



Member Advocacy Council & Enrollee Advisory Committee Meeting

September 2, 2026

BlueCross BlueShield Arizona
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Health Choice

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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
  - Cultural Competency and Social Needs and Risks
  - Staying Warm
  - Member Website Review

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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.

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.



HCA Breakout Session

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HCA Breakout Session Agenda

- Arizona Olmstead Plan
- Alcohol and Health
- Member Benefits and Rewards

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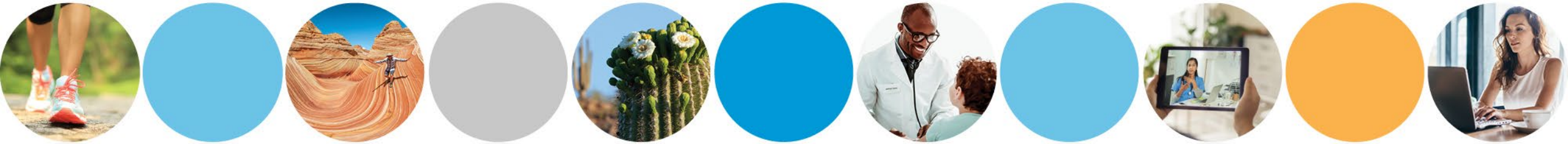
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Arizona Olmstead Plan

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

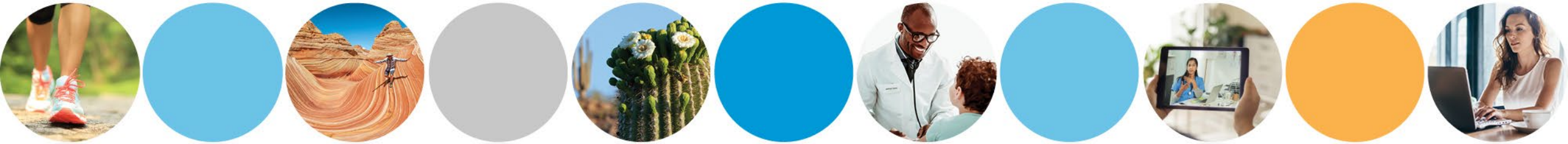
Arizona Olmstead Plan

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Informational Flyer on Alcohol and Health

PRESENTER: NOEMI CONAWAY



Informational Flyer on Alcohol and Health

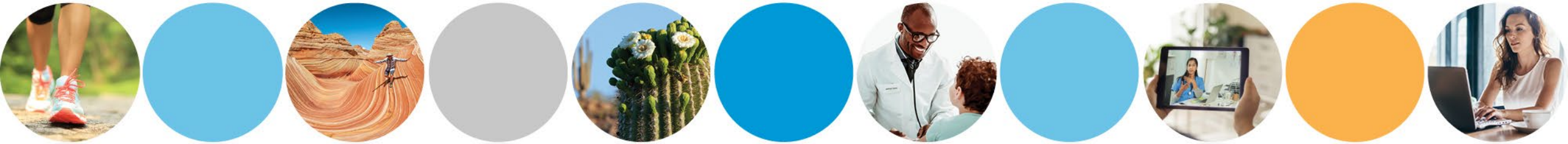
- It Can Affect the Brain
- It Can Affect the Heart
- It Can Damage the Liver
- It Can Affect Other Organs
- It Increases Cancer Risk
- It Impacts the Whole Body
- What Many People Don’t Realize
- When Alcohol Is Reduced or Stopped
- Support and Safety

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Member Benefits and Rewards

PRESENTER: DWAYNE GWINNER



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



Resource: Member Services

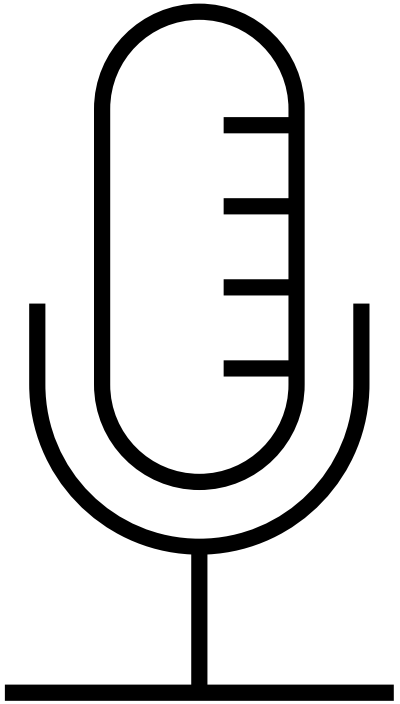


Call Member Services at 1-800-322-8670, TTY 711

- 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





Member Advocacy Council & Advisory Committee Meeting

September 2, 2026

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Health Choice Pathway Agenda

- SilverSneakers
- Advance Directives
- Filing a Grievance
- Member Materials: Where to Find Important Plan Documents
- QA Session

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SilverSneakers

Manny Felix



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Move How You Want, When You Want With SilverSneakers®



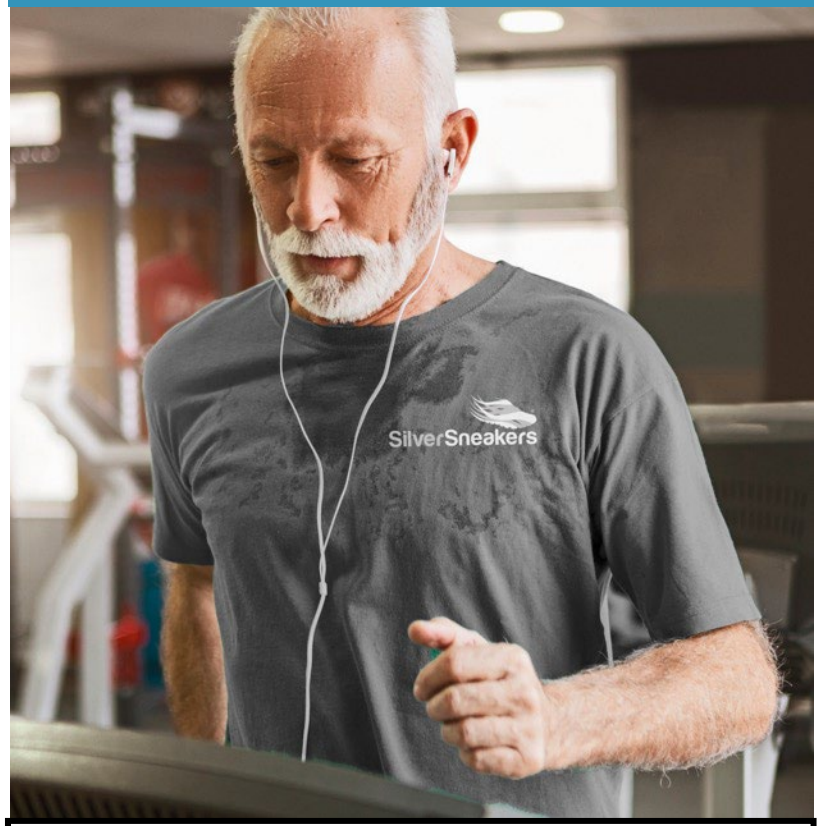
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Tivity Health is an independent and separate company contracted with Health Choice Pathway to provide health and wellness services to Health Choice Pathway HMO D-SNP members. Health Choice Pathway is a subsidiary of Blue Cross® Blue Shield® of Arizona,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



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





Advance Directives

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Advance Directives

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What Is an Advance Directive?
An Advance Directive is a legal document that lets others know your healthcare wishes if you become unable to make decisions for yourself.

Why Is It Important?
- Helps ensure your healthcare choices are followed.
- Gives guidance to your family and healthcare providers.
- Allows you to choose someone you trust to make healthcare decisions on your behalf.

Types of Advance Directives
- **Living Will** – Describes the medical care you want.
- **Healthcare Power of Attorney** – Names a person to make healthcare decisions for you if you cannot.

What You Can Do
- Complete an Advance Directive.
- Discuss your wishes with family members and your doctor.
- Keep a copy in a safe place and provide copies to those you trust.

Remember
- You have the right to make decisions about your healthcare and future medical treatment.



Filing a Grievance

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How to File a Grievance

We Want to Hear From You
If you are unhappy with the service or care you received, you can file a grievance (complaint).

Step 1: Contact Us 📞 Call Member Services at **1-800-656-8991** (TTY: **711**)
Many concerns can be resolved during the call.



Step 2: Submit a Written Complaint (Optional) ✉️
Send a letter that includes:

- What happened
- When it happened
- Any details you want us to review

Mail to:
Health Choice Pathway
Attn: Quality Management
P.O. Box 52033
Phoenix, AZ 85072

Step 3: We Review and Respond We will investigate your concern and work to resolve it.

✅ Most grievances are answered within **30 calendar days**.

