

Health Choice Pathway HMO D-SNP 3rd Quarter Member Advisory Committee Meeting (MAC)

October 13th, 2022

All lines have been placed on mute until the open discussion/questions portion of the call.



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice

Meeting Information

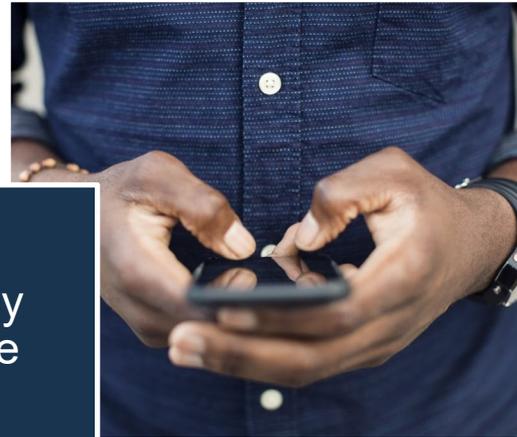
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Meeting ID

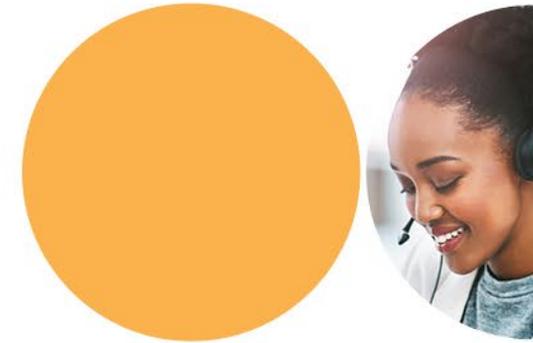
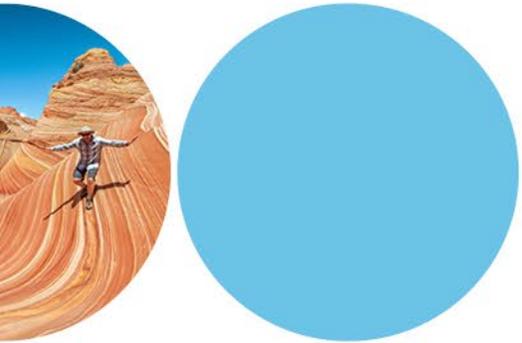


Dial by Phone



AGENDA

- Introduction
- Purpose of the Member Advisory Committee
- General Housekeeping Rules
- CMS Star Ratings – Performance Measures
- Plan Name Change
- 2023 Benefits
- 2023 Member Materials
- Healthy Rewards
- Upcoming Community Events
- CAHPS Survey
- Open Discussion



Purpose of the Member Advisory Committee



The purpose of the Member Advisory Committee is to:

- ✓ Gain input from you as members of BCBSAZ Health Choice Pathway
- ✓ Provide a place for you to share your feedback and help us make improvements
- ✓ Enhance overall Member experience.

As part of serving on the Member Advisory Committee, you will be asked for your commitment by participating and providing feedback on services and products that are offered by Health Choice Pathway.

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.



General Housekeeping Rules



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 be sure to note any pending issues and provide updates during future committee meetings.



We are changing the plan's name!

BCBSAZ Health Choice Pathway

EFFECTIVE ON JANUARY 1, 2023, OUR PLAN NAME WILL CHANGE FROM HEALTH CHOICE PATHWAY (HMO D-SNP) TO BCBSAZ HEALTH CHOICE PATHWAY (HMO D-SNP).



**CMS has once again rated
BCBSAZ Health Choice Pathway as a
4 STAR plan for 2023!**



CY 2023 CMS Star Ratings - Performance

- The Centers for Medicare & Medicaid Services (CMS) publishes the Medicare Advantage (Medicare Part C and Part D) Star Ratings each year to measure the quality of health and drug services received by members enrolled in BCBSAZ Health Choice Pathway.
- The Star Ratings system helps Medicare beneficiaries compare the quality of Medicare health and drug plans being offered so you are empowered to make the best health care decisions.
- An important component of this effort is to provide Medicare beneficiaries and their caregivers with meaningful information about quality alongside information about benefits and costs to assist them in being informed and active health care consumers.

IMPORTANT INFORMATION: 2023 Medicare Star Ratings Health Choice Arizona - H5587



For 2023, Health Choice Arizona - H5587 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆
Health Services Rating: ★★★★★☆
Drug Services Rating: ★★★★★★



Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars shows how well a plan performs.

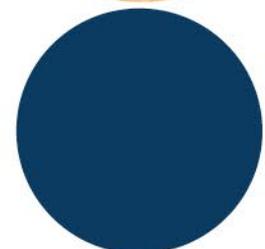
- ★★★★★ Excellent
- ★★★★☆ Above Average
- ★★★☆☆ Average
- ★★☆☆☆ Below Average
- ★☆☆☆☆ Poor

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

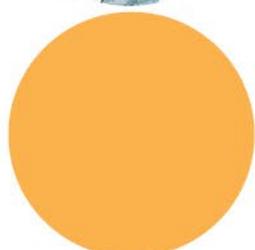
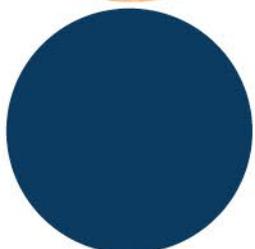
Questions about this plan?

Contact Health Choice Arizona 7 days a week from 8:00 a.m. to 8:00 p.m. local time at **800-656-8991** (toll-free) or **711 (TTY)**. Current members please call **800-656-8991** (toll-free) or **711 (TTY)**.

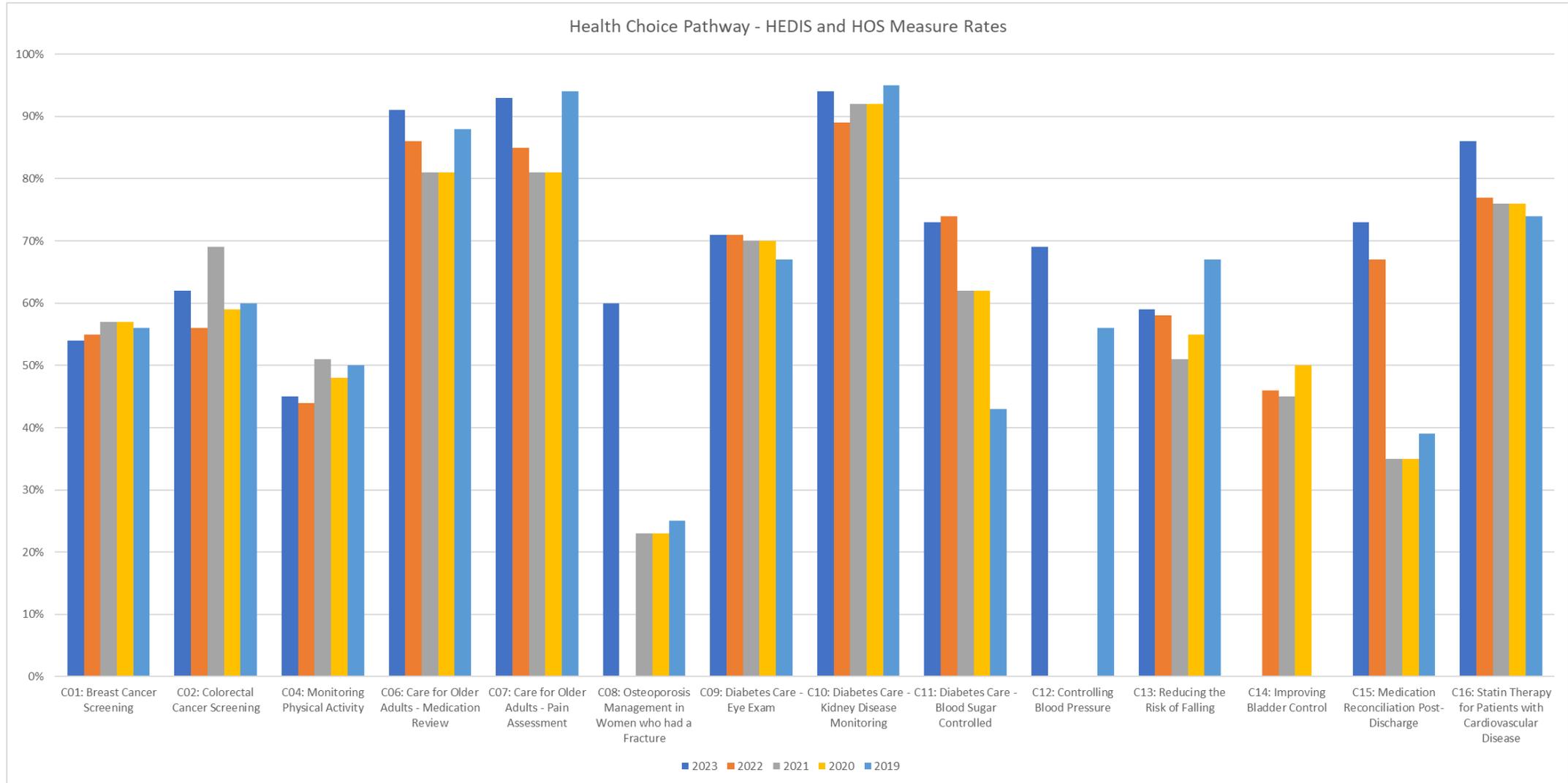
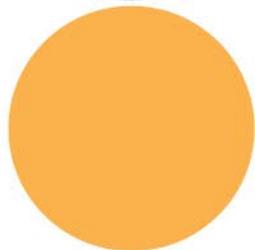
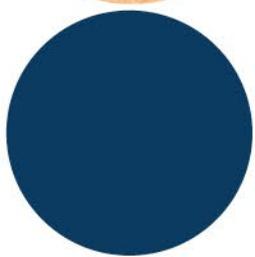


