



Member Advocacy Council & Advisory Committee Meeting

November 12, 2025

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Agenda

- **Welcome**
- **Break-Out Session**
  - Health Choice Arizona
  - Health Choice Pathway (HMO-SNP)
- **Joint Session**
  - Renewing AHCCCS Benefits
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS)
  - Preventative Care is the BEST Care – We are Here to Make it Easy

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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
- ✓ 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.

Housekeeping Rules

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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.

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Breakout Session

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HCA Breakout Session

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Agenda

- Olmstead Plan
- Overview Employment Service Benefit
- Member Benefits and Rewards



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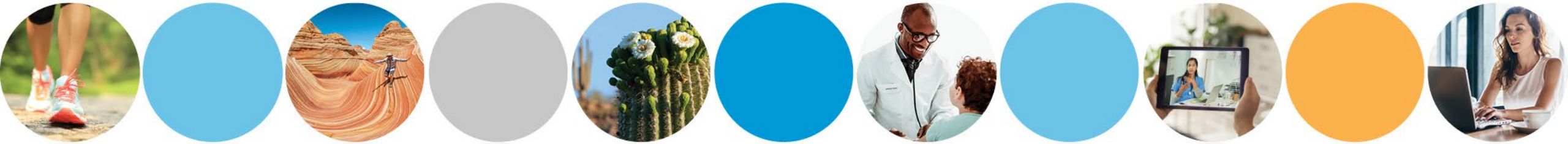
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Arizona Olmstead Plan

NOVEMBER 12, 2025

ANGIMAR RODRIGUEZ

ADULT BEHAVIORAL HEALTH MEMBER LIAISON



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

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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."

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 #1: Address barriers to the financing and delivery of supportive housing support and wrap-around services			
Section	**Target Date**	**Performance Targets**	**Progress Summary**
1. A: Review and revise AHCCCS Medical Policy Manual Policy 570 - Provider Case Management to clarify expectations on provider case management responsibilities related to coordination of medically necessary services specified in the member's service plan such as housing support and wrap-around services and benefits for SMI members	10/2025		**4/2025:** AMPM Policy 570 (Provider Case Management) has been reviewed by a multidisciplinary workgroup, released for public comment, revised to incorporate public comment, and completed management review as of 4/24/2025. Anticipated effective date is 10/1/2025.
1. B: Modify the AHCCCS Contractor Operations Manual (ACOM) Housing policy (ACOM 448) to clearly outline how Medicaid services may be used to help members obtain and maintain housing.	10/2024 (Completed) 7/2025 7/2025	• Transition and update ACOM 448 to AMPM 1710 and educate impacted MCOs. • Develop standardized training around evidenced based practices related to Permanent Supportive Housing. • Roll out standardized training and develop a tracking system to ensure all identified providers complete the training.	**4/2025:** The PSH learning track is still under development trending towards completion in July 2025.
1. C: Establish baseline data on current utilization of existing housing support and wrap-around services to determine how services are being utilized to meet members' housing needs and to strategize opportunities for improvement.			**4/2025:** There was an issue identified with the data on the most recent quarterly report from the Statewide Housing Administrator with Arizona Behavioral Health Corporation (ABC), which AHCCCS will need to address with ABC prior to reporting out. This is anticipated to be addressed mid-May and updated numbers in the Accomplishments section below will be updated in a future round of Olmstead Plan updates.

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.	4/2025: Future updates on this project will soon be accessible on the AHCCCS Housing Programs web page.
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%.	4/2025: During this quarter, AHCCCS continued to work on the following initiatives to support increasing the housing units by 10%: • The AHCCCS Housing and Health Opportunities (H2O) Demonstration and the Public Housing Authority (PHA) partnership with allocation of Housing Choice Vouchers (HCVs) to H2O. • Continuum of Care (CoC) partnership applications indicating leveraging of the health care system. • Improvement of supportive services provided through Medicaid to improve leveraging resources with PHAs.

Olmstead Plan Updates

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Strategy #1: : Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community			
Objective #3: Increase speed with which appropriate housing options can be identified and provided.			
Section	**Target Date**	**Performance Targets**	**Progress Summary**
A. Strengthen screening, assessment, in-reach, outreach, member provider choice, and service coordination processes.	10/2024 (Completed) 10/2024 (Completed))	• Increase the number of members on the AHCCCS Housing Program (AHP) wait list who are identified on the Homeless Management Information System (HMIS) Unsheltered Reports. • Increase the number of providers who provide PSH following fidelity from the Substance Abuse and Mental Health Services Administration (SAMHSA).	
B. Improve PSH stability for members in AHCCCS Housing Programs (AHPs).	10/2024 (Completed) 7/2025 7/2025	• Establish baseline data for length-of-stay in AHCCCS housing units in order to determine subsequent strategies. • Reduce Behavioral Health Residential Facility (BHRF) utilization for members who reside in PSH. • Establish baseline data for the number of members residing in PSH who are on Court Ordered Treatment and strategize for determining how PSH improves member functioning while on COT . 5	

Olmstead Plan Updates

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Strategy #1: : Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community			
Objective #3: Increase speed with which appropriate housing options can be identified and provided.			
Section	**Target Date**	**Performance Targets**	**Progress Summary**
C. Utilize a standardized assessment tool to evaluate the most appropriate and least restrictive housing settings and supportive services.	1/2025 (Completed) 4/2025	• Review LOCUS utilization and evaluate opportunities for it to be the standardized assessment tool. • Develop standard prioritization criteria across available housing resources to improve care coordination and more quickly provide housing options to members.	4/2025: Until 12/31/24, training and the copyright to both the CALOCUS and the LOCUS were under one entity. The LOCUS is now owned and copyrighted by the American Association for Community Psychiatry (AACP) with separate copyright and training costs. AHCCCS does not have the financial resources to contract with AACP for LOCUS at this time. Contractors are required to utilize the American Society of Addiction Medicine (ASAM) Criteria when determining the appropriate level of care for individuals with co-occurring mental health and substance use conditions

