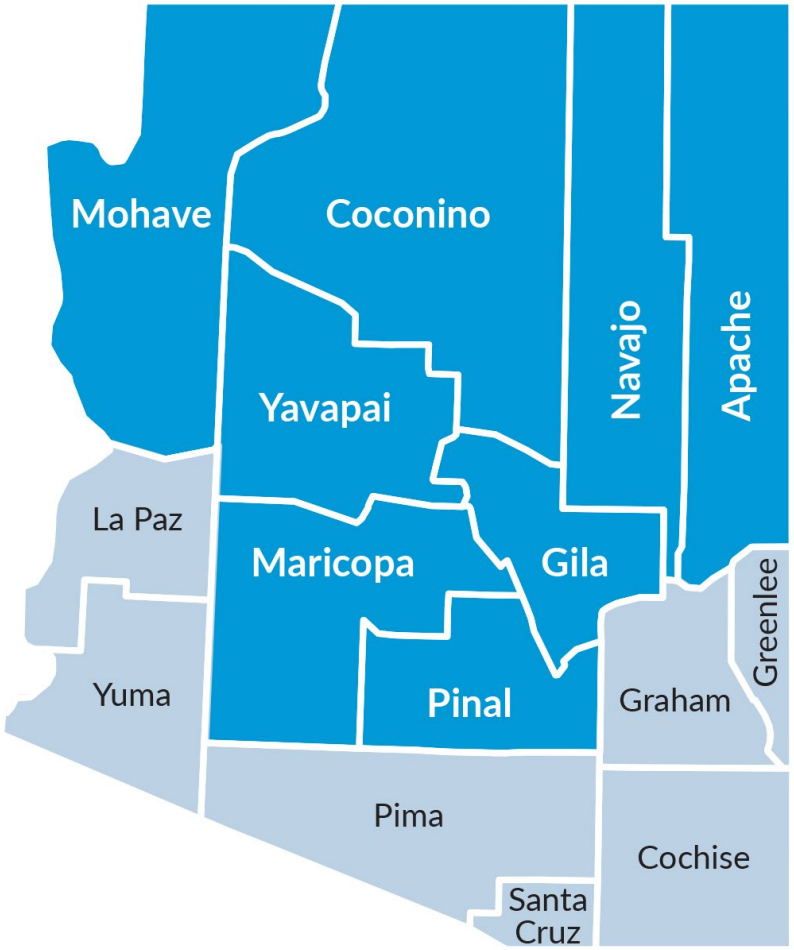




Heat Safety

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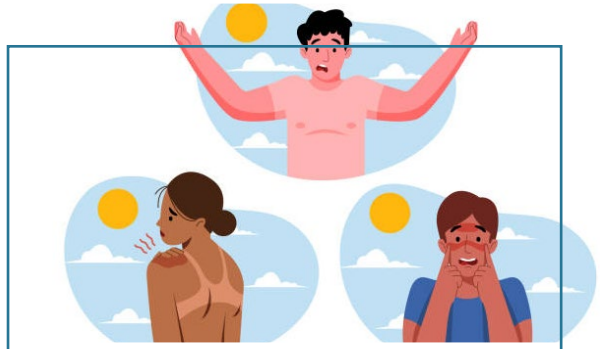
Arizona Heat Facts



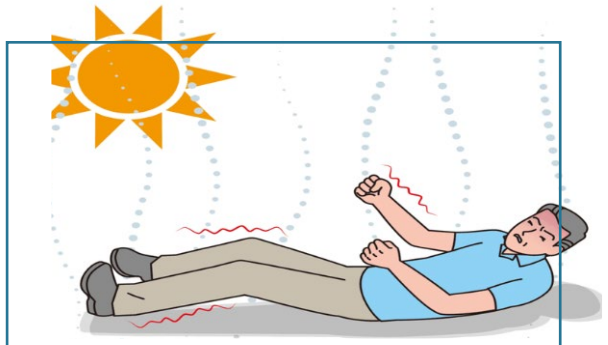
- Phoenix set a record by having 31 days in a row with temperatures above 110 degrees.
- There were over 645 heat related deaths in Maricopa County in 2023
- Nighttime temperatures are increasing and failing to drop below 90 degrees

Source:
NBC News. (2023, July 31). *Phoenix ends record 31-day streak of above 110-degree weather*.
Maricopa County Department of Public Health. (2024). *2023 Heat-related deaths report.*
Data were collected by Arizona State University's Decision Center for a Desert City (DCDC) using records from NOAA's National Climatic Data Center. Source: http://www.ncdc.noaa.gov/cdo-web/results; Phoenix Sky Harbor International Airport.