CY 2023 CMS Star Ratings - Performance

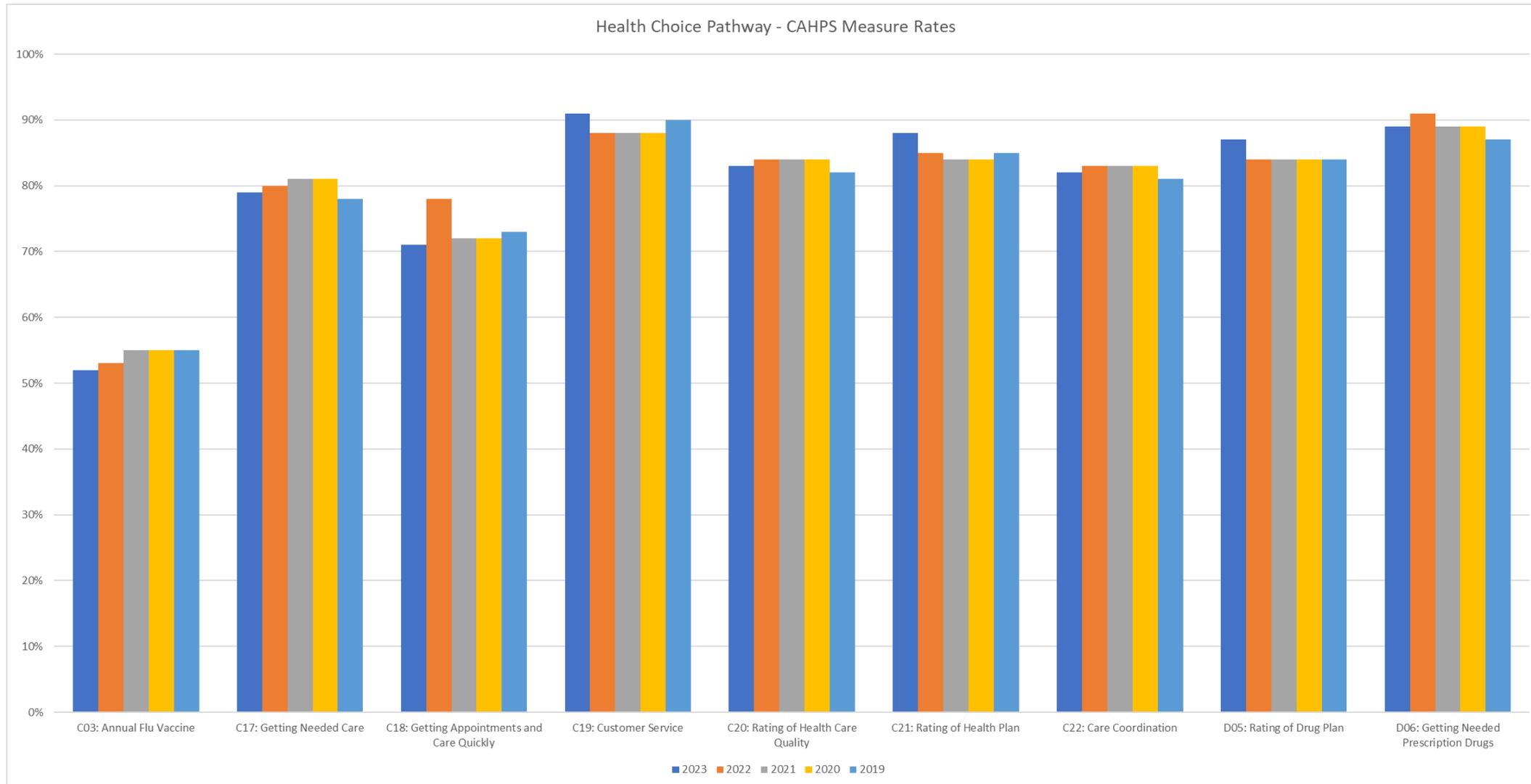
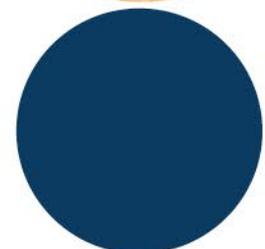
- BCBSAZ Health Choice Pathway can be rated on up to 38 unique quality and performance measures annually. The Star Ratings include measures applying to the following five broad categories:
 - Outcomes: Outcome measures reflect improvements in a beneficiary's health and are central to assessing quality of care.
 - Intermediate outcomes: Intermediate outcome measures reflect actions taken which can assist in improving a beneficiary's health status. Diabetes Care – Blood Sugar Controlled is an example of an intermediate outcome measure where the related outcome of interest would be better health status for beneficiaries with diabetes.
 - Patient experience: Patient experience measures reflect beneficiaries' perspectives of the care they received.
 - Access: Access measures reflect processes and issues that could create barriers to receiving needed care. Plan Makes Timely Decisions about Appeals is an example of an access measure.
 - Process: Process measures capture the health care services provided to beneficiaries which can assist in maintaining, monitoring, or improving their health status
- CMS uses the following tools to assess BCBSAZ Health Choice Pathway performance:
 - Healthcare Effectiveness Data and Information Set (HEDIS) measures
 - Health Outcome Survey (HOS) measures
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures
 - Operational Measures and Surveillance measures
 - Part D or Pharmacy related measures



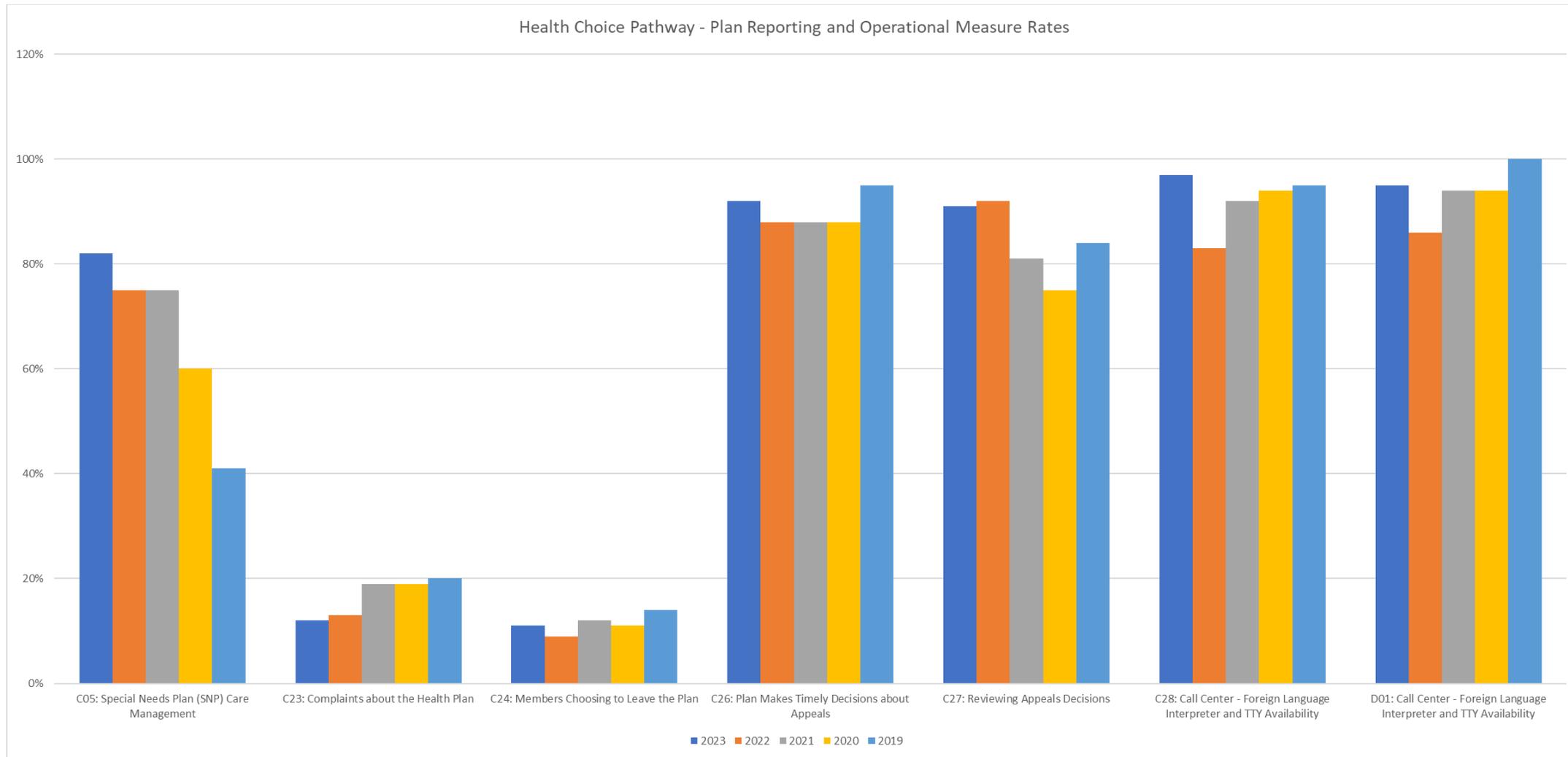
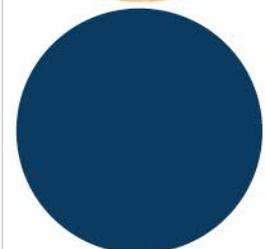
CY 2023 CMS Star Ratings – HEDIS/HOS