Olmstead Plan Updates

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Strategy #1: : Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community	
Objective #1: Address barriers to the financing and delivery of supportive housing support and wrap-around services.	
Objective Section	**Accomplishment**
1.B: Modify the AHCCCS Contractor Operations Manual (ACOM) Housing policy (ACOM 448) to clearly outline how Medicaid services may be used to help members obtain and maintain housing.	ACOM 448 has transitioned to AMPM 1710 and the new policy is available online
1.C: Establish baseline data on current utilization of existing housing support and wrap-around services to determine how services are being utilized to meet members' housing needs and to strategize opportunities for improvement.	The process for the Statewide Housing Administrator to receive the number of members within the AHCCCS Housing Program (AHP) who are receiving clinical support is complete. It is now being reported to AHCCCS by the Statewide Housing Administrator on a quarterly basis. AHCCCS is currently working on strategies to implement opportunities for improvement. AHCCCS will continue to track progress in this Accomplishments section on members within the AHP who are receiving clinical support. Reporting on this began in the 10/2024 Olmstead updates and will be reported every other quarter moving forward. As of March 2025, there are 2,140 member households currently enrolled in the AHP, of which 93.5% are active in receiving wrap-around services with their health home.
Objective #2: Expand access and range of housing settings for all eligible populations.	
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	As of June 2023, AHCCCS is leveraging supportive services to support 2,964 units through partnerships with housing providers. As of March 2025, the length of stay in AHCCCS Housing Program (AHP) is 795 days.

Olmstead Plan Updates

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Strategy #1: : Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community	
Objective #3: Increase speed with which appropriate housing options can be identified and provided.	
Objective Section	**Accomplishment**
3.A: Strengthen screening, assessment, in-reach, outreach, member provider choice, and service coordination processes	• As of January 2025, AHCCCS has implemented a process for the health plans to receive member information from the Homeless Management Information System (HMIS) for their members. The health plans are responsible for using their network of providers to help members on the HMIS report complete applications for housing resources they may be eligible for. The progress is tracked through the Quarterly Supportive Housing deliverable. AHCCCS is working on a report that will be made publicly available once finalized and posted that will, in part, speak to this progress. • As of January 2025, the RBHA's had used the Mental Health Block Grant (MHBG) American Rescue Plan Act (ARPA) infrastructure dollars to increase the number of providers who provide dedicated Permanent Supportive Housing (PSH) services to members across the state. The new providers added with ARPA funding were Resilient Health and Catholic Charities. Contractors are required to provide PSH services to members throughout the state. Oversight and monitoring of these providers to ensure the fidelity of the evidence-based practice of PSH occurs through the health plans and through a contract with the Western Interstate Commission for Higher Education (WICHE).

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

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

Employment Services Benefit



Cynthia M. Ross, MS, CRC, PRSS
Vocational Services Administrator

Why is Employment Important for Members?

Guiding Philosophy:

AHCCCS and Blue Cross Blue Shield of Arizona Health Choice Plan believe that every person has the capacity to work competitively in the community when the right kind of job and work environment is identified, and supports are present.





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The Benefits of Employment for Members



Social Impacts	Provides relationships and social connections Promotes full participation in society, independence and human rights



Psychological Impacts	Promotes recovery and rehabilitation Improves self-esteem, self-worth, purpose and identity. Provides structure and encourages productive activity Enhances quality of life and well being



Financial Impacts	Increases household income and decreases economic hardship Provides members with financial means to access nutritious food and safe housing Alleviates the stress of trying to pay bills and feed and clothe a family on an inadequate household income

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Vocational Services Program Descriptions

Supported Employment Services

- Are delivered at a provider and health plan level. This may include education, coaching, and services for securing and maintaining employment.
- These services are available to any member.

