



Health
Choice

BCBSAZ Health Choice Pathway HMO D-SNP Member Advisory Committee Meeting (MAC)

1st Quarter
March 28, 2023



Agenda

- Behavioral Health Awareness Cara P.
- Renewing AHCCCS Benefits Ray S.
- CAHPs Surveys Ray S.
- BenefitsCheckUp[®] website Ray S.
- 2023 Flex Visa[®] Card Benefit Ray S.
- Community Events Ray S.
- Open Discussion All
 - 2024 Benefit Suggestions

Purpose



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.

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



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Behavioral Health Awareness

Kijuana Wright, Brianna Barrios, Jessica Rigler and Cara Park

Behavioral Health Awareness

- Are you aware of what benefits we have for mental health?
- Would you feel comfortable reaching out?
- If no, what would make you feel more comfortable?
- If needed, what resources would you or a family member feel most comfortable using?
 - General App resources (e.g., Better Help)
 - Telehealth (BlueCare Anywhere)
 - In-person Visits with mental health provider
 - Inpatient behavioral health
 - A crisis line



Provider Search

Find A Pharmacy or Doctor

The Health Choice Pathway Provider Directory is a listing of primary care physicians, specialists, hospitals, urgent care centers and other providers here to serve you. The directory is updated often, so please check our online search tool or call us if you need help finding a provider.

<https://providerdirectory.healthchoiceaz.com/Provider/ShowProviders/en/hcp>

PROVIDER SEARCH

Provider Type
No Preference ▾

Provider Specialty
No Preference ▾

Provider Name
Enter all or some of provider name

Please note: Either a "From Zip Code" or a "From Street/City/State" combination must be entered.

From Zip Code 5-digit zip	From Street Street name	City City name	State Select... ▾
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Distance*
5 Miles ▾

Accepting New Patients
No Preference ▾

Hospital Affiliations
No Preference ▾

Provider Language
No Preference ▾

Provider Gender
No Preference ▾

(*)Indicates a required field

SEARCH CLEAR



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Member Services and Crisis Resources

BCBSAZ Health Choice Pathway Member Services

1-800-656-8991 (TTY 711)

Crisis Hotline Information

If you or someone you know is experiencing a crisis, or need someone to talk to, these hotlines are free and available 24/7:

Arizona Statewide Crisis Hotline: 1-800-534-HOPE (4673)

National Suicide and Crisis Lifeline: 988

Veterans Crisis Line: 988, then press 1



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Additional Feedback

If you have any questions or would like to provide additional feedback, please email Cara Park at Cara.Park@azblue.com

Renewing AHCCCS Benefits

Ray Shackelford

Renewing AHCCCS Benefits

- Before the pandemic, Medicaid enrollees were required to update their eligibility information once per year. Once COVID-19 became a Public Health Emergency (PHE), checking renewal eligibility was put on a pause. That meant anyone on Medicaid during this time kept their coverage even, if no longer eligible.
- Language in a federal budget bill in December of 2022 included a stipulation that covering members was no longer related to the Public Health Emergency and states could go back to checking eligibility for Medicaid members.
- Arizona's Medicaid program, the Arizona Health Care Cost Containment System (AHCCCS), will resume checking renewal status starting on [April 1, 2023](#).

It is time to renew your AHCCCS (Medicaid) coverage!

Need assistance? We can help! BCBSAZ Health Choice Assistors can help you update your information with AHCCCS and check to see if you are still eligible. Keep your AHCCCS benefits by renewing on time. Call us at **1-844-390-8935, TTY: 711**. Assistors are available Monday through Friday, from 8 a.m. to 5 p.m. (except holidays).



¡Es hora de renovar su cobertura de AHCCCS (Medicaid)!

¿Necesita ayuda? ¡Podemos ayudar! Los asistentes de BCBSAZ Health Choice pueden ayudarlo a actualizar su información con AHCCCS y verificar si aún es elegible. Mantenga sus beneficios de AHCCCS renovando a tiempo. Llámenos al **1-844-390-8935, TTY: 711**. Asistentes están disponibles de lunes a viernes, de 8 a.m. a 5 p.m. (excepto días festivos).