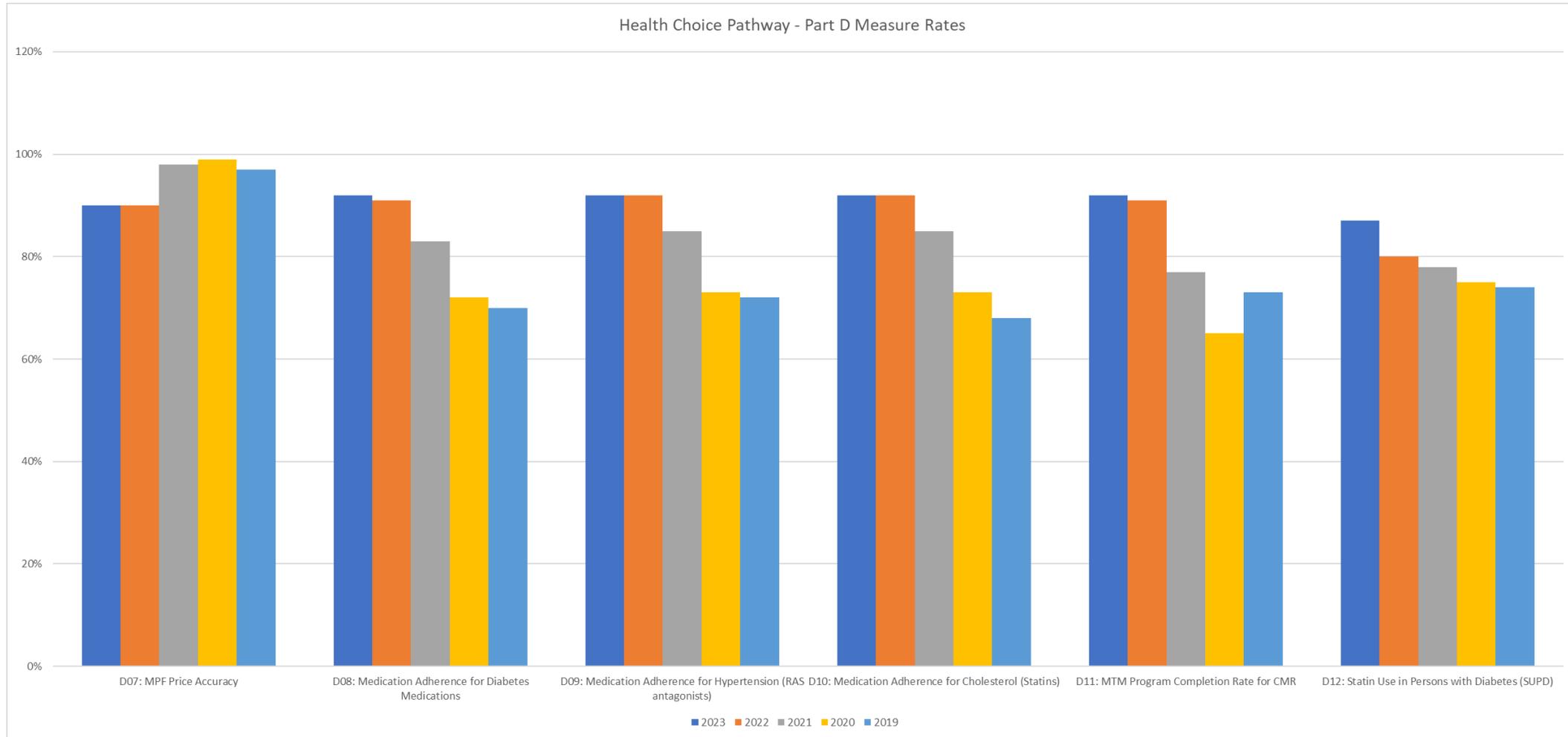
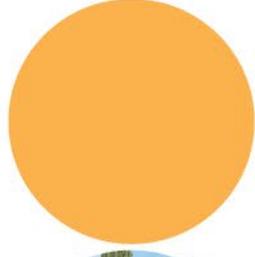
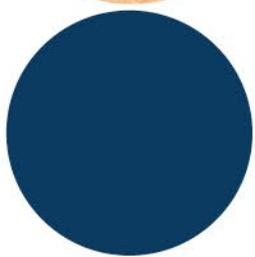
CY 2023 CMS Star Ratings - CAHPS



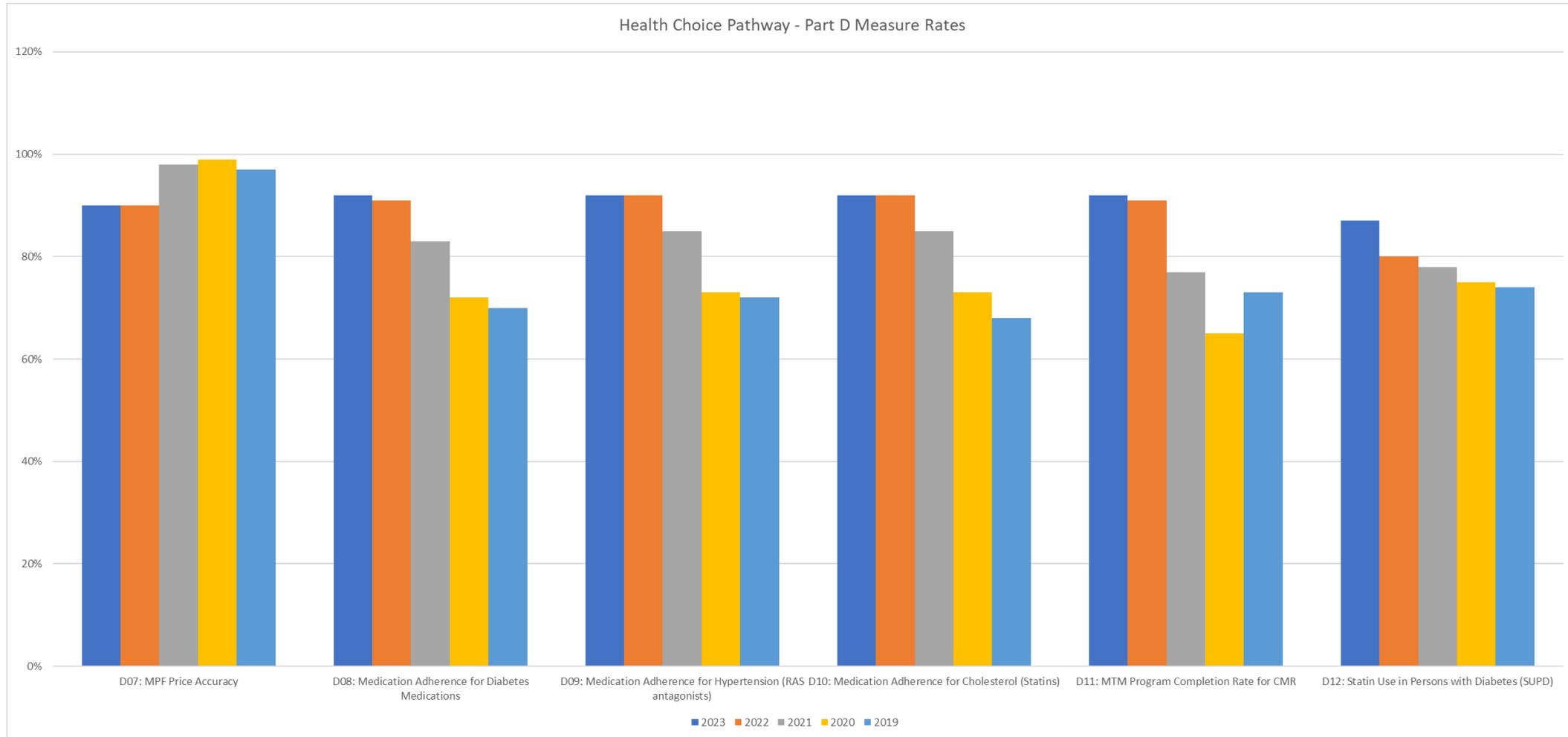
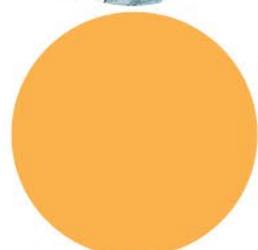
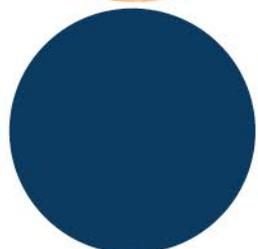
CY 2023 CMS Star Ratings - Operations