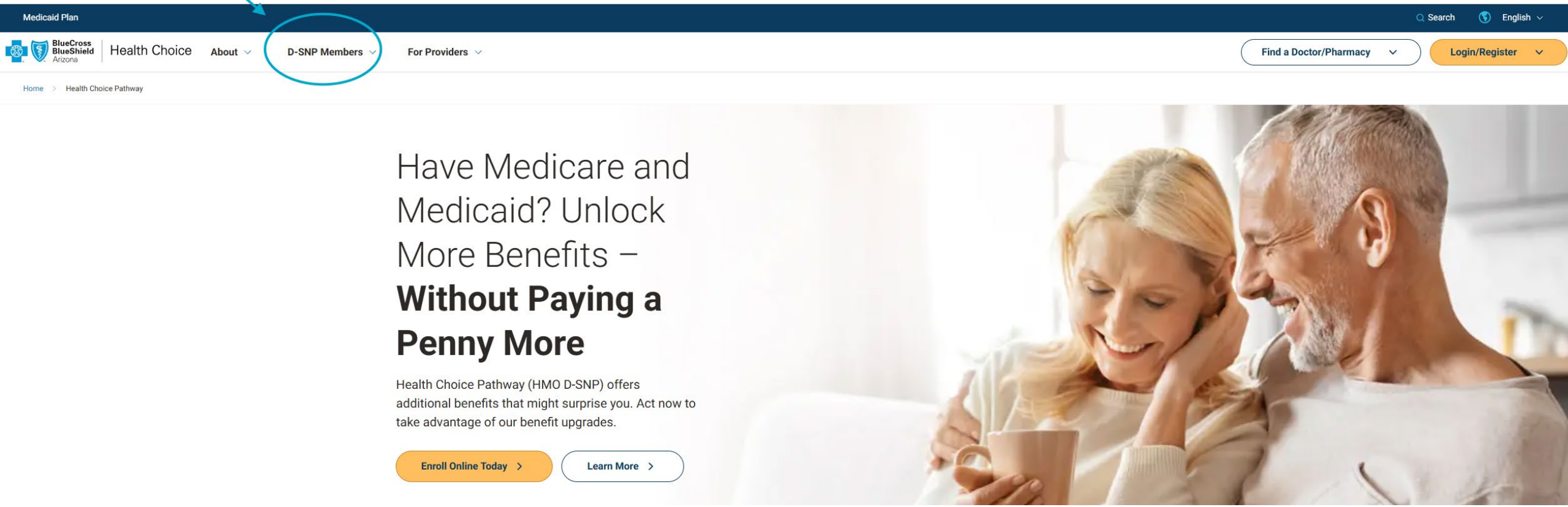


Member Website Review

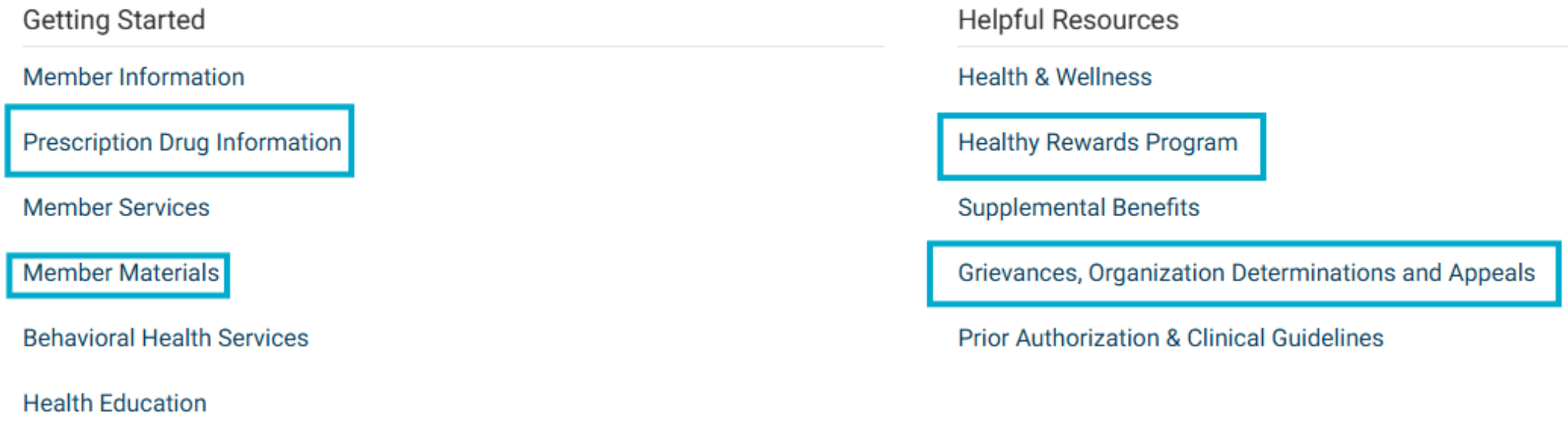
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Health Choice Pathway Website Review

Members can visit **azblue.com/hcpathway** and select D-SNP Members to find plan information, forms, and other helpful resources.



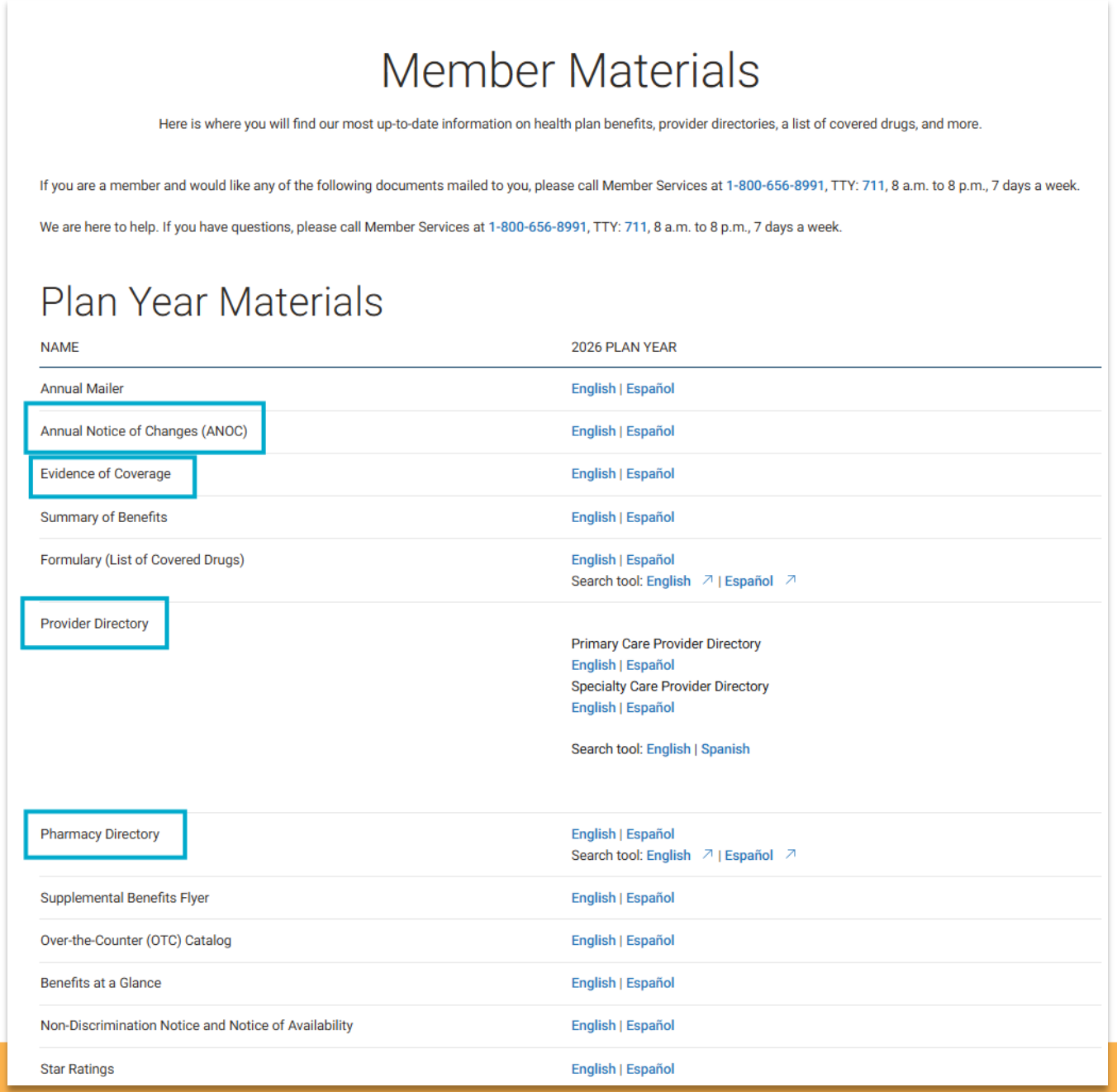
Health Choice Pathway Website Review



Examples of Resources Available Through the Member Website:

- *Prescription Drug Information* – Drug coverage and formulary information
- *Member Materials* – Member handbooks, forms, and plan documents
- *Healthy Rewards Program* – Incentives and wellness rewards
- *Grievances, Organization Determinations and Appeals* – Complaint and appeal information

Select "*Member Materials*" to access important plan documents, including the Annual Notice of Change (ANOC), Evidence of Coverage (EOC), Provider and Pharmacy Directories. These documents are available in English and Spanish.