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Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Ray Shackelford

What is CAHPS?

CAHPS = Consumer Assessment of Healthcare Providers and Systems

- Considered the national standard for measuring and reporting on consumers' experiences with health plans, providers and the services provided.
- CAHPS surveys measure the patients' perception of the quality received, such as the ease of access to providers and health care services and the patient/provider relationship, including the communication skills of physicians and practitioners.
- CAHPS Surveys are mailed by a third-party vendor to a select number of members February - May of each year.
- CAHPS surveys help BCBSAZ Health Choice Pathway use data to identify strengths and weaknesses, determine where we need to improve, and track progress over time



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Types of Member Satisfaction (CAHPS) Surveys

- Clinical or Group
- **Health Plan**
- Surgical Care
- ECHO (Behavioral Health)
- Dental Plan
- Home Health Care
- Home and Community-Based Services
- Outpatient and Ambulatory Survey

Facility Surveys:

- Hospital
- In-Center Hemodialysis
- Nursing Home
- Hospice

CAHPS Survey Letters

Initial Letter



**BlueCross
BlueShield**
Arizona
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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

**Centers for Medicare &
Medicaid Services**
c/o Survey Processing
PO Box 7314
South Bend, IN 46699

March 7, 2023

Dear [REDACTED]

This package contains an important survey from Medicare about your experiences with your Medicare health plan. We'd greatly appreciate you taking the time to answer and return this survey. Your feedback will improve Medicare services and help others like you choose a health plan.

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that administers the Medicare program. CMS uses the information from this survey to improve care and rate plans. You can learn more and see plan ratings online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) and in the "Medicare & You" handbook.

Your voice matters. The survey takes just a few minutes. Please return the survey in the enclosed pre-paid envelope. Participation is voluntary, and your information is kept private by law.

For questions about this survey, please call the survey organization working with Medicare toll-free at 1-833-931-0647, Monday - Friday from 8:00 am - 5:00 pm Eastern Standard Time.

Thank you for your help.

Sincerely,



Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-833-931-0647 de lunes a viernes entre las 8:00 am y 5:00 pm, Eastern Standard Time.

44204_EN_2_F_CVR1

Follow-up Letter



**BlueCross
BlueShield**
Arizona
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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE

**Centers for Medicare &
CAHPS Survey Letters**
c/o Survey Processing
PO Box 7314
South Bend, IN 46699

April 6, 2023

Dear [REDACTED]

We recently sent a survey asking for your feedback about your experiences with your Medicare health plan. **If you recently mailed us your survey, thank you! You don't need to do anything else.**

This is a friendly reminder that hearing from you is important to Medicare. We want to know about the care you received. We've included another copy of the survey for you. After you answer the survey, please return it in the enclosed pre-paid envelope.

We hope you'll take a few minutes to share your feedback about your Medicare health plan. Medicare will use your answers to improve care and help other people with Medicare choose a health plan.

We know your time is valuable and the survey takes only a few minutes to answer. Participation is voluntary, and your information is kept private by law.

For questions about this survey, please call the survey organization working with Medicare toll-free at 1-833-931-0647, Monday - Friday from 8:00 am - 5:00 pm Eastern Standard Time.

Sincerely,



Amy Larrick Chavez-Valdez
Director, Medicare Drug Benefit and C & D Data Group

Nota: Si le gustaría recibir una copia de la encuesta en español, por favor llame gratis al 1-833-931-0647 de lunes a viernes entre las 8:00 am y 5:00 pm, Eastern Standard Time.