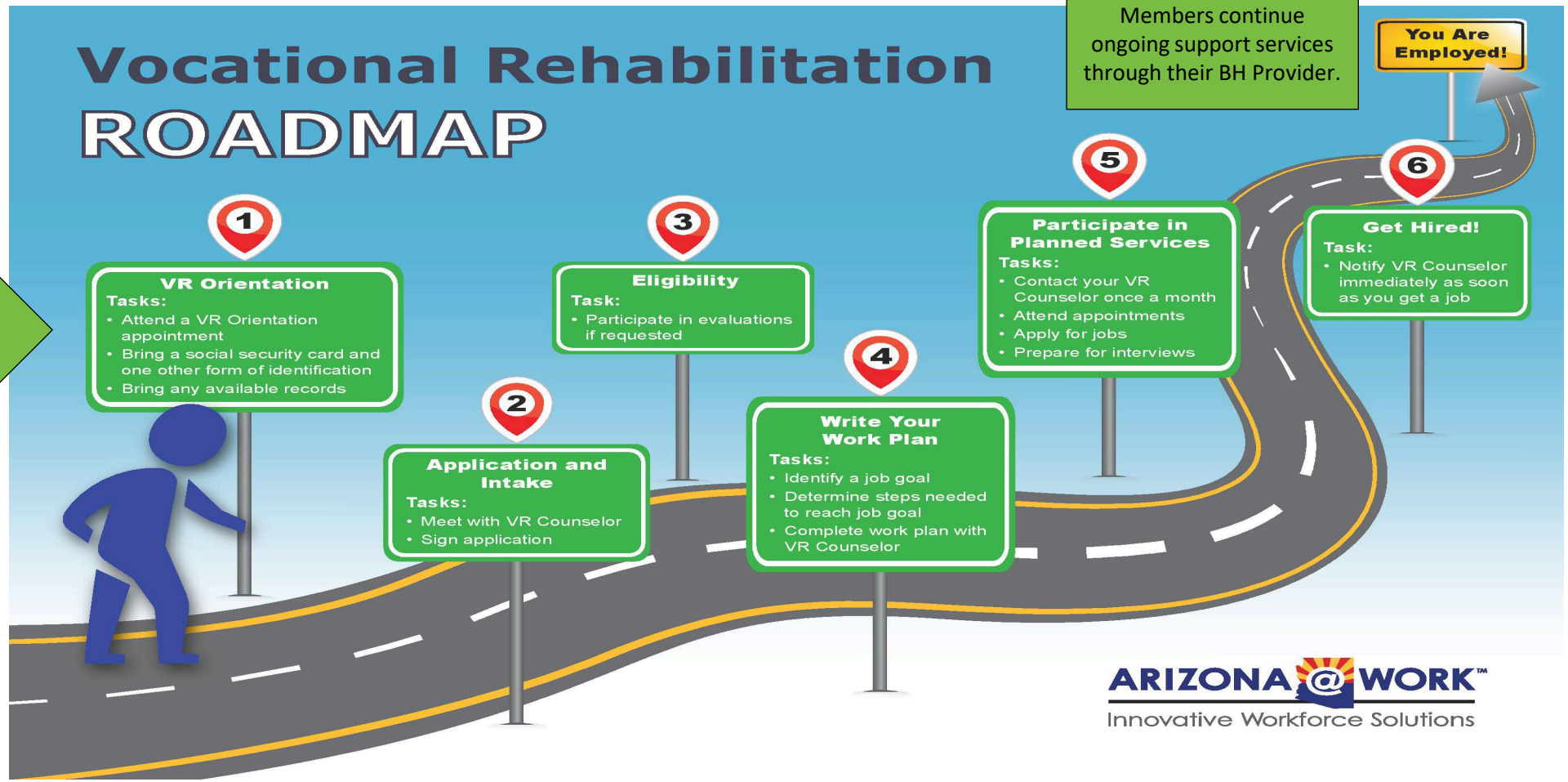
Vocational Rehabilitation

- Program provides a variety of services to persons with disabilities ages 14 and up, with the ultimate goal to prepare for, enter into or retain employment.
- These collaborative efforts with VR have resulted in numerous success stories.

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The Referral Process

A BH Provider or BCBSAZ Health Choice may refer interested and eligible members to RSA/VR.



Members continue ongoing support services through their BH Provider.

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Innovative Workforce Solutions

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Vocational Rehabilitation Eligibility Requirements



Eligibility Requirements

- Documented disability
  - You have a physical or mental impairment.
- Your impairment creates a substantial impediment to employment.
- You require VR services to prepare for, secure, retain, or regain employment.
- You can benefit from VR services in terms of achieving an employment outcome.

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Healthy Rewards Program

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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 years old
- Dental Visit (Oral evaluation) – **$25 annually**
  - For ages 2 to under 21 years old

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:

- Completion of your Health Risk Assessment – **$25 annually**
  - For ages 3 to 17 years old
- Breast Cancer Screening – **$50 annually**
  - For ages 40 to 74 years old

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



Resource: Member Services



Call Member Services at 1-800-322-8670, TTY 777

- 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)

Questions & Answers









Health Choice Pathway (HMO-SNP) Breakout Session

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Agenda

- Survey
- Wider Circle
- Medicare Member Materials



Wider Circle

Jayson Inestroza



Wider Circle

Wider Circle is a separate, independent company contracted with Health Choice Pathway to provide health and wellness services. Health Choice Pathway is a subsidiary of Blue Cross® Blue Shield® of Arizona, an independent licensee of the Blue Cross Blue Shield Association.

Who We Are & What We Do

- We are a health care company addressing SDoH with a novel community care model.
- **Members of Wider Circle groups inform, support, and motivate their neighbors to achieve better health in a culturally competent manner.**
- **When your circle is bigger, life is better. Engaged members are happier, healthier, more active and overcome isolation.**



Wider Circle

How it Works: Connect for Life®

Human Connection

Local meet-ups revive **latent connections**





Relationships drive **engagement**



Purposeful peers support **lasting behavior change**

We hire hyper local staff!

- Trained and coached by Wider Circle
- Immersed in the local culture, they're your neighbors!
- They help to guide introductions and help you meet other members!

Build Trusted Connections

- Our program hopes to be a familiar and trusted engagement, which prides itself on monthly meetings both virtual and in-person
- We help members share and engage on shared experiences, navigating life's challenges!

Ambassador Driven Chapters

- We identify and empower influential, purpose-driven community leaders just like yourself to become more involved!
- They then go on to use their peer influence to support others with behavior change.

Connected for Better Health

Kingman's dedicated CFL Ambassadors, gathered for their weekly meetup.

As they enjoyed the day, they delved into health topics, with Annual Wellness Visits (AWV) at the forefront. Together, they explored new ways to stay healthy, sharing knowledge and encouraging each other to prioritize their well-being.

These weekly gatherings have become a cornerstone for their community, fostering connections and reinforcing their commitment to leading healthier lives.



It Takes a CFL Village

Life challenges are part of life but members do not have to face them alone.

Members like Ms. Danette and many others have just began experiencing what the difference the CFL program can make, not only bridging healthcare and other essential resources gaps but helping members overcome isolation and social disconnection.

Together we can not only do better but thrive.



Themes, Initiatives and Gap Closures

Month	Theme / Health Initiative	Gap Closure
January	Open the Door to 2024	Health Risk Assessment (HRA)
February	American Heart Month	Blood Pressure Screening
March	Colorectal Cancer Awareness Month	Colon Cancer Screenings
April	National Volunteer Appreciation Month	Dental Care
May	Mental Health Awareness Month	Mental Health
June	Member Appreciation Month	Annual Wellness Visits (AWV)
July	Social Wellness Month	Vaccines
August	Self Awareness Month	Vision Care
September	Healthy Aging Month	Annual Enrollment Period (AEP)
October	Breast Cancer Awareness Month	Breast Cancer Screenings
November	Diabetes Awareness Month	Diabetes Screening
December	Wider Circle Celebrates	Annual Wellness Visits (AWV)

Wider Circle

Volunteer with your Wider Circle Community! Become an Ambassador!

Ambassadors are..

- Passionate, caring & mission driven
- They provide peer to peer support
  - Creating an engaging community
  - Motivating others to participate
  - Encouraging members to achieve positive health outcomes
  - Help develop relationships: Everyone has a friend
- Support growth of our Connect for Life Program
  - Increasing engagement and empowerment of each community



Who would like to learn more?