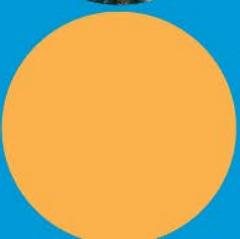
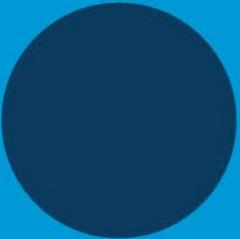


CY 2023 CMS Star Ratings – Part D



CY 2023 CMS Star Ratings – Part D





2023 Member Material

Annual Notice of Change (ANOC)



The Annual Notice of Change (ANOC) is a **notice you receive in late September**. The ANOC gives a summary of any changes in the plan's costs and coverage that will take effect January 1 of the next year.

The ANOC provides timely updates to changes in plan benefits, to support members' plan evaluations when considering a change, or to stay enrolled with their current plan.

The ANOC will also be posted on our website www.healthchoicepathway.com by October 15th, 2022.

2023
Annual
Notice of
Changes

BCBSAZ Health Choice
Pathway (HMO D-SNP)

 Serving Apache, Coconino, Gila, Maricopa,
Mohave, Navajo, Pinal, and Yavapai counties.

 **BlueCross
BlueShield**
Arizona

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Evidence of Coverage (EOC)

Evidence of Coverage (EOC) lists the plan's costs and benefits that will take effect on January 1 of the upcoming year.

The EOC provides comprehensive plan details for the plan year such as:

- benefits information
- out of pocket costs
- a member's rights and responsibilities
- tips on a plan's operations (such as how to file an appeal).
- contact information for regulatory and state departments, as well as contact information for the plan's customer service and other internal areas.

The EOC is posted on our website www.healthchoicepathway.com, by October 15th, 2022. To request a copy of the EOC, contact Member Services.

2023
Evidence of Coverage

BCBSAZ Health Choice Pathway (HMO D-SNP)

CERTIFIED HMO D-SNP

Serving Apache, Coconino, Gila, Maricopa, Mohave, Navajo, Pinal, and Yavapai counties.

BlueCross BlueShield Arizona
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Health Choice



Summary of Benefits

It summarizes the key features of the plan or coverage, such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions.

It also includes list of AHCCCS (Medicaid) benefits, refer to the Summary of Medicaid-Covered Benefits section.

The Summary of Benefits (SB) is posted on our website www.healthchoicepathway.com, by October 15th, 2022. To request a copy of the SB, contact Member Services.

2023
Summary of
Benefits

**BCBSAZ Health Choice
Pathway (HMO D-SNP)**

 Serving Apache, Coconino, Gila, Maricopa,
Mohave, Navajo, Pinal, and Yavapai counties.

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Arizona** | **Health
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Additional Materials Available Online

- Provider Directory
- Pharmacy Directory
- Formulary

www.healthchoicepathway.com

Member Materials Available Online!



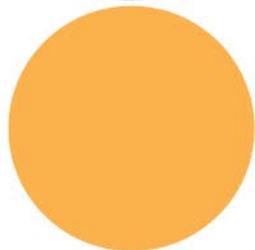
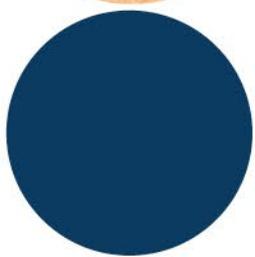
To search for these items, go to:
HealthChoicePathway.com

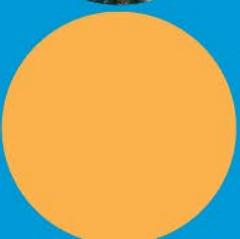
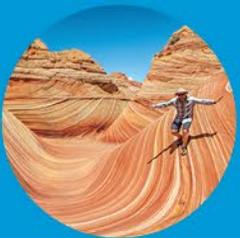
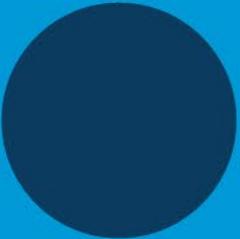
-  **Providers:**
Choose 'Find a Provider'
-  **Pharmacy:**
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-  **Covered Drugs:**
Choose the Member's tab;
Prescription Drug Information tab; Formulary (List of Covered Drugs)
-  **Coverage Information:**
Choose the Member's tab;
Member Information tab;
Evidence of Coverage

When you visit the Health Choice Pathway (HMO D-SNP) website, you have access to important plan information, including a complete listing of Health Choice Pathway Providers, Pharmacies, Formulary (List of Covered Drugs), and your Evidence of Coverage. Your 2022 plan materials will be available online by October 15, 2021.

If you would like an Evidence of Coverage, Provider Directory, Pharmacy Directory, and/or Formulary mailed to you, call Member Services at **1-800-656-8991**, **TTY: 711**, 8 a.m. to 8 p.m., 7 days a week, or email your request to HCHComments@azblue.com.

Health Choice Pathway is a subsidiary of Blue Cross® Blue Shield® of Arizona.
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2023 Benefit Changes

2023 Supplemental Dental

\$4,000 per year maximum allowance

✓ Preventive services including:

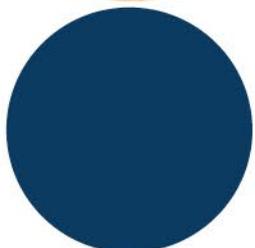
- One Fluoride Treatment one every year.
- Two Oral Exams per year, two every year.
- Two Prophylaxis (Cleanings) every year, once every 6 months.
- Two Dental X-Ray per year, which consists of:
 - One of either bite-wing x-rays or single x-rays or
 - One complete full mouth x-ray (FMX) or panoramic x-ray. Complete/panoramic only allowed once every 36 months.

✓ Comprehensive services including:

- Non-routine services
- Diagnostic services
- Restorative services
- Endodontics services
- Periodontics services
- Extractions services
- Dentures
 - Covered once every five years.
 - Adjustments up to four per year.

✓ Not covered:

- Prosthodontics (including dental and facial restoration including cosmetics, dental implants, bridges, and temporomandibular restorative procedures)



2023 Supplemental Vision

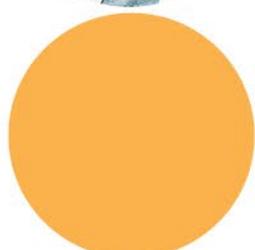
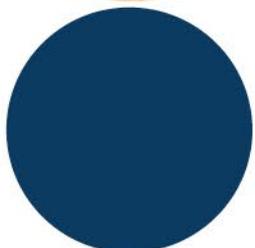
✓ One routine eye exam every year including:

- a glaucoma test for people who are at risk for glaucoma
- a retinal exam for diabetics

\$450 per year maximum allowance

✓ Unlimited pair(s) of prescription eyewear every year.