44204_EN_3_F_CVR1

CAHPS Surveys

CAHPS Survey Questions:

- Rating of Plan
- Rating of Health Care
- Rating for Drug Plan
- Customer Service
- Getting Needed Care
- Getting Appointment and Care Quickly
- Getting Needed Prescription Drugs
- Annual Flu Vaccine
- Care Coordination

*See appendix for entire survey sample

SAMPLE

2023 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 Press Ganey Associates LLC.

- If you changed your Medicare plan for 2023, answer the questions thinking about your experiences in the last 6 months of 2022.
- Answer all the questions by filling in the circle 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 (expires 1/31/2025)**. 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.

continued...

SAMPLE

1

BenefitsCheckUp[®]

Ray Shackelford

BenefitsCheckUp[®] Website

- National Council on Aging (NCOA) and Blue Cross Blue Shield of Arizona are here to help you find federal, state, and private benefit programs in your area.

What Is BenefitsCheckUp[®]?

- BenefitsCheckUp[®] is the nation's most comprehensive online tool to connect older adults and people with disabilities to benefits. We'll make it easy to see if you may be eligible—and then help you find out where to apply online or how to get help from a benefits counselor.

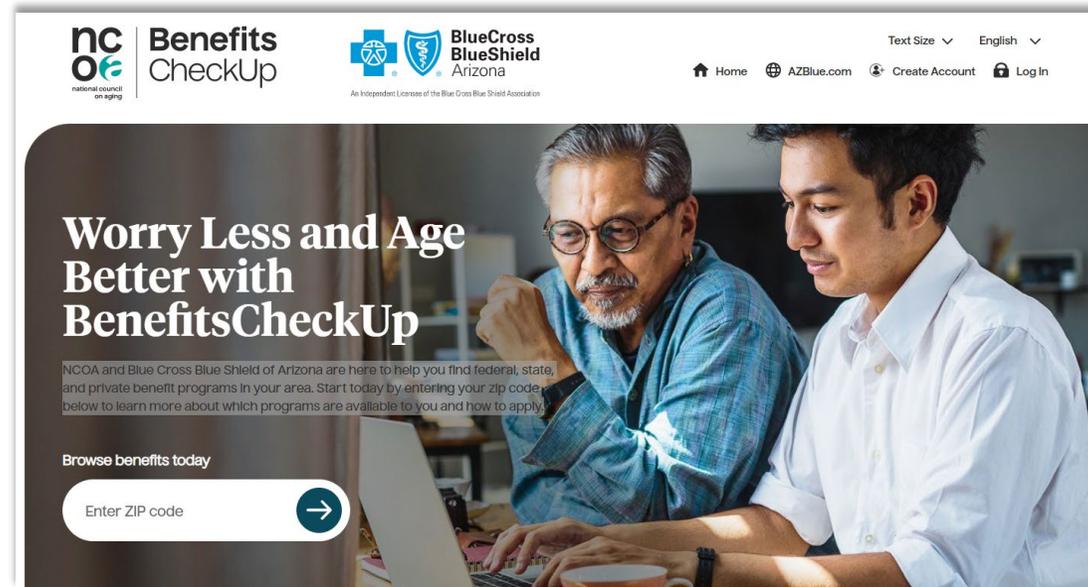


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BenefitsCheckUp® Website

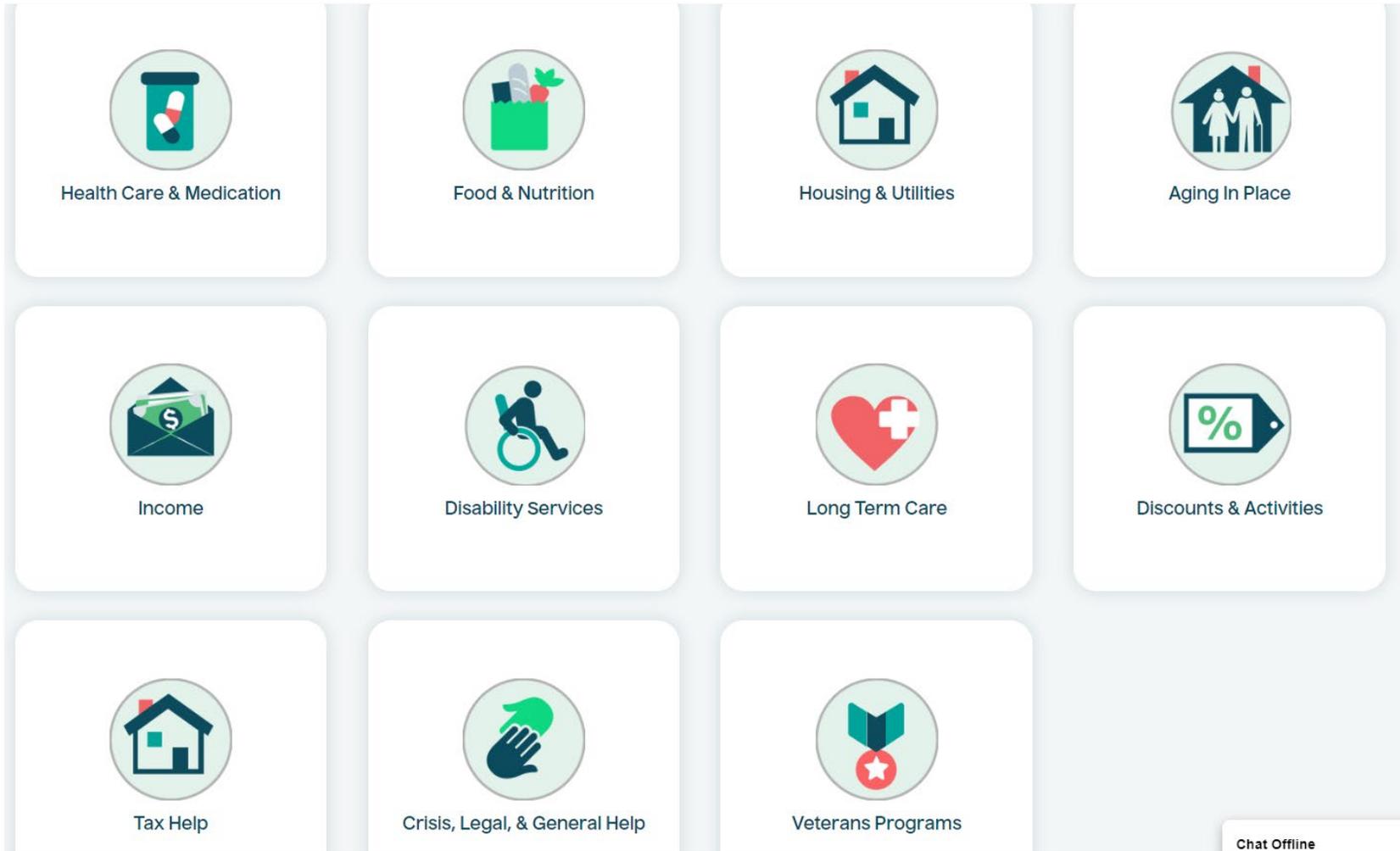
- Enter your zip code and learn more about which programs are available to you and how to apply.
- You can also create an account.

<https://bcbsaz.benefitscheckup.org>



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BenefitsCheckUp® Website



What type of benefit programs are you interested in?

Select each category to see what is available in your area.

2023 Visa® Flex Card Benefit

Ray Shackelford

Visa® Flex Card Benefit

Q: What is the Visa® Flex Card?

A: If you qualify, you will receive a Visa® card to purchase healthy food items, supplement your dental, vision and hearing benefits, receive housing and utility assistance, and/or receive your healthy rewards.

Q: When do I receive a Visa® card?

A: Once you qualify for one of the above benefits, your card will be sent to you. You do not need to activate your card.

Q: When do I received funds?

A: Once you qualify for a benefit, your card will automatically add the funds to the card.

Q: How do I check my balance?