Wider Circle

Medicare Member Materials

April Zamora



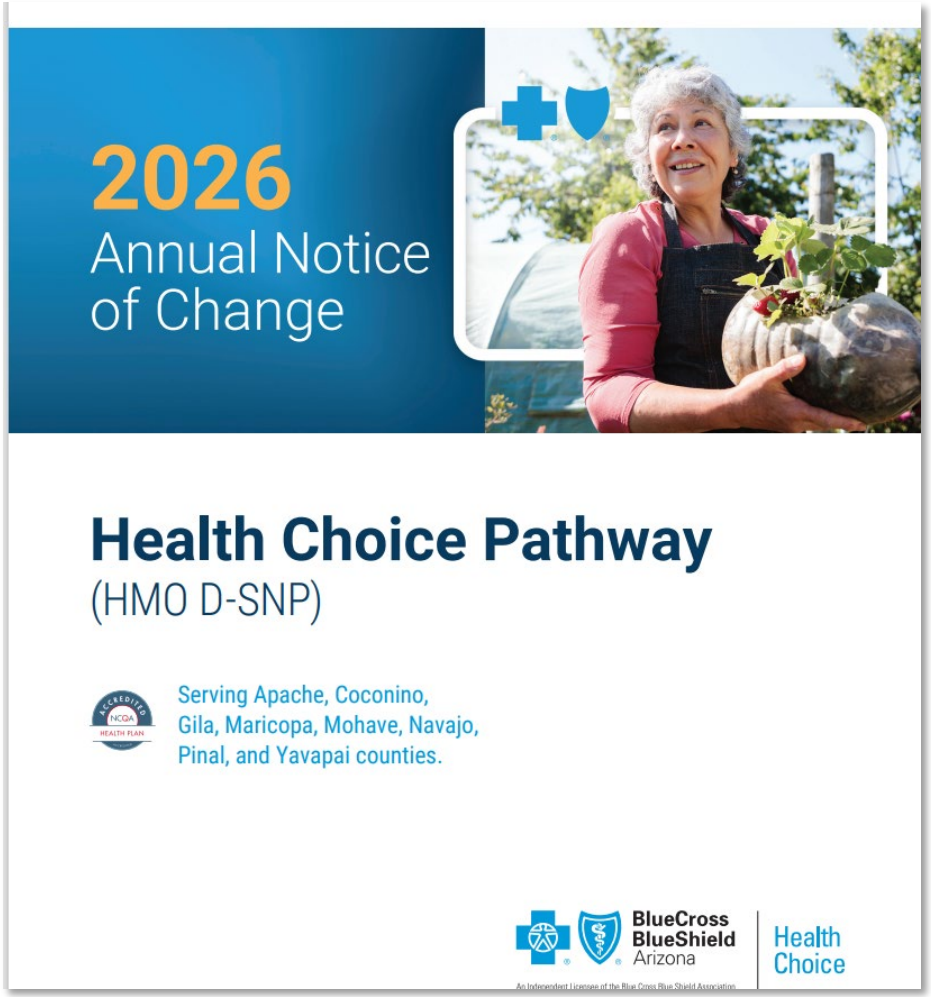
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2026 ANOC, EOC & SB Member Material Release

- Annual Notice of Change (ANOC) was mailed by September 30th – also posted online.
- Summary of Benefits (SB) – posted online
- Evidence of Coverage (EOC) – posted online
- **Purpose: Notify members of benefit and cost changes for the 2026 plan year**

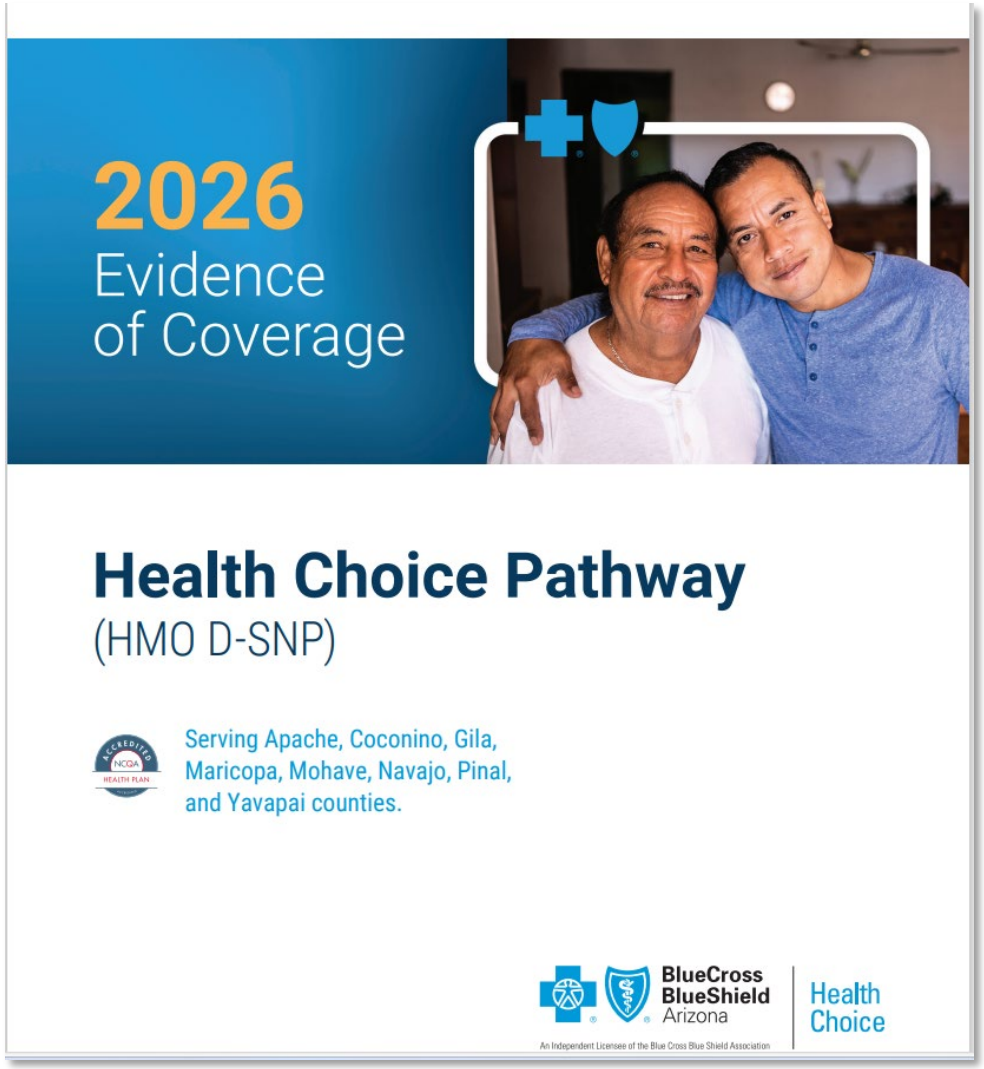
ANOC: What it Communicates

- Highlights changes in benefits, premiums, and cost-sharing from 2025-2026
- Simplified “What’s Changing” table by benefit category
- Clarifies discontinued or modified benefits
- Provides information on where to view plan details in the Evidence of Coverage (EOC)