- Eyeglasses (lenses and frames)
- Contact lenses instead of eyeglasses



2023 Supplemental Hearing/Hearing Aid

In addition, our plan covers the following supplemental (i.e., routine) hearing services:

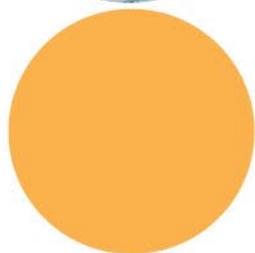
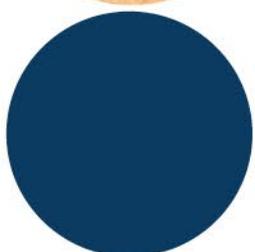
- ✓ One routine hearing exam every year.
- ✓ One hearing aid fitting and evaluation every year

\$2,500 per year maximum allowance

- ✓ Towards the purchase of hearing aid(s), both ears combined

For example:

- \$1,250 right ear and \$1,250 for the left ear
- \$1,500 right ear and \$1,000 for the left ear
- \$2,000 right ear and \$500 for the left ear
- \$2,500 right ear and \$0 for the left ear



2023 Supplemental Dental/Vision/Hearing Flex Card

\$1,000 per year maximum allowance

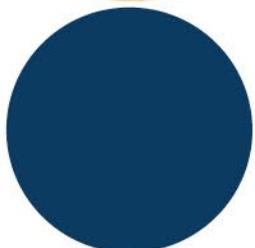


- ✓ Our plan offers a prepaid Visa® debit card with a combined annual limit of \$1,000 to help reduce Members out-of-pocket expenses for dental, vision, and hearing services. The benefit dollars may be spent between dental, vision, and hearing as you see fit. Any unused benefit dollars will expire at the end of the year. This benefit is not a replacement for your supplemental dental, vision, or hearing benefits and is designed to help offset certain expenses.
- ✓ To be eligible to receive the benefit(s) above you must:
 - Exhaust any one of your supplemental benefits (i.e., supplemental dental, vision, and hearing), after which the Flex Card will be loaded with funds.

Note: Supplemental (i.e., Non-Medicare covered) dental, vision, and hearing services must be received from a participating provider in order to be covered by the plan.

Note: Please see Chapter 4 Benefit chart in the EOC for supplemental dental, vision, or hearing benefit limitations and maximums.

This benefit is for your use only, may not be sold or transferred, and has no cash value.



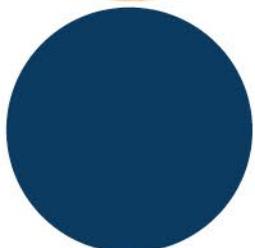
2023 Fitness

\$0 copay for physical fitness, memory fitness, activity tracker.

The Silver&Fit® Healthy Aging and Exercise Program.



- ✓ Members have the following options available at no cost.
 - ✓ Workout Plans by answering a few questions you will receive a customized workout plan, including instructions on how to get started and suggested digital workout videos.
 - ✓ Digital Workouts you can view on- demand videos via the workout library.
 - ✓ Fitness Center Membership you can visit participating fitness centers near you that take part in the program.
 - ✓ Home Fitness Kits you are eligible to receive one Home Fitness Kit per benefit year.
 - ✓ Well-Being Club by setting your preferences for well-being topics on the website, you will see resources tailored to your interests and healthy habit goals including articles, videos, live-streaming classes, and Social Clubs.
 - ✓ Healthy Aging Coaching you can participate in sessions by telephone with a trained coach where you can discuss topics like exercise, nutrition, social isolation, and brain health. Tools will assist with tracking your activity.



2023 Supplemental Meals

84 total meals

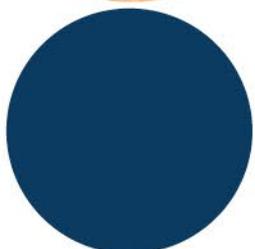


Post Acute Meals

- ❖ \$0 cost share for a maximum of **2 meals per day for 35-days for a total of 70 meals.**
 - ✓ For members discharged from an inpatient facility (Hospital, Skilled Nursing Facility or Inpatient Rehabilitation)
 - ✓ Members will have the choice to choose meal selections under a specific menu type listed in discharge notification such as, General Wellness, Heart Healthy, Diabetic Friendly, Gluten free, Renal Friendly, Pureed and Vegetarian.

Chronic Meals

- ❖ \$0 cost share for a maximum of **2 healthy meals per day for up to 7 days for a maximum of 14 meals.**
 - ✓ Members under care management with a plan-approved chronic condition may be eligible to receive healthy meals as part of a supervised program to transition you to lifestyle modifications.
 - ✓ Eligible chronic conditions include:
 - ✓ Chronic obstructive pulmonary disease (COPD)
 - ✓ Congestive heart failure (CHF)
 - ✓ Diabetes (DM).

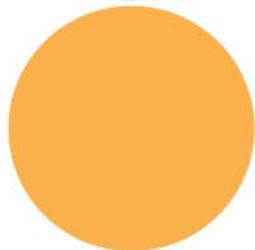
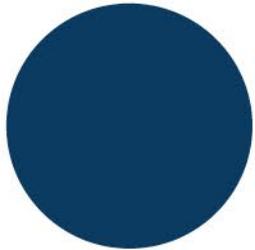


2023 MOOP

\$7,550



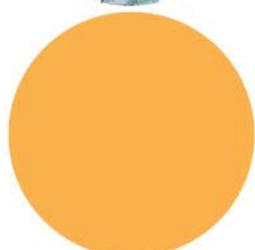
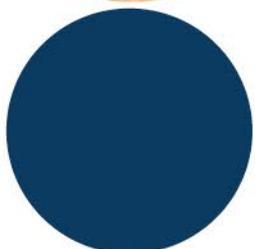
- MA plans are required to set a limit on beneficiary cost-sharing for Medicare Part A and B services after which the plan pays 100% of the service costs.
- Current guidance on calculation of the maximum out-of-pocket (MOOP) amount allows MA plans the option to count only those amounts the individual enrollee is responsible for paying, but not count any state cost-sharing payments or unpaid cost-sharing toward the MOOP limit, rather than all the cost-sharing amounts for services the plan has established in its plan benefit package.
- In practice, this option does not cap the amount a state could pay for a dually eligible MA enrollee's Medicare cost-sharing, and results in state Medicaid programs paying more in Medicare cost-sharing for dually eligible enrollees than if the plan calculated attainment of the MOOP limit based on cost-sharing amounts for services in its plan benefit package.
- Final rule specifies that the MOOP limit in an MA plan (after which the plan pays 100% of MA costs) is calculated based on the accrual of all Medicare cost-sharing in the plan benefit, whether that Medicare cost-sharing is paid by the beneficiary, Medicaid, or other secondary insurance, or remains unpaid (including when the cost-sharing is not paid because of state limits on the amounts paid for Medicare cost-sharing and dually eligible individuals' exemption from Medicare cost-sharing).



2023 Supplemental Non-Medicare Covered Physical Examination

\$0 one per year

- ✓ The annual routine physical is an extensive physical exam including a medical history collection and it may also include any of the following: vital signs, observation of general appearance, a head and neck exam, a heart and lung exam, an abdominal exam, a neurological exam, a dermatological exam, and an extremities exam.
- ✓ Coverage for this non-Medicare covered benefit is in addition to the Medicare-covered annual wellness visit and the “Welcome to Medicare” preventive visit.
- ✓ Members may schedule their annual routine physical once each calendar year. Preventive labs, screenings, and/or diagnostic tests received during this visit are subject to your lab and diagnostic test coverage. Please see “Outpatient diagnostic tests and therapeutic services and supplies” for more information.

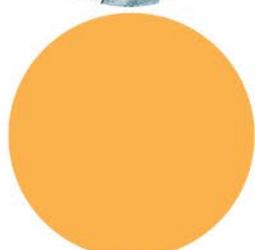
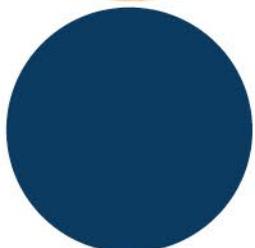


2023 Supplemental OTC



\$380 per quarter with rollover

- ✓ OTC items that are covered by this benefit are limited to items that are consistent with CMS guidance, as found in the OTC catalog provided to members. Covered services include OTC purchases for items ordered through the OTC catalog, You can also visit participating CVS stores.
- ✓ Any unused benefit amount will roll over from the previous quarter however, it will expire in the following quarter if unused. The rollover dollars will be applied before the current period benefit amount. A member will never have more than twice their benefit to spend in any one quarter. Please note, any unused benefit amount from quarter 4 (October, November, December) will not carry over to the next plan year.