Member Materials

Here is where you will find our most up-to-date information on health plan benefits, provider directories, a list of covered drugs, and more.

If you are a member and would like any of the following documents mailed to you, please call Member Services at 1-800-656-8991, TTY: 711, 8 a.m. to 8 p.m., 7 days a week.

We are here to help. If you have questions, please call Member Services at 1-800-656-8991, TTY: 711, 8 a.m. to 8 p.m., 7 days a week.

Plan Year Materials

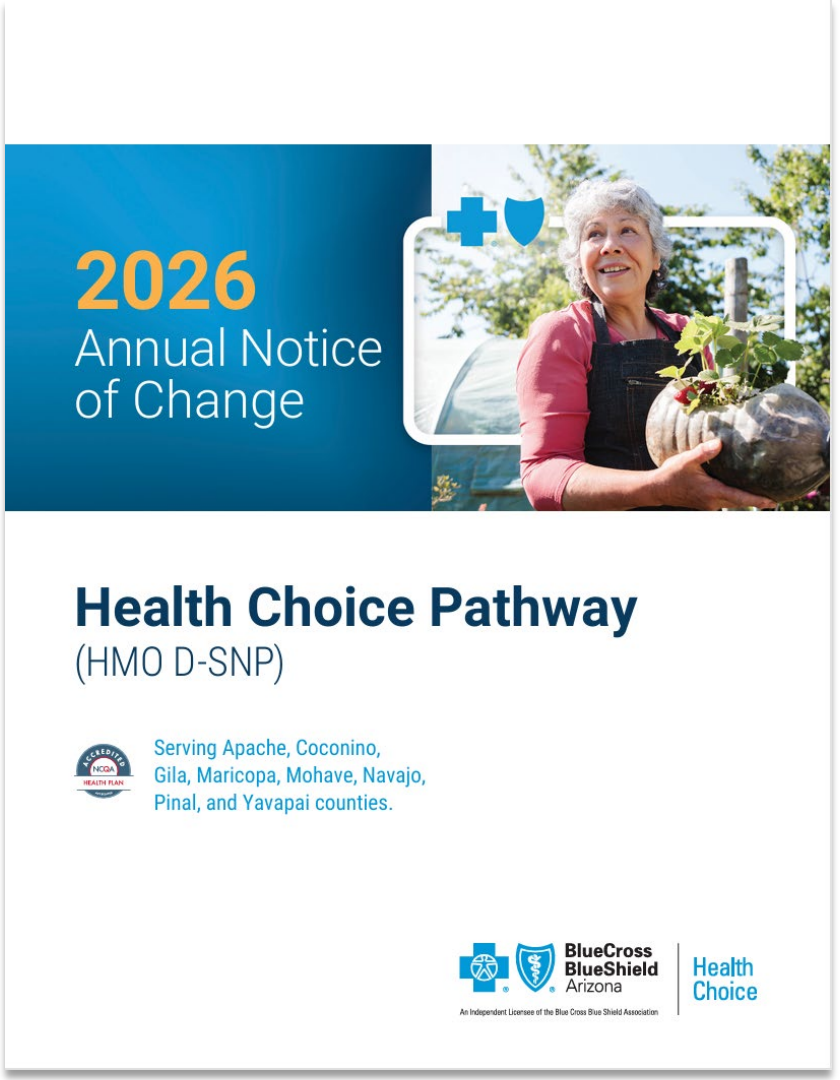
NAME	2026 PLAN YEAR
Annual Mailer	English | Español
Annual Notice of Changes (ANOC)	English | Español
Evidence of Coverage	English | Español
Summary of Benefits	English | Español
Formulary (List of Covered Drugs)	English | Español Search tool: English ↗ | Español ↗
Provider Directory	Primary Care Provider Directory English | Español Specialty Care Provider Directory English | Español Search tool: English | Spanish
Pharmacy Directory	English | Español Search tool: English ↗ | Español ↗
Supplemental Benefits Flyer	English | Español
Over-the-Counter (OTC) Catalog	English | Español
Benefits at a Glance	English | Español
Non-Discrimination Notice and Notice of Availability	English | Español
Star Ratings	English | Español

Medicare Materials

Annual Notice of Change (ANOC) is a document that members receive each, typically by end of September. This notice outlines any changes to the plan that will take effect in the following year such as:

- Changes in premiums, copayments, and deductibles
- Updates to the coverage of services and drugs
- Modifications to rules and guidelines for using the plan

The ANOC helps members review upcoming changes so they can decide whether to stay with their current plan or switch during Medicare Open Enrollment Period.



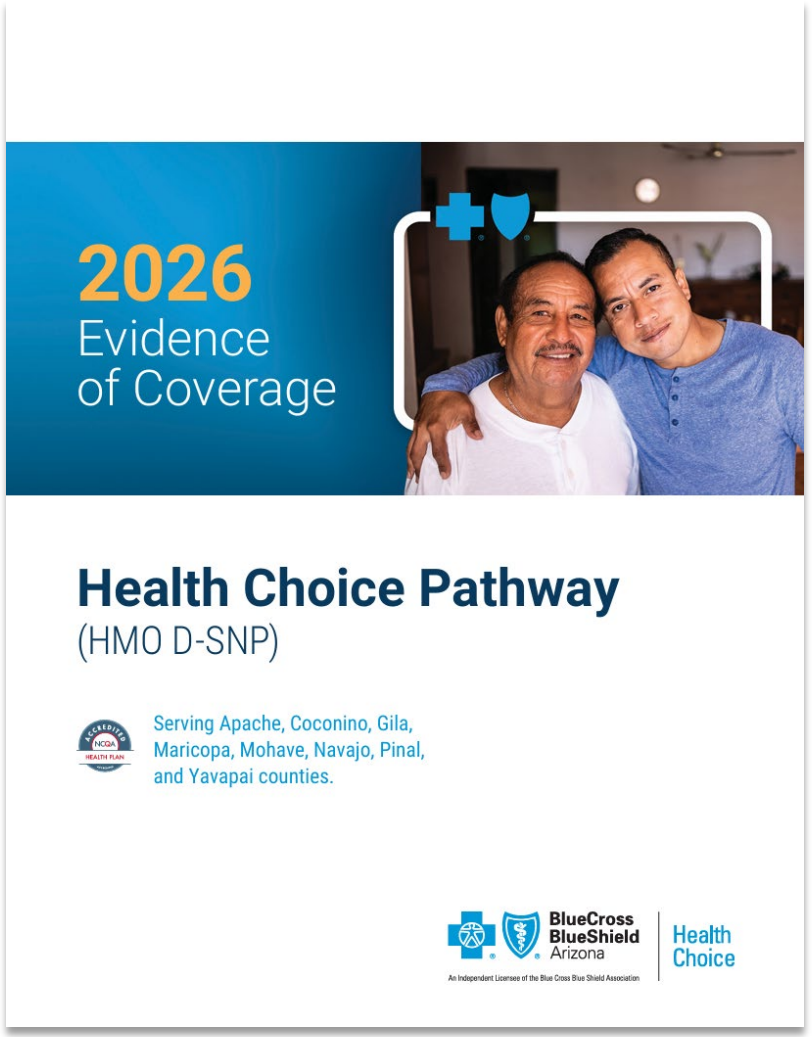
Medicare Materials

Evidence of Coverage (EOC) – This document serves as a comprehensive guide that explains the specific details of the plans including:

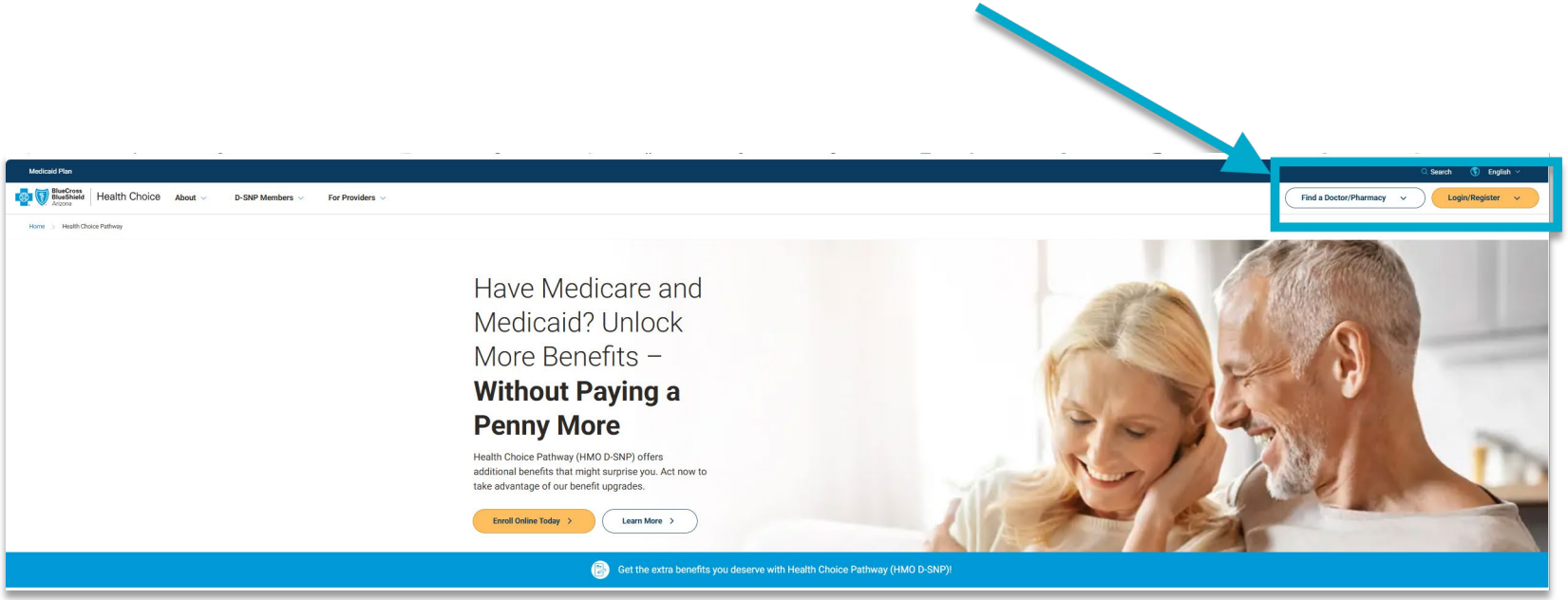
- Coverage and costs
- Rules for using the plan
- Rights and Responsibilities
- Benefit Information

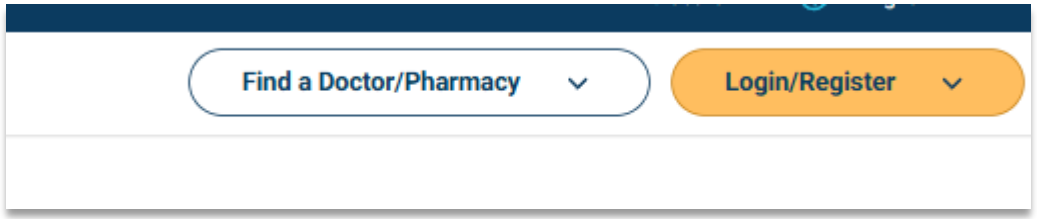
The EOC helps beneficiaries understand how their plan operates and what they can expect in the coming year. The EOC is no longer sent by mail however, members can request a copy by contacting Member Services at **1-800-656-8991,** 8 a.m. to 8 p.m., 7 days a week. Member Services also has free language interpreter services available for non-English speakers. **TTY 711**, calls to this number are free. 8 a.m. to 8 p.m., 7 days a week.

Members can also view the EOC online at our website at **azblue.com/hcpathway.**



Health Choice Pathway Website Review

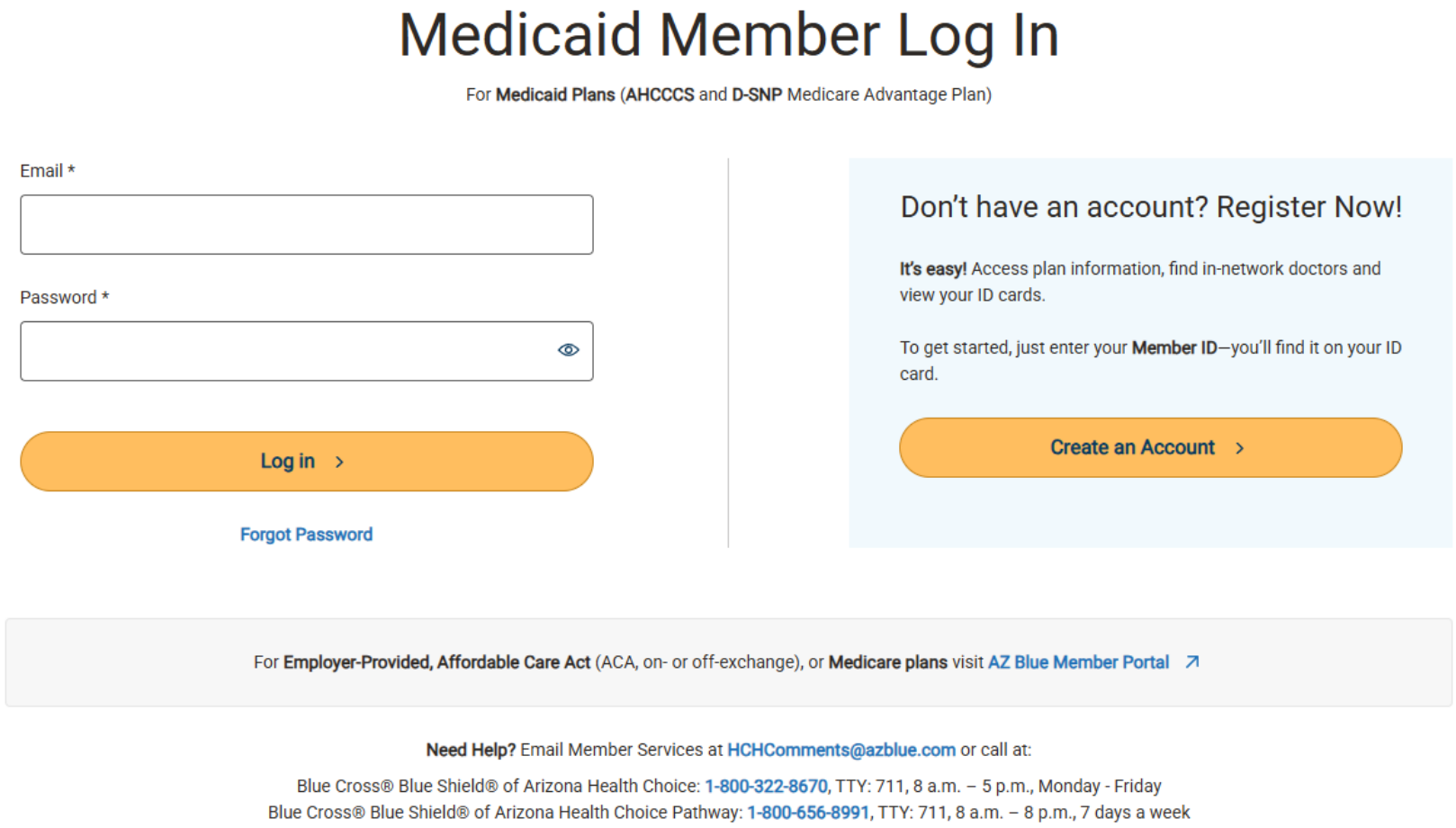




In the upper-right corner of the website, select "Find a Doctor/Pharmacy" to search for providers and pharmacies, or select "Login/Register" to access your member portal.

Member Portal

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Member Log In for Member Portal

Health Choice Pathway Website Review – Healthy Rewards Program

Participate in the Healthy Rewards Program and Earn Rewards!

Healthy Rewards Program

We care about our members staying healthy. Our members earn rewards in the form of a prepaid Mastercard® flex card just for completing screenings and appointments meant to keep everyone feeling their best.

Healthy Rewards Program Flyer - English

Folleto de Programa de Healthy Rewards - Español



Earn $25 for completing:

- **A Medicare Annual Wellness Visit** for all of our members
- **An annual Health Appraisal** when you mail in your completed Appraisal or call us to complete it
- **Breast cancer screenings** every year for women ages 40 – 74
- **Colon cancer screenings** for those ages 45 – 75, a colonoscopy, or opt for a mail-in test that you can do at home
- **Diabetic Eye Exam** for those ages 18 – 75 with diabetes (type 1 and type 2)

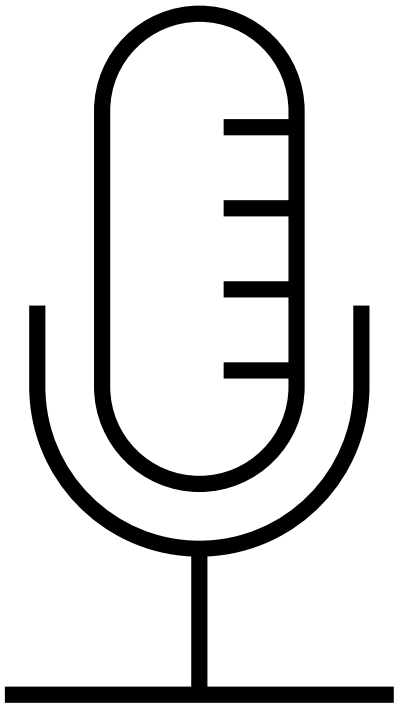
Health Choice Pathway Website Review – Additional Features



Additional information on these topics is available on the website.