A: To check balance, call 1-833-684-8472, TTY: 711 and enter your card number and date of birth (MMDDYY). Or login on-line at **mybenefitscenter.com** or download the OTC Network App .

Q: Where can I use my Visa® card?

A: The Visa card will only work at approved locations. Members can go to **mybenefitscenter.com** or download the OTC Network App to check their balance and view eligible items for purchase.



Visa® Flex Care – Healthy Food Benefit

Q: What is the Healthy Food Benefit?

A: You can receive \$30 or \$100 a month if they qualify for certain chronic conditions. Please review the Evidence of Coverage (EOC) on our website for a list of Chronic Conditions. If you qualify for both, you will receive \$100 maximum per month.

Q: What items can I purchase with the Food Benefit?

A: Only healthy food items will qualify. For a list of food items, refer to the Evidence of Coverage (EOC). You can also go to my **benefitsscenter.com** or download the OTC Network App to locate healthy food items.

Q: What items can I purchase with the Food Benefit?

A: Only healthy food items will qualify. For a list of food items, refer to the Evidence of Coverage (EOC). You can also go to my **benefitsscenter.com** or download the OTC Network App to locate healthy food items.

Q: When do I receive the funds?

A: If you don't have a Visa card, you will receive a card with the funds loaded on it once we receive the appropriate claim diagnosing you with a chronic condition. It takes 7-10 days from the time we pay your claim for funds to load. If you already have a card, funds will be loaded once we pay the claim.

Q: Do unused amounts rollover to the next month?

A: No. Unused amounts do not rollover. Make sure you use your funds during the month.



Visa® Flex Card Benefit – General Support for Living Housing & Utilities Benefit

Q: What is the General Support for Living Housing & Utilities benefit?

A: You can receive \$1,000 per year to help cover the cost of temporary lodging and certain utilities (electric, gas, sanitary, water, and/or telephone services) after an eligible inpatient stay.

Q: How do I qualify?

A: To qualify, you must be actively engaged with BCBSAZ Health Choice Pathway Care Management, including but not limited to completing a survey, assessment and creating a care plan with achievable goals, actionable interventions.

You must have 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.

Q: How do I obtain this benefit?

A: Reach out to Member Services and request a Care Management referral, if you do not have a Care Manager. If you have a Care Manager, Member Services will send the request to your Care Manager.

Q: What types of lodging are eligible?

A: Hotel/motel chains including Best Western, Hilton, Radisson, Sheraton, Motel 6, Travelodge, Residence Inn, and more. Your Care Manager can assist with finding you a location.



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Visa® Flex Card Benefit – General Support for Living Housing & Utilities Benefit

Q: What type of utilities are eligible?

A: Electric, gas, sanitary, water and/or telephone services.

Q: When will funds expire?

A: Any funds related to Housing & Utilities benefit will expire 12/31/2023.

Q: Do you receive a notification when funds are added to your Visa® card?

A: Yes, you will receive a letter notifying you that you have met criteria, the amount and that funds have been loaded on their Visa® card. If you have not received a card, the letter will also advise you that you will be receiving the Visa card in the mail.

Q: Can members use the housing benefit to help with rent or mortgage assistance?

A: These funds are NOT meant for rental/mortgage assistance, but rather for temporary lodging after a qualifying inpatient admission.

Q: Do utility bills have to be in the member's name to allow payment?

A: Yes, the funds are non-transferable.



Visa® Flex Card Benefit – Dental, Vision and Hearing Benefit

Q: What is the additional Dental, Hearing, and Vision Benefit?

A: You will earn a combined annual limit of \$1,000 to help reduce Members out-of-pocket expenses for dental, vision, and hearing services, as you see fit.

Q: How do I qualify to receive the \$1000?

A: Funds are applied after you have exhausted any one of your supplemental benefits (dental, hearing or vision), after which the Flex Card will be loaded with funds.

This benefit is not a replacement for your supplemental dental, vision, or hearing benefit.