2023 Supplemental SSBCI RPM

Remote Access Technologies Services



Physicians may be able to remotely take your blood pressure, weight, and monitor glucose as appropriate so that issues such as hypertension or elevated blood sugar can be identified in real time. Services provided will be based on the need of the individual and a plan of care developed with the member and their family.

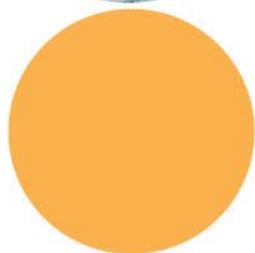
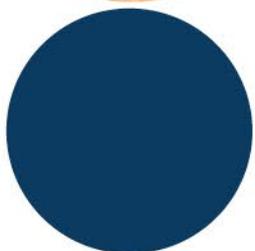
- ✓ Connected health devices and remote patient monitoring (RPM) technologies, in association with PCP or specialist intervention.
- ✓ Connected health devices may enable physicians to monitor you without having to conduct face-to-face appointments.

Remote access technology equipment may include, but not limited to:

- ✓ Blood pressure cuff
- ✓ Scale
- ✓ Non-Medicare Covered Glucose monitor

To be eligible to receive the benefit(s) listed above, you must be under care management and have one or more qualifying chronic condition.

- ✓ Chronic heart failure (CHF)
- ✓ Chronic obstructive pulmonary disease (COPD)
- ✓ Diabetes
- ✓ **Post-Acute Sequelae of SARS CoV-2 infection (PASC)/Long COVID**



2023 Supplemental SSBCI Healthy Food Card

\$30 or \$100 per month

✓ If member is eligible for Food and Produce card, the plan offers a prepaid Visa® debit card with a limit of \$30 or \$100 dollars per month to help cover the cost of healthy food items including, but not limited to: (see next slide)

Note: If you are determined to be eligible for the Food and Produce benefit, you will not receive an additional prepaid Visa® debit card in the mail. Your Food and Produce (SSBCI) benefit dollars will be automatically added to your prepaid Visa® debit card received as part of the Flex Card program.

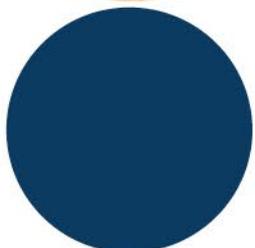
Any unused amount does not rollover to the next month.

Note: If you qualify for both benefits you will receive the higher of the two benefits. You will not receive both.

Note: If you do not have a claim on file, please schedule your yearly Annual Wellness Visit or Annual Routine Physical with your PCP.

Note: If you are determined to be eligible for the Food and Produce benefit, you will not receive an additional prepaid Visa® debit card in the mail. Your Food and Produce (SSBCI) benefit dollars will be automatically added to your prepaid Visa® debit card received as part of the Flex Card program.

✓ This benefit is for your use only, may not be sold or transferred, and has no cash value.

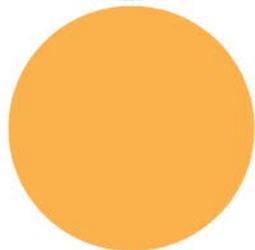
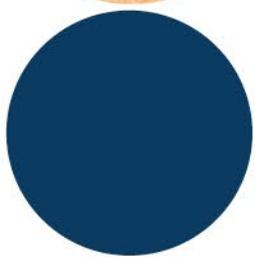


2023 Supplemental SSBCI Healthy Food Card continued

\$100 per month

✓ To be eligible to receive the \$100 benefit,

- You must have a claim on file in CY2023* with:
- One or more of the following qualifying chronic conditions
 - Cancer
 - Chronic heart failure (CHF)
 - Chronic Obstructive pulmonary disease (COPD)
 - Diabetes
 - End Stage Renal Disease (ESRD)
 - Hypertension
 - Obesity
 - Post-Acute Sequelae of SARS CoV-2 infection (PASC)/Long COVID



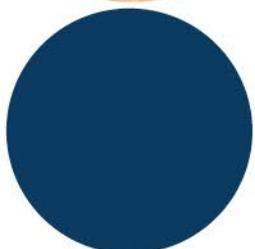
2023 Supplemental SSBCI Healthy Food Card continued

\$30 per month

✓ To be eligible to receive the \$30 benefit,

- You must have a claim on file in CY2023 with:
- One or more of the following qualifying chronic conditions
 - Amyotrophic lateral sclerosis (ALS)
 - Aplastic anemia
 - Asthma
 - Bipolar disorders
 - Cardiac arrhythmias
 - Chronic alcohol and other drug dependence
 - Chronic bronchitis
 - Chronic venous thromboembolic disorder
 - Coronary artery disease
 - Dementia
 - Emphysema
 - End-stage liver disease
 - Epilepsy
 - Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia)

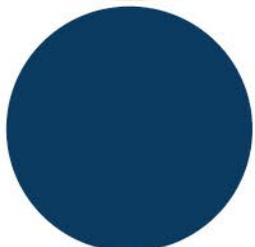
- Hemophilia
- HIV/AIDS
- Huntington's disease
- Immune thrombocytopenic purpura
- Major depressive disorders
- Multiple sclerosis
- Myelodysplastic syndrome
- Paranoid disorder
- Parkinson's disease
- Peripheral vascular disease
- Polyarteritis nodosa
- Polymyalgia rheumatica
- Polymyositis
- Polyneuropathy
- Pulmonary fibrosis
- Pulmonary hypertension
- Rheumatoid arthritis
- Schizoaffective disorder
- Schizophrenia
- Sickle-cell disease (excluding sickle-cell trait)
- Spinal stenosis
- Stroke-related neurologic deficit
- Systemic lupus erythematosus



2023 Supplemental SSBCI Healthy Food Card

Health Food Items

- Fruits & Vegetables
- Appetizers, French Fries, Onion Rings etc.
- Meats
- Seafood
- Juices
- Prepared Food
- Salty Snacks
- Cookies
- Crackers
- Nuts, Seeds & Trail Mix
- Dairy
- Whole Eggs & Egg Substitutes
- Yogurt
- Margarine
- Soy & Other Nut Milks
- Ready-to-eat, Soups, Meals, Sandwiches
- Deli- Processed & Fried
- Produce Meats
- Meats – Processed
- Seafood
- Bread, Rolls & Tortillas
- Baking/Cooking Supplies
- Puddings & Gelatin
- Flours, Cornmeal, Nut & Seed Flours, Bread/Biscuit Mixes
- Sugar (White, Brown & Powdered)
- Herbs, Spices & Seasoning
- Oils & shortening
- Condiments, Sauces, Dips, Mayonnaise & Salad Dressing
- Tomato/Spaghetti/Alfredo/Nutritionally Significant Sauce
- Jams, Jellies, Sweet Spreads, Syrup
- Peanut Butter & Other Nut Butters
- Cereal (Hot & Cold), Pancakes & Waffles
- Breakfast Foods (Toaster Pastries, Cereal Bars, Granola & Granola Bars)
- Dried Fruit, Fruit Snacks
- Dry Pasta
- Dry Beans
- Rice & Whole Grains
- Dry Mixes - Side Dish Mixes, Dinner Mixes
- Canned/Jar Fruits and Vegetables (including Salsa & Non-processed Beans)
- Prepared Food (Canned Stews, Heat & Eat)
- Soup
- Canned Meat
- Canned Seafood
- Dry and Liquid
- Concentrated Drink Mixes
- Cocoa, Coffee & Tea (Dry or Liquid)
- Juices (includes Sparkling)
- Juice Blends, Drinks & Punches (includes Sparkling)
- Bottled Waters
- Enhanced Waters
- Sport Drinks
- Ice
- Sparkling Water



2023 Supplemental SSBCI General Supports for Living

\$1,000 per year



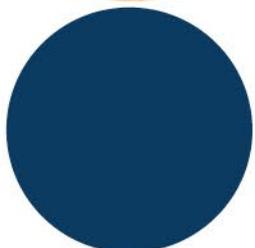
If eligible for Lodging/Utilities Flex Card, our plan offers a prepaid Visa® debit card with a limit of up to \$1,000 per year to help cover the cost of lodging after an eligible inpatient stay and certain Utilities (electric, gas, sanitary, water, and/or landline telephone service).

To be eligible to receive the benefit(s) listed above,

- ✓ You must be actively engaged with BCBSAZ Health Choice Pathway care management
- ✓ One or more of the following qualifying chronic conditions
 - Complications from pre-diabetes or diabetes
 - Recent hospitalization for mental illness
 - Recent hospitalization for diabetes or a medical condition worsened by pre-diabetes or diabetes.
- ✓ Members can contact Members Service if they feel they meet the criteria and to receive a listing of approved lodging establishments.