Types of Heat-Related Illnesses



Heat Rash



Heat Cramps



Heat Syncope



Heat Exhaustion



Heatstroke*

***Emergency**

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Heat Rash





Heat Cramps



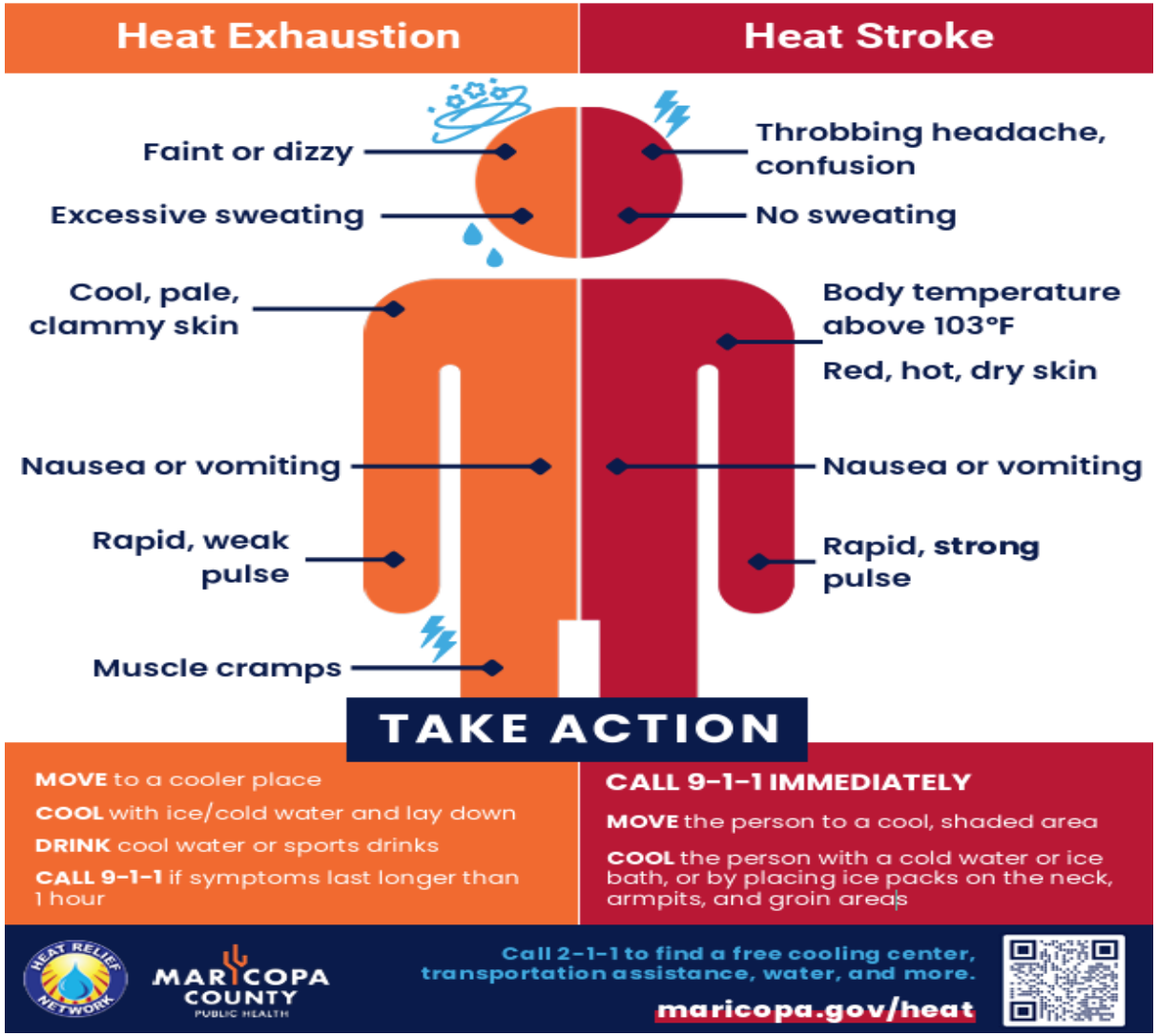
Syncope





What are the Signs?

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What Can You do?

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Stay Cool

- Do activities during the coolest part of the day, usually 4:00 – 7:00 am
- Wear loose, light-colored clothes made with lightweight fabric

Stay Hydrated

- Drink water often
  - Adults normally need at least 20% more water than we regularly drink in hotter conditions
- Replace salt lost through sweat with salty snacks or sports drinks: bananas, granola, trail mix, and peanut butter are all great options



Let’s Chill!

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Close dress for the heat (wear lightweight, breathable, and light-colored clothing).

Hydrate early and often (do not wait until you are thirsty)

Illness awareness (watch for symptoms like throbbing headache, dizziness, or confusion)

Late/Early activities (schedule strenuous outdoor tasks before 10 AM or after 5 PM)

Limit time outdoors (take frequent breaks in air-conditioned spaces)

Where to Find Help and Information

Resources:

- [211 Arizona]
  - A statewide resources for health and human services information Live operators will take calls, in English and Spanish, from 9 a.m. to 7 p.m. daily to help residents find nearby cooling centers, transportation help, utility support, or emergency A/C repair.

- [Maricopa County Heat Relief Network]
  - Provide information on preventing heat-related illness, cooling stations and water donations, statistics, health relief toolkit, and health relief assistance.

- [Power AZ Utility Assistance Program]
  - Provides financial help through programs like Power AZ and LIHEAP to eligible Arizona households struggling to pay heating and cooling bills, with applications available online at AtoZ.az.gov or by paper.