Key Features: *Language Assistance, Rights & Responsibilities, Fraud, Waste & Abuse, Advance Directives, and PHI Authorization*

Let’s Talk Improvement



Please complete Member Feedback Survey

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Joint Session

BlueCross BlueShield Arizona
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Agenda

- AHCCCS Renewal
- Cultural Competency Program and Social Needs and Risks
- Staying Warm
- Member Portal



Renewing AHCCCS Benefits

Dannery Morales
Consumer Outreach Specialist



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



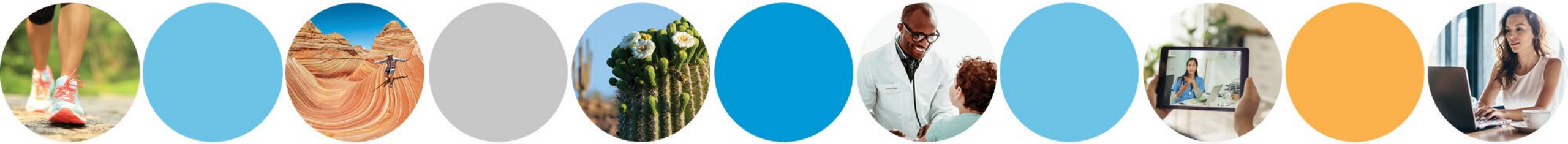


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Cultural Competency Program Update and Member Feedback Session

SEPTEMBER 2, 2026

PRESENTER: JEANETTE MALLERY



Culture and Our Goal

Culture is represented by values, beliefs, rules, and ways of behaving that are shared.

- It guides how people think, communicate, and make decisions.

Blue Cross Blue Shield of Arizona Health Choice's goal is better understand our member's culture and language and create programs to help:

- Providers, members and staff understand how culture could impact health treatment plans and build the skills to interact with our others regardless of their cultural differences.
- Provide information to help members get, understand and act on their health information and services
- Give our member's the tools to engage with their providers so that they are comfortable sharing their cultural and language needs

Cultural Competency Program Process



Program Process: What we Learned

Communication Needs	We have a diverse membership. English and Spanish are the most widely spoken languages – other languages are Navajo, Vietnamese and Arabic – and services including those to support communication for the blind, visually impaired, deaf and hard of hearing. Cultural context of communication is also important.
We need to connect to members - Community Partnerships	Community partnerships help us connect members to health information and services and help members get information where they live, learn, work, and gather. Working with community partners allows us to provide meaningful access to health information and resources for diverse populations and communities with unique needs.
Importance of Health Literacy	Health literacy is more than providing information. Members need information that is easy to find, understand, and use. Plain language, culturally responsive communication, and language access services help members better understand their health and healthcare options.

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Increasing access to culturally appropriate health information

Our goal	Help members get health information that is easy to understand, culturally responsive, and available in ways that meet their language and communication needs. Provide health education materials and training for our members and community.
What we did	Provide language services notification in multiple languages. Developed a new Patient Advocacy Tool to help members communicate their needs with providers. Worked with community partners to provide health education and support events.
Challenges	It can be difficult for members to attend educational events because of work, family, transportation, or other responsibilities. Member materials must receive approval before they can be widely shared, which can affect timing.
What's Next	Feedback on Patient Advocacy Tool Continue offering health education through community partnerships and outreach events.

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Program Feedback

- What health information would you like more help understanding?
- Are you receiving information in a language and format that works for you?
- What could we do better, or offer in the future, to help you get health information that fits your culture and needs?

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Feedback

Your voice matters!

By reviewing or using this checklist during your provider visit, you will help you feel supported and ready to interact and talk with your health provider.

- It will help you understand and get the care you need, in the way you need it!



1. Would this checklist help you prepare for healthcare visits and communicate your needs with your provider?

2. What changes would make this tool more useful for you or other members?

Your Voice Matters: Patient Advocacy

You deserve to be treated with kindness, dignity, and respect. Your culture, values, beliefs, and preferences matter. Complete this form and share it with your healthcare provider so they can better understand what is important to you.

ABOUT ME

My Name: _____
Please Call Me: _____
Pronouns: _____
My Preferred Language: _____
I Prefer to Communicate Using:
☐ Interpreter (Language: _____)
☐ American Sign Language (ASL)
☐ Written Materials
☐ Large Print or Braille
☐ Captions or Audio Support for Telehealth/Telecommunication
☐ Communication Device
☐ Other: _____

Additional Communication Preferences

☐ I use an interpreter, communication device, or other support to help me communicate.
☐ Please speak directly to me, even if a family member or support person is present.

During Exams:

☐ Please explain before touching me.
☐ I value privacy during examinations and procedures.
☐ I may feel uncomfortable removing clothing and appreciate modesty and privacy.
☐ I prefer a provider of the same gender for examinations when possible.
☐ I would like a support person to be present during examinations or procedures.

PROVIDER PREFERENCES

When possible, I prefer a provider who is:
☐ Female
☐ Male
☐ Same Gender as Me
☐ No Preference
☐ Speaks My Language
☐ Has Experience Caring for People from My Culture
☐ Same Cultural Background as Me
☐ Approximately My Age

To Help Me Understand Information:

☐ Use a warm, respectful tone.
☐ Listen without interrupting me.
☐ Speak in simple, clear language and slowly
☐ Allow extra time for me to answer questions.
☐ Allow time for me to ask questions and discuss concerns.
☐ Write important information down.
☐ Explain each step before providing care.
☐ Repeat or rephrase information if I do not understand.

VALUES, BELIEFS, AND TRADITIONS

Please consider my values, beliefs, and traditions when discussing my healthcare and treatment options.
☐ Prayer or spiritual practices are important to me.
☐ I may need time and space for prayer, reflection, or spiritual practices before an examination, procedure, or treatment.
☐ Understanding the purpose of my illness, condition, or treatment is important to me.

Health Related Social Needs 2026 Goals Evaluation

Rose Kent, MPH
Supervisor, Health Related Social Needs



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What are health related social needs?

Health-related social needs (HRSN): Social and economic needs that individuals experience that affect their ability to maintain their health and well-being. They put individuals at risk for worse health outcomes and increased health care use. HRSN refers to individual-level factors such as financial instability, lack of access to healthy food, lack of access to affordable and stable housing and utilities, lack of access to health care, and lack of access to transportation.

Definition from Centers for Medicare & Medicaid Services (CMS)

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Health Related Social Needs

2026 Food Insecurity Goal

Goal: In 2026, we will continue our work to increase access to food resources and reduce food insecurity, including a SNAP campaign and food distribution events.

Completed activities:

- ✓ We have developed a Supplemental Nutrition Assistance Program (SNAP) campaign that reminds members that they can apply for SNAP at the same time that they reapply for AHCCCS. This email went out to members who reported food insecurity in June 2026.

- ✓ As of August 31, 2026, we've provided food or partnered on food distribution at 36 different events across all seven counties. This includes food bags at 21 mobile mammogram or dental events, 11 community food distributions, and provided meals during homeless outreach at 5 events.



Health Related Social Needs

2026 Employment Goal

Goal: In 2026, we will expand our efforts in member readiness for employment services and job readiness, including increasing staff and dedicated workflows to help members find employment.

Completed activities:

- ✓ We have hired a staff member to provide member education, referrals to vocational services, and support in finding job opportunities.
- ✓ We improved how we track members with employment needs by adding a new question to the annual health appraisal. Members who report employment needs on this appraisal will receive outreach from staff offering assistance.
- ✓ We created a guide with information on employment, volunteer, and education resources. This guide will be available on our website soon!



Health Related Social Needs

2026 Housing Goal

Goal: In 2026, we aim to increase our referrals for members experiencing homelessness and housing insecurity by increasing staff, creating workflows for coordination, and strengthening community partnerships.



Completed activities:

- ✓ Hired two full-time Housing Coordinators.
- ✓ Created training for all staff regarding housing processes and resources, as well as developed a new process for housing coordinators and care managers to follow when providing housing assistance.
- ✓ Strengthened our relationship with Housing Solutions of Northern Arizona to provide rental and eviction prevention assistance to their tenants.

Feedback

- Do you have any general feedback on these goals? Do you think these goals are beneficial to continue?

- When outreaching members for employment support, some members indicated they were not interested in help to find a job. Do have ideas on how we might be able to further engage members in this area or support members to get employment support and services?

- Some members will apply for AHCCCS, but not SNAP. Do have thoughts on why members will apply for one benefit, but not another?