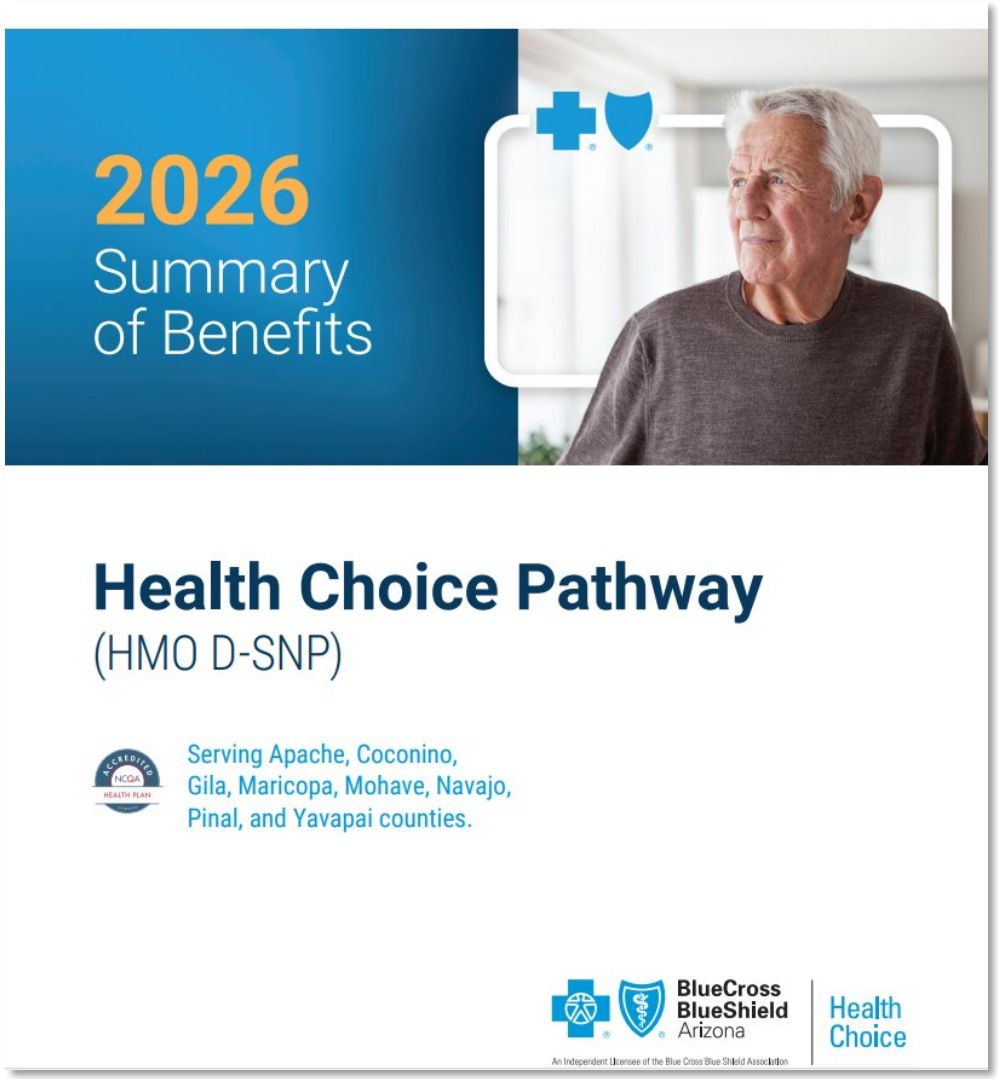
Evidence of Coverage (EOC)

- Comprehensive member guide outlining rights, benefits, and rules.
- Includes contact information for Member Services, Appeals and Grievances, etc.
- Reflects 2026 benefit and vendor changes.
- May request a copy with Member Services



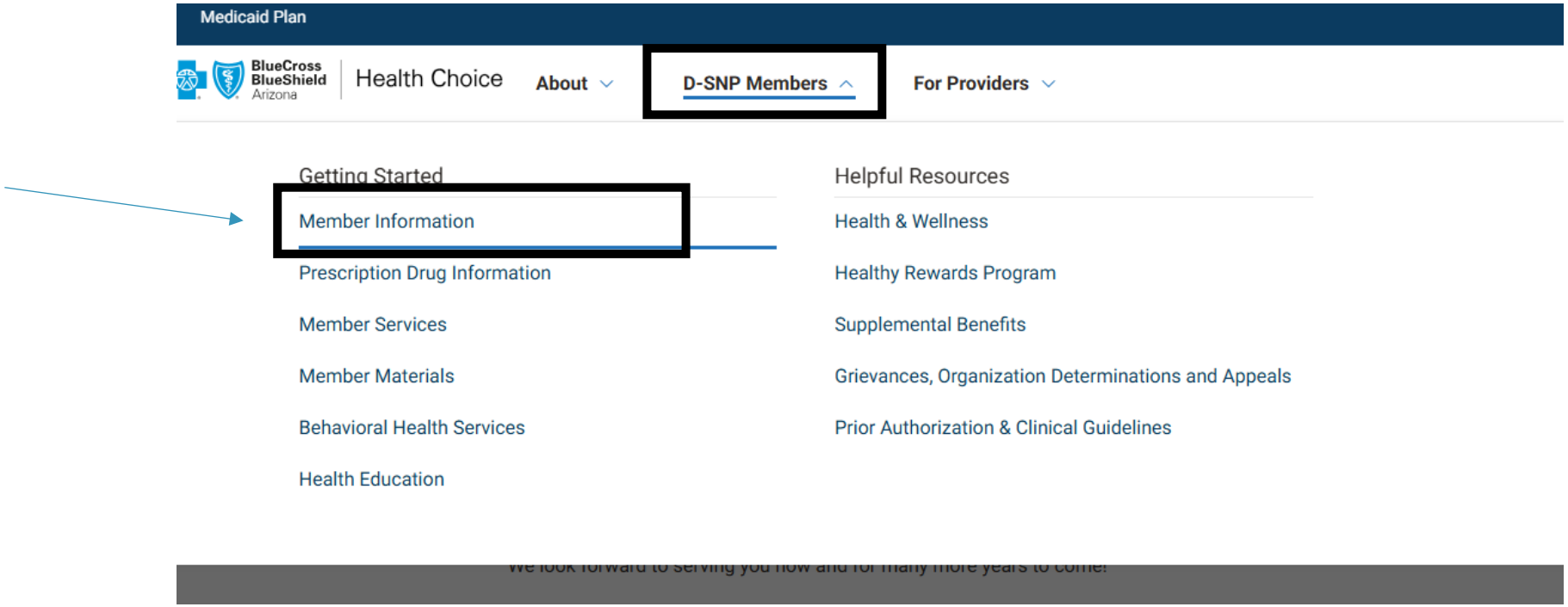
Summary of Benefits

- High-level overview of benefits
- Updated visuals and icons for improved readability
- Language is aligned with the ANOC and EOC for consistency
- Request a copy with Member Services



Where to Find?