Please note: If Members are determined to be eligible for the Lodging/Utilities Flex Card benefit, they will not receive an additional prepaid Visa® card in the mail. The lodging/utilities benefit dollars will be automatically added to the prepaid Visa® debit card received as part of the Flex Card benefit. If Members have not received their prepaid Visa® Flex Card, please call Member Services.

- ✓ Any unused Flex Card benefit dollars will expire at the end of the year.

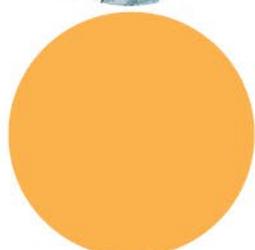
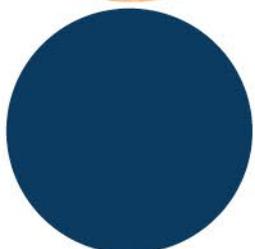


2023 Supplemental Transportation

36 one-way trips per year

- ✓ Our plan covers non-emergency ground transportation within our service area.
 - ✓ Pick-up to or from plan approved locations.
 - ✓ Curb-to-curb service.
 - ✓ Wheelchair-accessible vans upon request.
- ✓ This benefit is available to help you obtain medically necessary care and services.
- ✓ Trips are limited to 50 miles, one-way, unless approved by the plan.
 - ✓ A trip is considered one-way transportation by taxi, van, or rideshare services to a plan approved health-related location.
- Covered Services do not include transportation by ambulance.
- Call at least 72 hours in advance to schedule routine trips, or anytime for urgent trips. Certain locations may be excluded.

Please note: Medically necessary transportation services must be received from an in-network provider to be covered by the plan. Vehicles may transport multiple occupants at the same time and may stop at locations other than the member's destination during the trip. Be sure to reference any special needs or preferences when scheduling your ride.



2023 Value-Based Insurance Design Model (VBID)



\$0 cost share PART D drugs (all Drugs) for LIS (all levels) eligible members

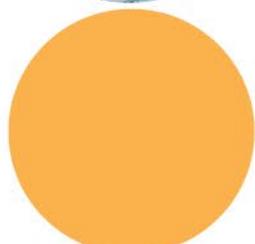
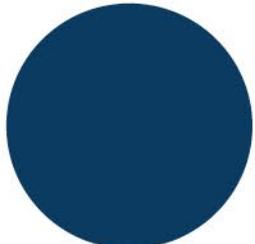
Socioeconomic Status:

MAOs may choose to target enrollees for VBID interventions based on socioeconomic status but may only use LIS status, as defined in the Plan Communication User Guide (PCUG) for MA-PDs, to identify those targeted enrollees. For the territories where the LIS status is not available, participating MAOs may identify targeted enrollees based on dual eligibility for both Medicare and Medicaid, using CMS identification of a dual-eligibility status in MARx. MAOs have the option of targeting enrollees eligible for LIS at any of the LIS subsidy levels. Within its application, an MAO must propose one or more of the four subsidy levels.

Reductions in Cost Sharing for Part C Items and Services and Covered Part D Drugs:

Participating MAOs may reduce or eliminate cost sharing for items or services covered by the MA plan, including Part D benefits covered by a participating MA-PD plan. Reductions in cost sharing may include: (a) elimination or reduction of co-pays, (b) elimination or reduction of co-insurance, or (c) exemption of a given service from the plan deductible. These examples of modification to cost sharing are not exhaustive; MAOs can propose other approaches to reducing cost sharing.

Note: If members lose LIS eligibility, the amount the member pays will change to Original Medicare levels. Which means, if the member is not receiving "Extra Help" from Medicare, members will pay a 25% coinsurance for prescription drugs.



Healthy Rewards Program

Health Choice Pathway Members can earn rewards by completing the following screenings:

- Annual Wellness Visit
- Breast Cancer Screenings
- Colon Cancer Screenings

Starting January 1st, 2023, you will receive a Debit Card.....



Healthy Rewards Program

Did you know that as a BCBSAZ Health Choice Pathway (HMO D-SNP) member, you can earn up to **\$75** just for taking care of your health? Healthy Rewards is our member rewards program for YOU! Get rewarded when you go to your appointments and take care of your health.



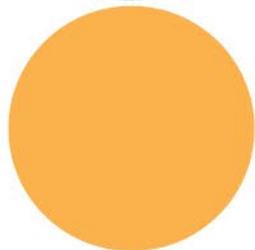
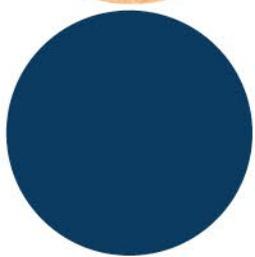
Earn up to \$75!

Members can get rewarded with \$25 for each important health activity they complete such as:

- **A Medicare Annual Wellness Visit** yearly for all BCBSAZ Health Choice Pathway members
- **Breast cancer screenings** mammogram every 1 – 2 years for those 50 – 74
- **Colon cancer screenings** for those 45 – 75, screening colonoscopy or opt for a mail-in test that you can do at home!

Here's how you earn your rewards:

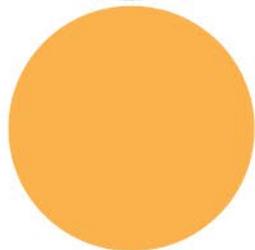
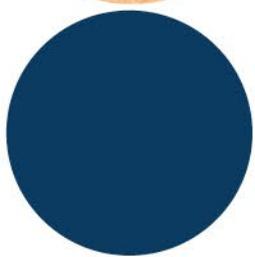
- Check with your doctor to see what preventive screenings or visits you are due for
- Complete an eligible Healthy Reward service
- Once BCBSAZ Health Choice Pathway receives a claim for the service(s), you will be mailed your pre-paid visa card. Please allow up to 6 weeks to receive this card.
- Once you receive this card do not discard as it could be loaded with additional benefits at a later date.



Upcoming Community Events



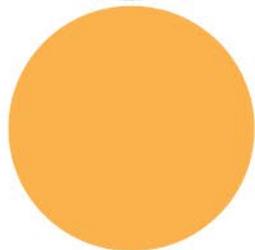
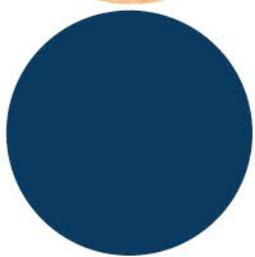
Event Date	HC/HCP	Event Name	Event Time	Address	City	Zip Code
10/4/2022	HCP/ Informal	Nourish PHX	9:00AM-11:00AM	501 S 9th AVE	Phoenix	85007
10/7/2022	HCP/ Informal	STAR Health and Wellness Fair	8:00AM-1:00PM	2502 E Washington St	Phoenix	85034
10/12/2022	HCP/Informal	Mobile Food pantry-CPLC	7:00AM-9:00AM	6850 W. Indian School Rd.	Phoenix	85033
10/13/2022	HCP/Informal	Maryvale Terrace	2:00PM-3:00PM	4545 N. Maryvale Pkwy	Phoenix	85031
10/15/2022	HCA/HCP	Hualapai MT. Campas - Health Fair TBD	9:00AM - 1:00PM	3801 Santa Rosa Drive	Kingman	86401
10/17/2022	HCP/ Formal	Phoenix Senior Opportunities	10:00AM 11:00AM	Virtual	Phoenix	85007
10/18/2022	HCP/Informal	Kachina Housing	11:00AM-12:00PM	316 N Ave A	Casa Grande	85122
10/18/2022	HCP/Formal	Washington Manor	10:00AM 11:00AM	1123 E Monroe St	Phoenix	85034
10/18/2022	HCP Formal	Pineview Manor	10:00AM 11:00AM	304 S. Clark Rd	Payson	85541
10/18/2022	HCP Formal	Payson Senior Apt	12:00PM-1:00PM	311 S. McLane Rd	Payson	88541
10/19/2022	HCP/ Formal	Mesa Senior Meadows	10:00AM 11:00AM	333 E 6th St.	Mesa	85201
10/19/2022	HCP/Formal	Winslow Manor	10:00AM-11:00AM	901 West Desmond	Winslow	86047
10/19/2022	HCP/Informal	Casa Grande Senior Center	12:15PM-1:15PM	404 E Florence Blvd	Casa Grande	85122
10/20/2022	HCP/formal	Tolleson Senior Center	8:30AM-9:30AM	9555 W. Van Buren St	Tolleson	85353
10/20/2022	HCP/ Formal	Escalante Community Center	10:00AM-11:00AM	2150 E Orange St	Tempe	85281
10/25/2022	HCP/ Formal	Joe C.Montoya Community Center	9:00AM-10:00Am	245 N. Thorpe Rd	Flagstaff	86001
10/25/2022	HCP/Informal	Florence Senior Center Healthy Bingo	10:30AM-11:30AM	330 E Pinal Street	Florence	85132
10/25/2022	HCP/Formal	Sandstone Highlands	10:30AM-11:30AM	300 W High Country Trl	Flagstaff	86005
10/26/2022	HCP/Informal	Mobile Food pantry-CPLC	7:00AM-9:00AM	6850 W. Indian School Rd.	Phoenix	85033
10/26/2022	HCP/formal	Bullhead City Senior Campus	12:00PM-1:00PM	Virtual Bingo	Bullhead City	86442
10/26/2022	HCP/Formal	Mountain Crest Apartments	10:00AM-11:00AM	838 Baseline Rd.	Bullhead City	86442