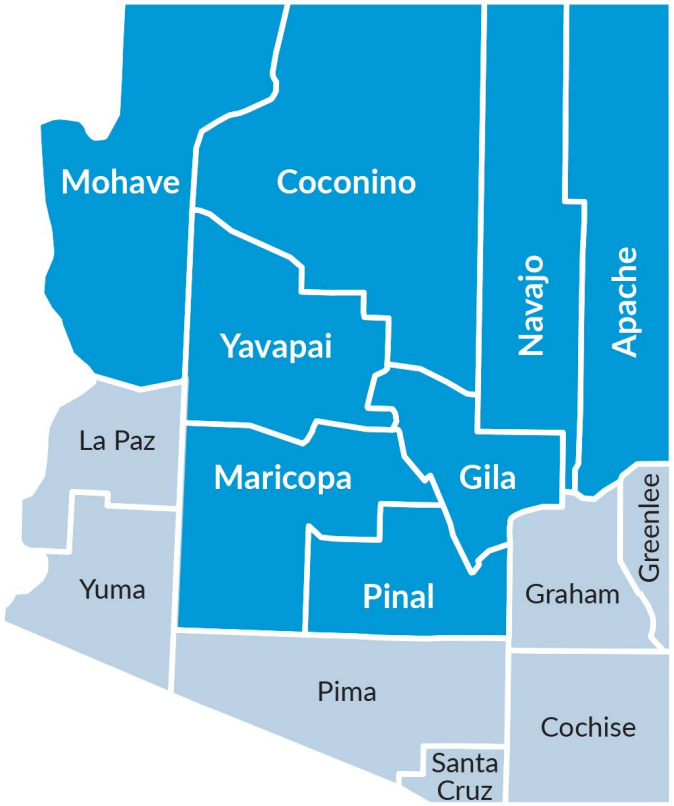




Staying Warm in the Winter

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association
Health Choice

Arizona Winter Facts



- Coldest temperature ever recorded was in 1971 with **-40 degrees Fahrenheit**
- The average January temperature in Northern Arizona is 42 degrees during the day and 15 degrees at night
- Flagstaff can average about 100 inches of snowfall a year

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Safety Road Map



Before Winter Conditions

- Receive winter weather updates from local channels
- Prepare an emergency car kit
- Winterize your home
- Have appropriate clothing and accessories

Safety Road Map

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Emergency Winter Kit



Safety Road Map

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Winterize Your Home



Safety Road Map

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During Winter Conditions

- Stay indoors and off roads as much as possible
- Avoid carbon monoxide poisoning
- Check on neighbors and the most vulnerable
- If you must travel:
  - Travel during daytime
  - Stay on main roads
  - Inform people of your schedule and route





Winter Related Illnesses



Breathing Related Illness



Hypothermia

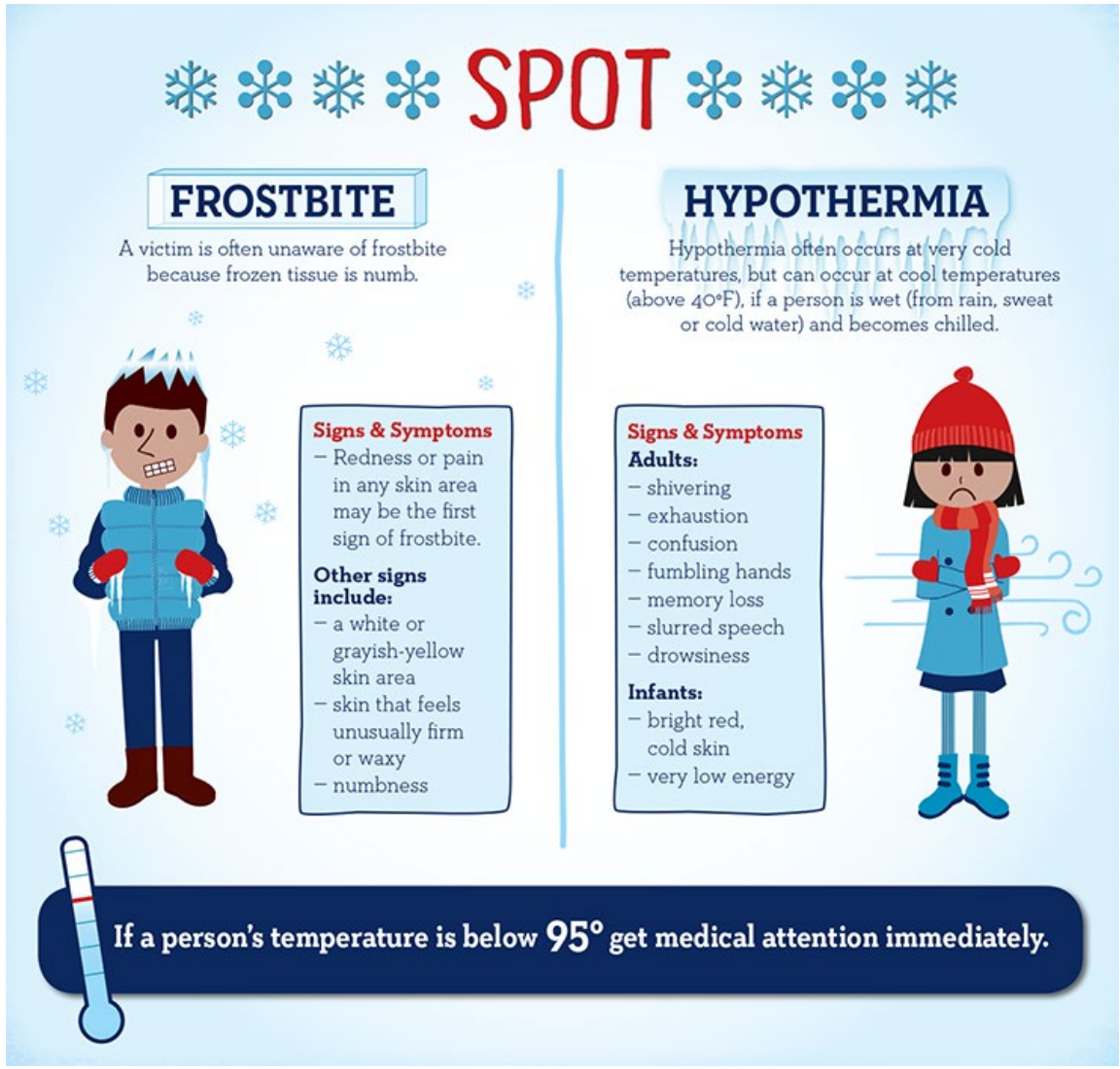


Frost Bite

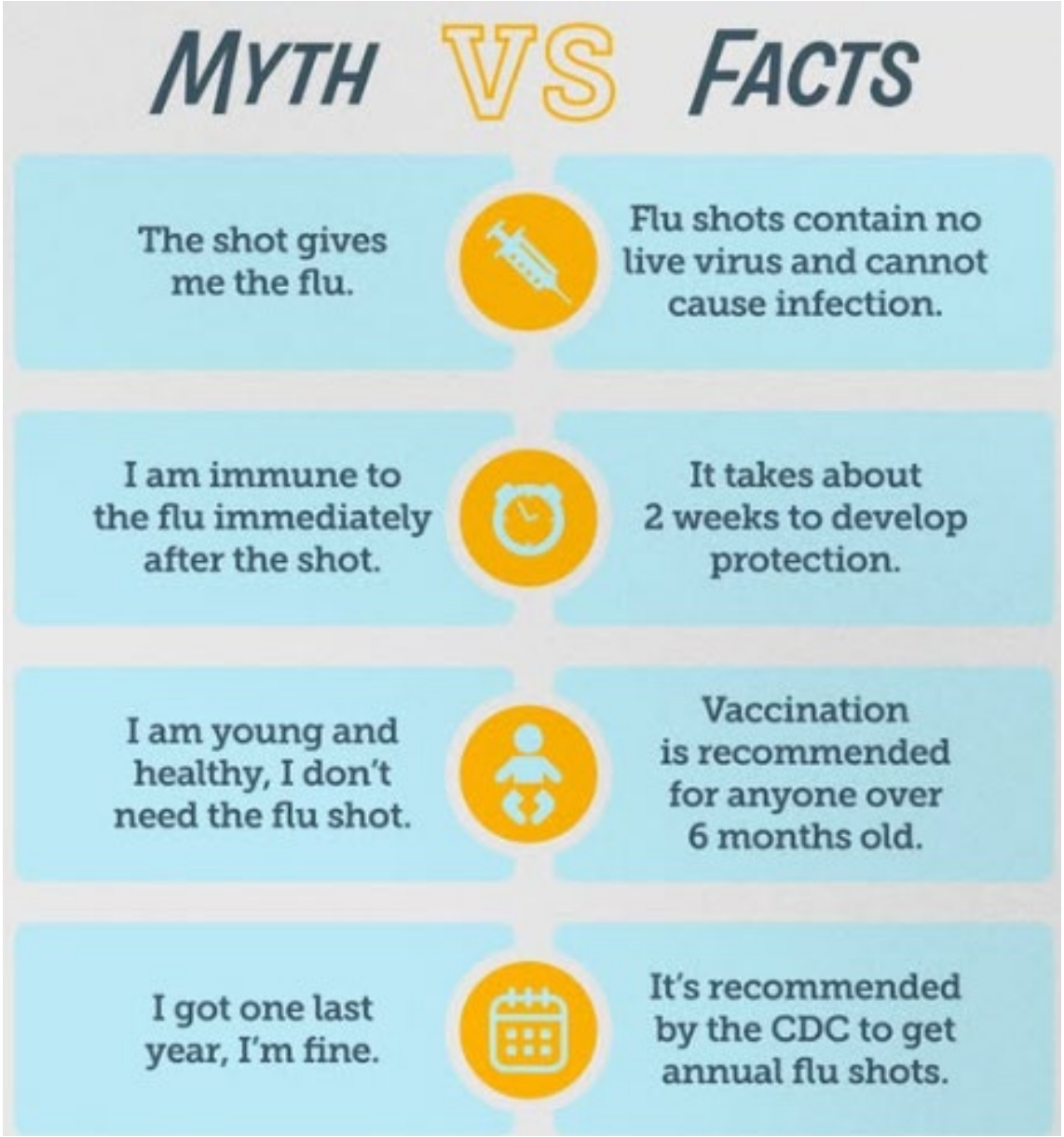


Viral Illnesses

What are the Signs?