- Request from Member Services
- Website https://www.azblue.com/health-choice-pathway/members/member-information

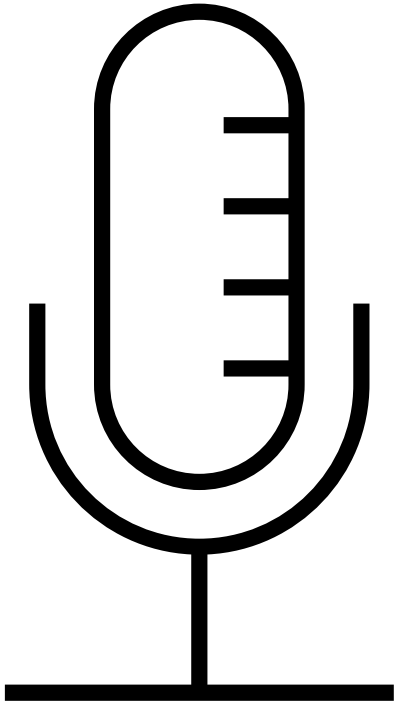


Where to Find?

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Plan Year Materials

DOCUMENT	2025 PLAN YEAR	2026 PLAN YEAR
Annual Notice of Changes (ANOC)	English | Español	English | Español
Evidence of Coverage	English | Español	English | Español
Summary of Benefits	English | Español	English | Español
Pharmacy Directory	English | Español Search tool: English ↗ | Español ↗	English | Español Search tool: English ↗ | Español ↗
Provider Directory	Primary Care Provider Directory English | Español Specialty Care Provider Directory English | Español Search tool: English | Spanish	Primary Care Provider Directory English | Español Specialty Care Provider Directory English | Español Search tool: English | Spanish
Plan Star Ratings	English | Español	English | Español



Please complete Member Feedback Survey





Joint Session

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Agenda

- **Joint Session**
  - Renewing AHCCCS Benefits
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS)
  - Preventative Care is the BEST Care – We are Here to Make it Easy

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Renewing AHCCCS Benefits



By: Michelle Roberts
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)



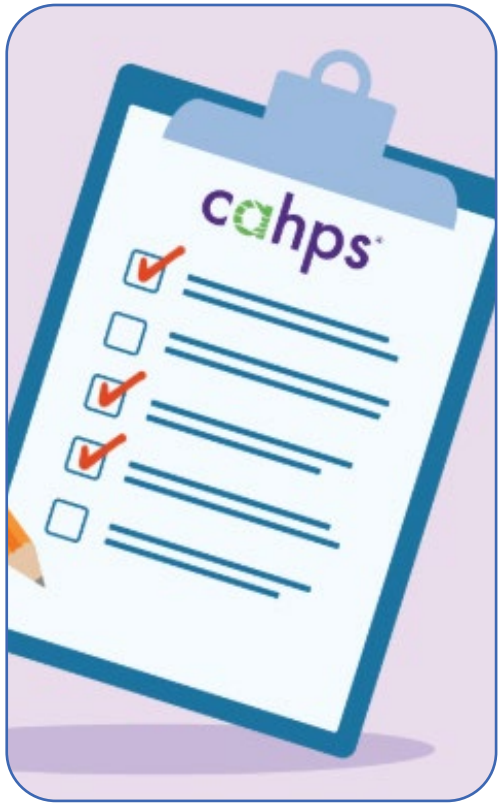
What is CAHPS?

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.



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CAHPS Survey: What You Need to Know



Key Features

- **Anonymous & Confidential:** Your responses are private and not linked to your identity.
- **Random Selection**: Participants are chosen randomly to ensure fairness.
- **Survey Methods:** Completed via email, mail, and telephone.
- **Languages Available**: English, Spanish, and other languages
- **Participation:** Voluntary but highly encouraged.
- **Survey Timeline:** You may receive the survey during this time **March – June 2026**

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CAHPS Survey: Key Categories

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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.

Star Rating	What It Means
★★★★★	Excellent
★★★★	Above Average
★★★	Average
★★	Below Average
★	Poor

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.

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.

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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 BCBSAZ Health Choice?
- How confident are you in your understanding of your benefits and how to use them?



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CAHPS Questions: Member Feedback

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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 listen carefully to you and respect what you have to say?
- Do you feel your specialist listen carefully to you and respect 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?



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Preventative Care is the BEST Care – We are Here to Make it Easy



Jennifer DeMaris RN, CCM
Manager, Integrated Care

Why Preventative Care Matters

Catch problems early, before they get serious.	Regular check-ups can find health issues sooner – which means easier, more effective treatment.
Stay healthier longer.	Preventive care (like screenings and vaccines) helps you avoid illness and disability, improving quality of life.
It's FREE for you.	All these check-ups All these check-ups and screenings cost you **$0** under your Health Choice (Medicaid) or Health Choice Pathway (HMO-SNP) (Medicare) plans.
Earn rewards!	With our *Healthy Rewards* program, you can get **gift cards** for completing annual exams and screenings.

Prevents Serious Illness

Finding issues early saves lives. Many conditions (like cancer or diabetes) can be treated or even cured if caught in time.

No Cost to You

Preventive services are fully covered. You pay nothing out-of-pocket for check-ups or recommended screenings on our plan.

We Pay You!

Get rewarded for staying healthy. Earn gift card rewards for completing certain screenings (like colon or breast cancer tests).

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Annual Check-ups (Wellness Visits)

Everyone:

- Should see their primary doctor **once a year** for a check-up, even if you feel fine.
  - Children Under 3 should see the doctor more frequently. Especially in the first 15 months of life. (They can also earn *a **$25** gift card each time)*
  - Children 2 to 21 can also earn a **$25** gift card for a yearly dental visit
  - Moms-to-be should also see their doctor more frequently. You can earn an additional $25 gift card for doing a prenatal visit in your first trimester and in your postpartum visit



What happens:

- The doctor checks your overall health – weight, blood pressure, heart, lungs – and updates vaccines. They'll ask about how you're feeling and any concerns.