    - Customers who have a life-threatening illness or use critical medical equipment requiring electricity may qualify for a 35% discount on their monthly energy bills through our Energy Support with Medical Program.

Local Resources: Cooling Centers

Hydration Donation

Sanctuary Recovery Centers

Operated by: Sanctuary Recovery Centers

2.7 Miles

11645 N. Cave Creek Rd. Phoenix AZ 85020
Mo-Fr 9am-5pm
Juneteenth: Regular Hours
602-918-0826
Donations accepted: Water and General Collection
Photo

Cooling

Juniper Library

Operated by: City of Phoenix

3.1 Miles

1825 W. Union Hills Dr. Phoenix AZ 85027
Mo, Fr, Sa 9am-5pm; Tu-Th 9am-6pm
Juneteenth: Closed
602-534-2026
Wheelchair accessible

Hydration Donation

Shadow Mountain Senior Center

Operated by: City of Phoenix

3.2 Miles

3546 E. Sweetwater Ave. Phoenix AZ 85032
Mo-Fr 9am-3pm
Juneteenth: Closed
602-534-4944
Wheelchair accessible
Donations accepted: Water Collection Only

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Cooling and respite centers:

- Can be community centers, churches, and other community-based organizations that provide water and serve as a safe, cool indoor place during the day for refuge from the heat.

Cooling Centers

Cooled indoor locations that provide refuge from the heat during the day. Drinking fountains or bottled water are available.

Respite Centers

Indoor, air-conditioned locations that offer hydration and allow for uninterrupted rest, sitting, or lying down (depending on each facility) during hours of operation.

Hydration Stations

Locations where individuals can go to receive bottled water and other collected donated items. Can be indoors or outdoors.

Collection Sites

Water bottles can be donated here for use at hydration and cooling locations. Some sites also accept other donations, such as cash; light colored, long-sleeved T-shirts; socks; underwear; hats; lip balm; sun block; and pre-packaged snacks.

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azblue.com/hca