Upcoming Community Events

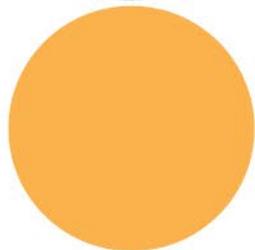
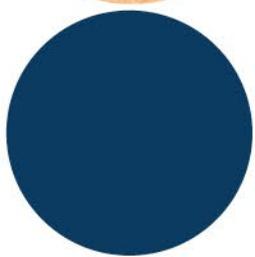


Event Date	HC/HCP	Event Name	Event Time	Address	City	Zip Code
10/27/2022	HCP/Informal	Superior Senior Center	10:30AM-11:30AM	360 W Main St	Superior	85173
10/28/2022	HCP/Informal	Verde Valley Fall Festival	9:00AM-4:00PM	800 E. Cherry St	Cottonwood	86326
10/29/2022	HCP/Informal	Verde Valley Fall Festival	9:00AM-4:00PM	800 E. Cherry St	Cottonwood	86326
11/1/2022	HCP/Informal	Florence Senior Center Healthy Bingo	10:00AM-11:00AM	330 E Pinal Street	Florence	85132
11/5/2022	HCP/ Informal	22nd Annual Community Care Health Fair	8:00AM-12:00PM	902 W. Main St	Payson	85541
11/2/2022	HCP/ Informal	Escalante Senior Center	10:00AM-11:00AM	2150 E Orange St	Tempe	85281
11/8/2022	HCP/Informal	Superior Senior Center	10:30AM-11:30AM	360 W Main St	Superior	85173
11/8/2022	HCP/Informal	Mobile Food pantry-CPLC	7:00AM-9:00AM	6850 W. Indian School Rd.	Phoenix	85033
11/9/2022	HCP/Informal	Kachina Housing	11:00AM-12:00PM	316 N Ave A	Casa Grande	85122
11/8/2022	HCP/Informal	Superior Arboretum Apartment	1:00PM - 2:00PM	199 W Gray Dr	Superior	85173
11/14/2022	HCP/Formal	Maryvale Terrace	2:00PM-3:00PM	4545 N. Maryvale Pkwy	Phoenix	85031
11/15/2022	HCP/Informal	Washington Manor	10:00AM-11:00AM	1123 E Monroe St	Phoenix	85034
11/16/2022	HCP/Informal	Casa Grande Senior Center	12:15PM-1:15PM	404 E Florence Blvd	Casa Grande	85122
11/17/2022	HCP/Informal	Tolleson Senior Center	8:30AM-9:30AM	9555 W. Van Buren St.	Tolleson	85353
11/23/2022	HCP/Informal	Mesa Senior Meadows	10:00AM-11:00AM	333 E. 6th St	Mesa	85201
11/23/2022	HCP/Informal	Mobile Food pantry-CPLC	7:00AM-9:00AM	6850 W. Indian School Rd.	Phoenix	85033
11/28/2022	HCP/ Informal	Phoenix Senior Opportunities	10:00AM 11:00AM	Virtual	Phoenix	85007



Upcoming Community Events

Event Date	HC/HCP	Event Name	Event Time	Address	City	Zip Code
12/6/2022	HCP/Informal	Florence Senior Center Healthy Bingo	10:00AM-11:00AM	330 E Pinal Street	Florence	85132
12/8/2022	HCP/Informal	Maryvale Terrace	2:00PM-3:00PM	4545 N. Maryvale Pkwy	Phoenix	85031
12/14/2022	HCP/ Informal	Escalante Community Center	10:00AM-11:00AM	2150 E Orange St	Tempe	85281
12/14/2022	HCP/Informal	Mobile Food pantry-CPLC	7:00AM-9:00AM	6850 W. Indian School Rd.	Phoenix	85033
12/14/2022	HCP/Informal	Kachina Housing	11:00AM-12:00PM	316 N Ave A	Casa Grande	85122
12/15/2022	HCP/Informal	Superior Senior Center	10:30AM-11:30AM	360 W Main St	Superior	85173
12/15/2022	HCP/Informal	Tolleson Senior Center	8:30AM-9:30AM	9555 W. Van Buren St	Tolleson	85353
12/20/2022	HCP/Informal	Washington Manor	10:00AM-11:00AM	1123 E Monroe St	Phoenix	85034
12/21/2022	HCP/Informal	Casa Grande Senior Center	12:15PM-1:15PM	404 E Florence Blvd	Casa Grande	85122
12/28/2022	HCP/Informal	Mobile Food pantry-CPLC	7:00AM-9:00AM	6850 W. Indian School Rd.	Phoenix	85033



When you receive your CAHPS survey from Medicare please complete and tell us your thoughts

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual survey which is used for rating a patient's health care experiences.

These surveys focus on healthcare quality and aspects of the healthcare experience that patients may find important.

CAHPS surveys help Health Choice Pathway use data to identify strengths and weaknesses, determine where we need to improve, and track progress over time.

2022 Medicare Experience Survey

MEDICARE SURVEY INSTRUCTIONS

This survey asks about you and the health care you received in the last six months. Answer each question thinking about yourself and the times you got health care in person, by phone or by video call. Please take the time to complete this survey. Your answers are very important to us. Please return the survey with your answers in the enclosed postage-paid envelope to SPH Analytics.

- If you changed your Medicare plan for 2022, answer the questions thinking about your experiences in the last 6 months of 2021.
- Answer all the questions by putting an "X" in the box to the left of your answer, like this:
 Yes
- Be sure to read all the answer choices given before marking your answer.
- You are sometimes told not to answer some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:
[→ If No, Go to Question 3]. See the example below:

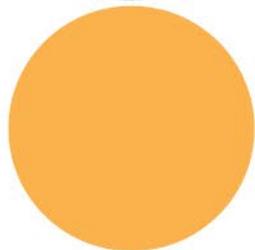
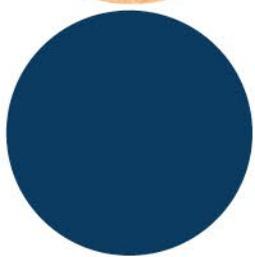
EXAMPLE

1. Do you wear a hearing aid now?
 Yes
 No → If No, Go to Question 3
2. How long have you been wearing a hearing aid?
 Less than one year
 1 to 3 years
 More than 3 years
 I don't wear a hearing aid
3. In the last 6 months, did you have any headaches?
 Yes
 No

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. This applies to both mandatory and voluntary collections of information. The valid OMB control number for this information collection is 0938-0732. The time required to complete this information collection is estimated to average 15 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C1-25-05, Baltimore, Maryland 21244-1850.



49433 OSP2022 08



Open Discussion



General Questions

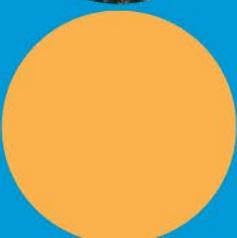
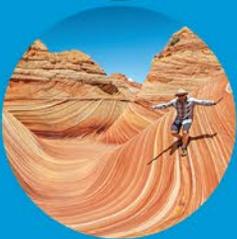
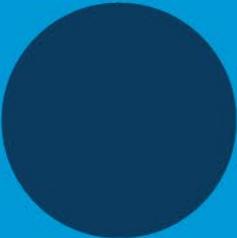
- Do you call Member Services? If so, were they helpful.
- Do you have any issues with your Providers?
- Are you able to schedule appointments with your providers?
- Are you able to get your prescriptions easily?



Any concerns or comments or questions?

- How can we better communicate with you
- Would you recommend your health plan to family and friends?
- On a scale of 1-10, how would you rate our health plan?





Next Meeting December 30th

CONTACT INFORMATION: HCHCOMMENTS@AZBLUE.COM



An Independent Licensee of the Blue Cross Blue Shield Association

Health
Choice

Health Choice Pathway HMO D-SNP is a Health Plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Health Choice Pathway HMO D-SNP depends on contract renewal.

Gifts have a nominal value (are worth no more than \$15) based on the fair market value of the item or less, with a maximum aggregate of \$75 per person, per year.