Why:

- Regular exams catch problems early (for example, high blood pressure, signs of diabetes, growth or developmental delays) so you can address them before they worsen.

Cost:

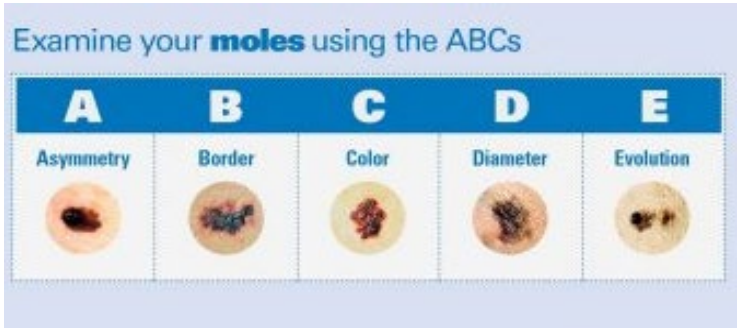
- $0 – free under your plan

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Skin Cancer Screening

Who:	**Everyone** men *and* women of all ages – should be aware. Arizona has very high sun exposure; **skin cancer risk is higher here**.
What & When:	**Check your skin regularly** (monthly self-checks). There's no set age for doctor skin exams, but at your annual check-up, ask the doctor to look at any odd moles. High-risk individuals (fair skin, lots of sun, family history) might get a **yearly skin exam** by a dermatologist.
How:	Look for new or changing moles/spots. Use the "ABCDE" rule for warning signs (Asymmetry, Border, Color, Diameter, Evolving).
Why:	**Catches skin cancer early.** Most skin cancers can be cured if found early. Melanoma (the deadly kind) is much easier to treat when small. In Arizona, melanoma rates are ~40% higher than national average – so screening **really matters** here.
Cost:	Free on your plan. Always wear sunscreen and protective clothing to **prevent** skin cancer, too





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Colon Cancer Screening (Colonoscopy/Stool Test)

Who:

- **All adults age 45 to 75** (men and women) need regular colon cancer screening. (If you have a family history or other risk factors, your doctor may start you earlier or screen more often.)

When & How:

- Start by **age 45**. Two common options:
  - **Stool test (FIT)** – do **once every year** at home (simple kit checks for hidden blood).
  - **Colonoscopy** – do **once every 10 years** (a doctor uses a tiny camera to exam your colon, under sedation). This test can also remove polyps on the spot.

Why:

- **Can prevent cancer!** Colon cancer usually begins as polyps (small growths). Screening finds and removes polyps *before* they turn into cancer. It also finds cancer early when it's treatable. If caught early, colon cancer has a **91%** five-year survival (late-stage only ~13%). It's one of the most preventable cancers with screening.

Cost:

- Free under your plan (no cost share).

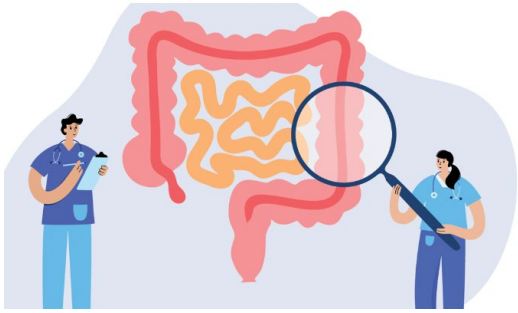
Health Choice Pathway (HMO-SNP):

- Members **45-75** get a **$25 gift card** for completing a colon screening.

Colon Cancer Survival (Early)

~9/10

About 9 in 10 people survive 5+ years when colon cancer is found **early**.



Colon Cancer Survival (Late)

~1/10

Only ~1 in 10 survive 5 years if it's found **late**.

Screening can make the difference.

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Breast and Cervical Cancer Screening (Mammogram and Pap Test)

Who:

- **Women ages 40 to 74** should get regular mammograms. (Women under 40 can choose to start earlier based on discussion with doctor, especially with risk factors.)

What/When:

- **Mammogram** (breast X-ray) every **1 to 2 years**. It can detect breast cancer early, often years before a lump can be felt.

Why:

- **Early detection saves lives.** Routine mammograms have led to a ~40% drop in breast cancer death rate since 1990. Finding cancer early means simpler treatment and much better chances of survival. Most women survive breast cancer when it's caught at an early stage.

Cost:

- $0 cost on your plan.

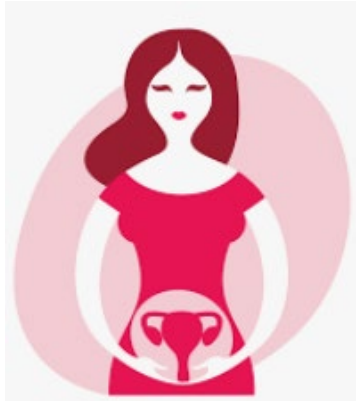
Healthy Rewards:

- Women **ages 40-74** earn a **$50 gift card** for getting a mammogram each year.

Cervical Cancer :

- *Women should also have a **cervical cancer** screening with Pap smears regularly between ages 21-65.*
  - Cervical cancer testing (screening) should begin at age 25.
  - Those aged 25 to 65 should have a primary HPV test* every 5 years. If primary HPV testing is not available, screening may be done with either a co-test that combines an HPV test with a Papanicolaou (Pap) test every 5 years or a Pap test alone every 3 years.
  - People who have been vaccinated against HPV should still follow these guidelines





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Prostate Cancer Screening

Who:

- **Men about 50 and over** should **talk with their doctor** about prostate screening. It's not automatic for everyone – it's a personal decision. **High-risk men** (African American men or those with a father/brother who had early prostate cancer) should consider starting at **45**.

What/When:

- The usual test is a **PSA blood test** (it measures a prostate-related protein). Doctors often suggest doing it every **1-2 years** between ages 50-69 if you choose to screen. Men **70+** generally do **not** need routine PSA screening, unless specifically advised.