Should I get the flu shot?



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Keeping You Safe

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 warming centers centers, transportation help, utility support, or help with heating bills

- [Power AZ Utility Assistance Program / Energy Support with Medical 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.

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azblue.com/hca

Member Portal Overview and Feedback



Manny Felix

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Member Portal Access

azblue.com/hcportal

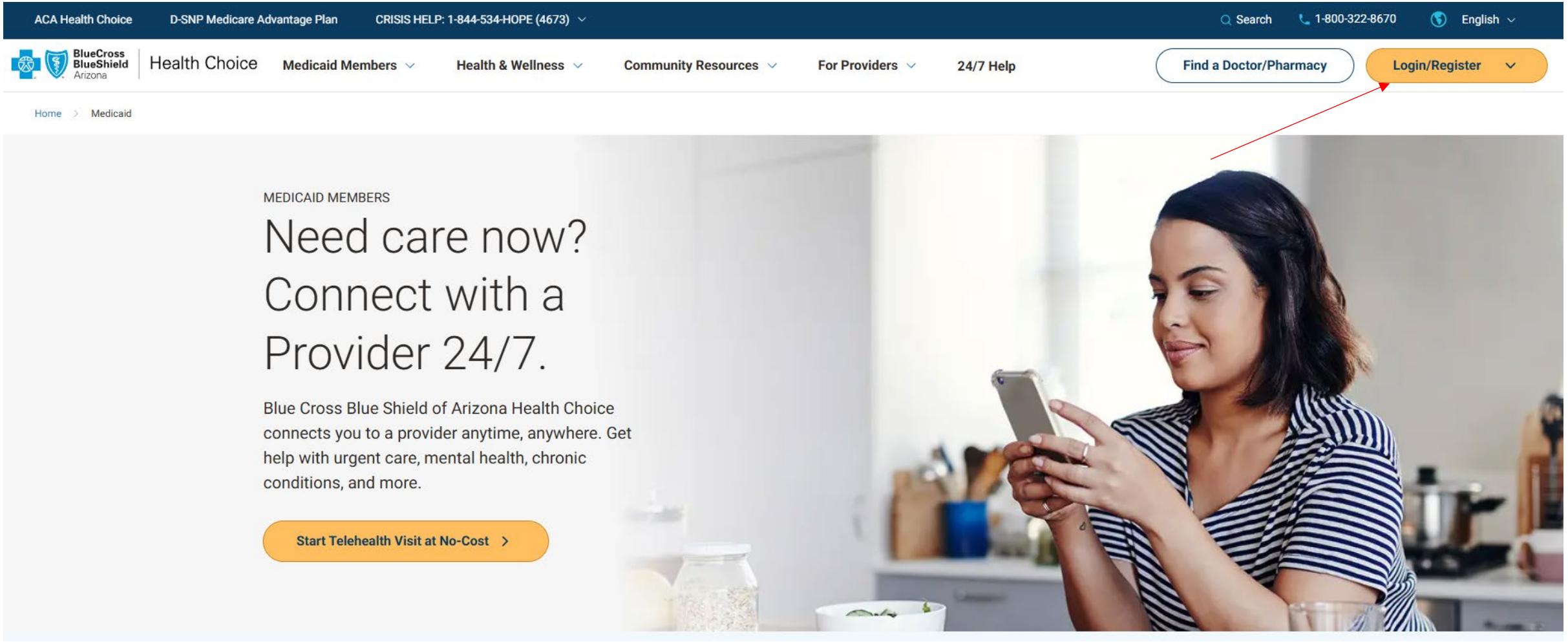
Why Use the Member Portal?

Is your one-stop destination for managing your healthcare benefits with ease. Here's what you can do:

- **View Your Plan Information:** Access your coverage details, member information, and primary care provider information.
- **Find a Doctor or Pharmacy:** Search for in-network providers and pharmacies quickly and easily.
- **Request a Replacement ID Card:** Order a new member ID card whenever you need one.
- **Complete Your Health Appraisal:** Take your Health Appraisal to help identify your healthcare needs and connect to the right resources.
- **Connect to a Doctor Now:** Access convenient options to speak with a healthcare provider.
- **Update Contact Information:** Review and manage your contact details to help ensure you receive important plan communications.
- **Ask Questions and Get Support:** Send questions and access helpful resources, including AHCCCS eligibility information, Healthy Rewards, and Member Services support.