Why:

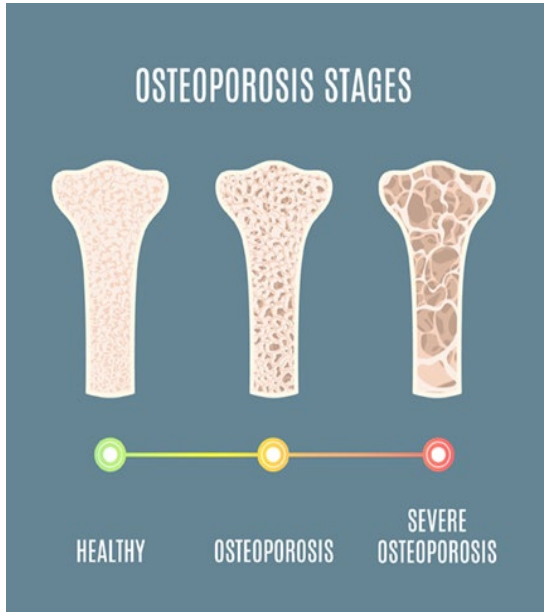
- **Find cancer early.** Prostate cancer is common in older men. Many grow slowly, but some are aggressive. An early find can be treated and cured before it spreads. Discussing with your doctor helps weigh the benefits (early detection) vs. risks (some cancers may never cause issues). If you have symptoms or concerns, definitely get checked.

Cost: Free on your plan.



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Bone Density Screening (Osteoporosis)



Who:

- **Women 65 and older** should get at least one bone density test. **Younger post-menopausal women (<65)** should test if they have risk factors (e.g. past broken bone, very low weight, steroid use, rheumatoid arthritis) – talk to your doctor.
- **Men 70 and older** might consider a test, especially if they have risk factors for bone loss.

What/When:

- **DEXA scan** (quick, low-dose X-ray of the hip/spine) to measure bone strength.
  - *Women:* Get a baseline at **65**. If normal, you may not need another for 5-10 years; if low bone mass, doctor may treat you and repeat sooner.
  - *Men: N*o official routine guideline, but at **70** it's worth discussing once. Men 50-69 should discuss if they have risk factors.

Why:

- **Prevent fractures.** This test finds weak bones (osteoporosis) before they cause a broken bone. Weak bones can break easily (like a hip fracture) which is very serious for older adults. If your test shows low bone density, you can take steps (medication, calcium/vitamin D, exercise) to strengthen bones and prevent breaks.

Cost:

- Free under your plan. **Healthy Rewards:** If a woman 67-85 on our plan suffers a fracture, she can earn **$50** for completing follow-up osteoporosis care (a bone test or treatment) – but ideally, get tested *before* any fracture!

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Preventative Care for Members with Diabetes Take These Extra Steps to Stay Healthy!

Eye Exam (Every Year):	Visit an eye doctor (optometrist or ophthalmologist) once a year for a **diabetic retinal screening**. They'll dilate your pupils and check for any damage in the back of your eyes. This exam can catch problems like retinopathy **early** and help prevent blindness.
Foot Check (Every Visit):	Have your primary doctor **check your feet** at each visit. Diabetes can cause numbness or sores on the feet that you might not notice. Regular foot exams prevent small issues from becoming serious infections.
Blood Sugar Test (A1C):	Get your HbA1c blood test at least **twice a year** (or as often as your doctor advises) to check long-term blood sugar control. This helps make sure your diabetes is under control and alerts you to needed adjustments in medication or diet.
Kidney Screening (Every Year):	Do a simple urine test once a year to look for early signs of kidney damage (microalbumin test). Catching kidney issues early can allow treatments to protect your kidneys.
Why all this?	Diabetes can quietly harm your eyes, feet, kidneys, heart, and more. **Regular preventive checks help avoid serious complications.** More than 90% of diabetes-related blindness is preventable with early detection and treatment. Foot checks can prevent amputations. A1C tests guide your care to prevent heart and kidney problems.
Healthy Rewards:	**M**embers age 18-75 with diabetes get a **$25 gift card** for completing the annual eye exam

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Summary: Who Needs What & When Key Preventative Services and Guidelines

Service	Who (Sex/Age)	When / How Often
Annual Check-up (Wellness Visit)	**Everyone** – All ages, men & women.	**Every year (annually).** (Kids have several in the first years, then yearly; adults yearly.)
Skin Cancer Check	**Everyone** – especially if high risk (lots of sun, fair skin, etc.).	**Self-check monthly.** Doctor check at routine visits; High-risk: consider **dermatologist yearly**.
Colon Cancer Screening	**Everyone 45–75** (men & women).	**Start by 45.** Colonoscopy every 10 yrs **OR** stool test every year. Continue through age 75. (76-85: ask doctor.)
Breast Cancer Screening	**Women 40–74** (average risk). (40–49: consider earlier).	**Every 2 years** (some prefer **every year**). If starting in 40s, usually yearly. Continue through 74 (or beyond, if in good health).
Prostate Cancer Screening	**Men ~50–69** (average risk). (High risk start ~40).	**No fixed schedule – individual decision.** If chosen: PSA blood test every 1-2 yrs. Not routinely after 70.
Bone Density Test (DEXA)	**Women 65+.** (<65 if postmenopausal + risks). **Men 70+** (if risk factors).*	**At 65 (women)** – at least once. Earlier if risks. **Men 70** – discuss one-time test. Repeat tests based on initial results (5-10 yrs if normal, sooner if issues).

Your doctor may adjust these guidelines based on your personal risk factors

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Key Takeaways & Next Steps

Schedule your annual check-up.

- If you haven't had one this year, call your doctor and set it up. It's the foundation of staying healthy.
- **Stay on track with screenings.**
  - Know which tests you need for your age (and health conditions like diabetes). If you're due, make the appointments now – don't put it off.
- **Use your Healthy Rewards.**
  - Remember, you can earn **$$ rewards** for many screenings: wellness visits, colonoscopies/FIT kits, mammograms, diabetic eye exams, etc. It's our way of saying thank you for taking care of your health.
- **Need help?**
  - We're here for you. Call us if you need help finding a doctor, scheduling a screening, arranging a ride, understanding your benefits or managing your chronic conditions. We have staff ready to assist, and in multiple languages.
- **Spread the word.**
  - Encourage family and friends to get their check-ups and screenings, too. Many people skip these, but early detection can save lives – maybe someone you care about.

Take charge of your health today.

- Preventive care is the best care. By investing a little time in check-ups and tests now, you're investing in a healthier, happier future. *Stay proactive, stay informed, and stay healthy!*

All these services are FREE with your Health Choice coverage – no copays, no cost to you.

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Thank you for being a valued Health Choice member!

Remember, your health plan is not just here for you when you're sick – we're here to help you stay well. So, get those check-ups and screenings, earn your rewards, and enjoy life with the confidence that you're taking great care of your health.

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