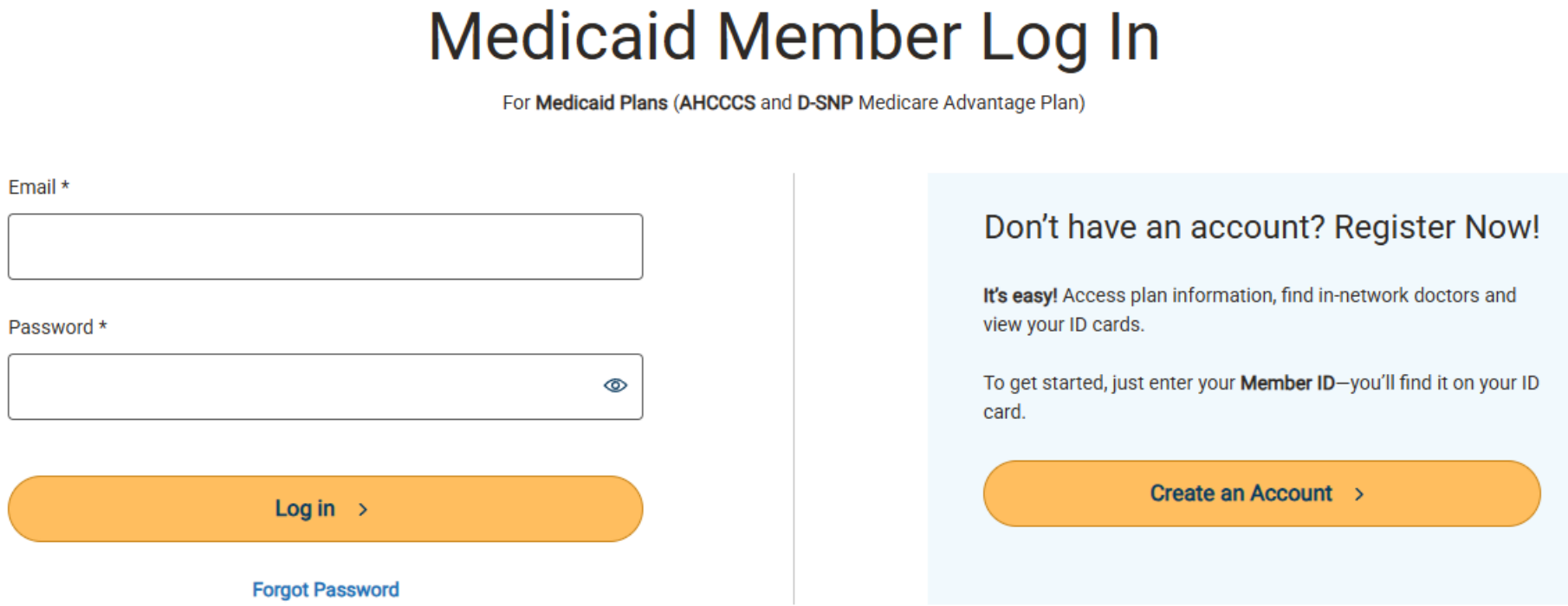
Member Portal Access

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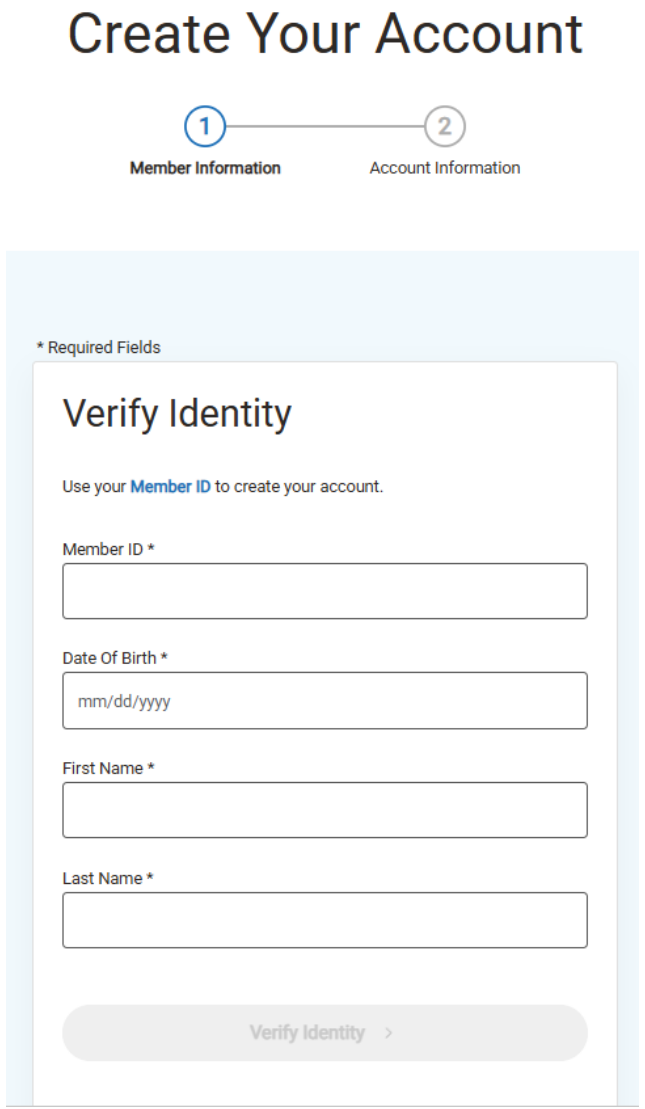


Member Portal Access

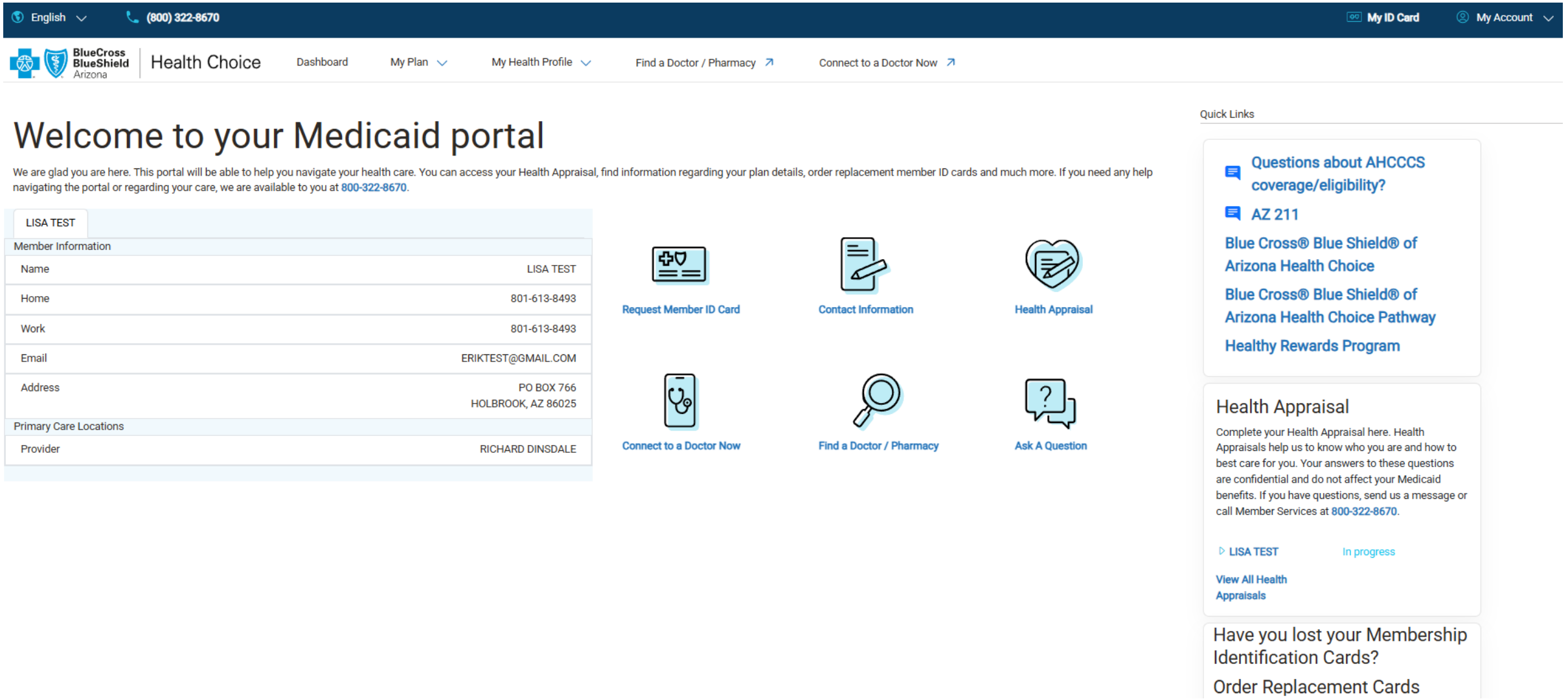
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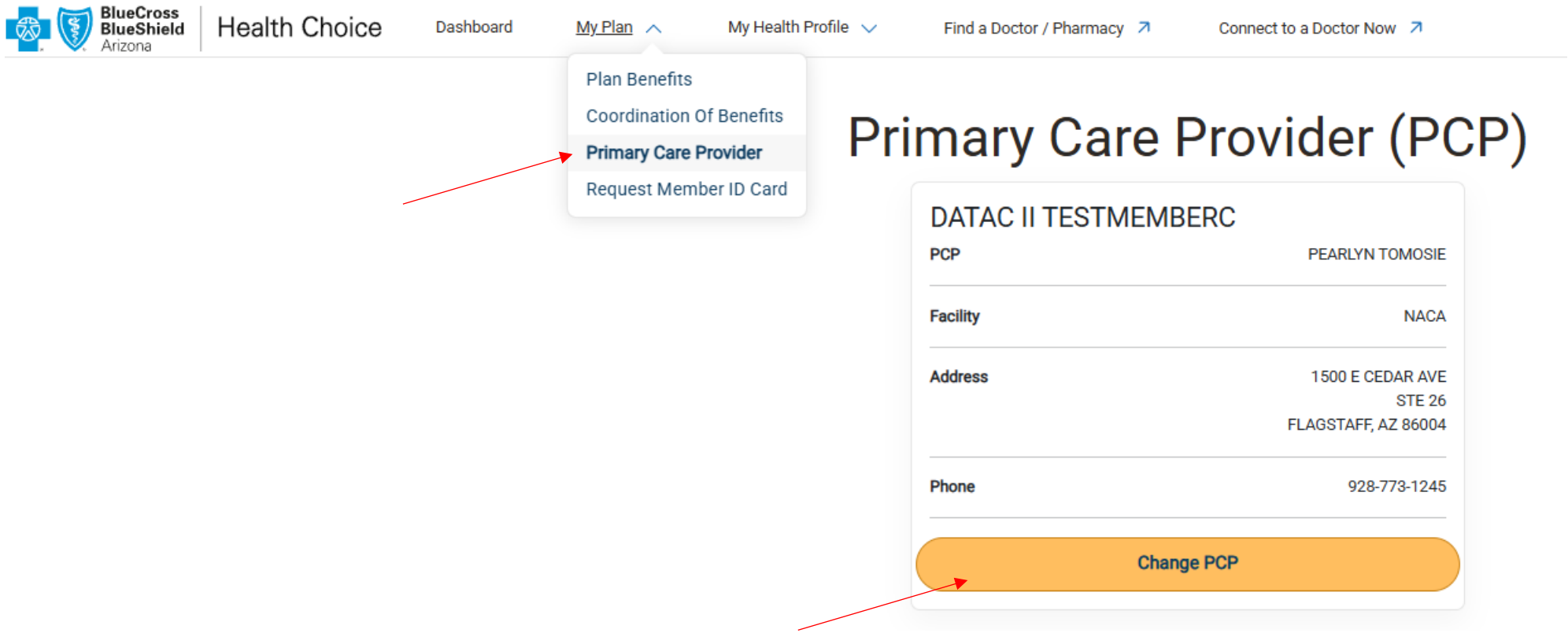
Member Portal Access



Member Portal Access



Member Portal Access – Change your PCP



Member Portal Awareness

1. Before today, were you aware that Health Choice offers a Member Portal?

2. If no, what is the primary reason and challenges that keep you from using it?

3. If yes, how did you first learn about the Member Portal?
    - Welcome materials
    - Health Choice website
    - Member Services
    - Provider office
    - Family/Friend

Member Portal Usage

1. Have you ever used the Member Portal?
2. How often do you use the Member Portal?
3. Is the Member Portal easy to navigate?
4. What features do you find useful?
5. What do you dislike or find challenging about the Member Portal?
6. What additional features or information would you like to see added?

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Adjourn

THANK YOU!