Q: How do I receive the funds?

A: If you don't already have a card, you will receive a Visa Card with your funds loaded on it once your supplemental dental, vision, or hearing is exhausted. It takes 2-4 weeks from the time we receive your claim for funds to load. If you already have a card, funds will be loaded once we receive the claim.

Q: Will funds for the Housing & Utilities benefit expire?

A: Yes. Any funds related to Healthy Rewards will expire 12/31/2023.

Q: Do you receive a notification when funds are added to their Visa® Card?

A: Yes, you will receive a letter notifying you that you have meet criteria, the amount of the benefit and funds have been loaded on your Visa® card.



Visa® Flex Care – Healthy Rewards

Q: What is the Healthy Reward Benefit?

A: Members can earn \$25 or \$50 depending on what healthy behavior is completed.

Q: How much money can I earn?

A:

Earn **\$25** for each when you complete:

- Annual wellness visit, annual physical, or In-home Assessment.
- Colon cancer screenings (COL) for those 45 – 75 screening colonoscopy or opt for a mail-in test that you can do at home.
- Diabetic Eye Exam - Assesses adults 18–75 years of age with diabetes (type 1 and type 2)
- Health Risk Assessment (HRA) completion
- Attending the Member Advisory Committee

Earn **\$50** when you complete:

- Breast cancer screening (BCS) - mammogram.
- Osteoporosis Management (OMW) - Osteoporosis Management in Women (67–85 years) with fracture and had either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after the fracture. Only 2 per year.



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Visa® Flex Card Benefit – Healthy Rewards

Q: When are the funds added to the Visa® Card?

A: If you don't already have a card, you will receive a Visa® card with funds loaded on it once we receive the claim. It takes 2-4 weeks from the time we receive your claim for funds to load.

Q: Can you buy anything you want with the rewards funds?

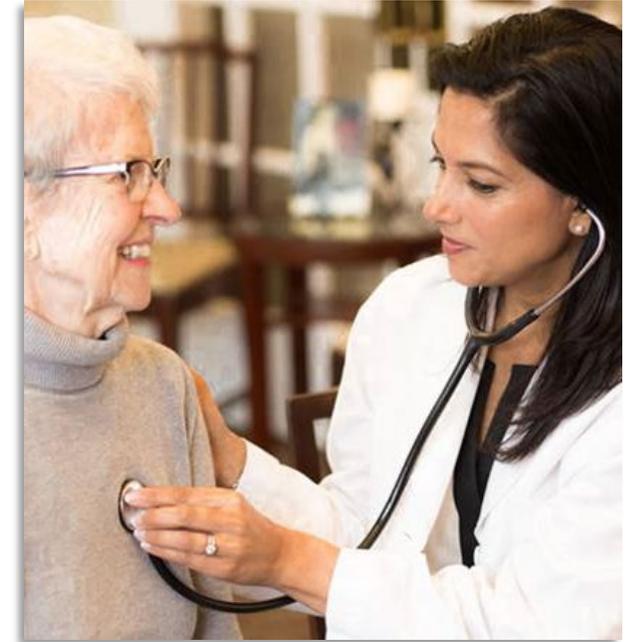
A: Spending limits apply to specific items or merchants with tens of millions of CMS-compliant items available to purchase in-store and online. Members can go to **mybenefitscenter.com** or download the OTC Network App to check their balance and view eligible items for purchase.

Q: Will the funds for Health Reward expire?

A: Yes. Any funds related to Healthy Rewards will expire 12/31/2023.

Q: Do you receive a notification when funds are added to their Visa® Card?

A: Yes, you will receive a letter notifying you of which reward you have earned, the amount of the reward and that funds have been loaded on your Visa® card.



MyBenefitCenter.com

Q: What Is MyBenefitCenter.com

A: You can view your card balance, search for products that are covered, and find participating store locations.

Q: Is there is an App?

A: Yes, you can scan codes, create a shopping list, pay by app, and more.

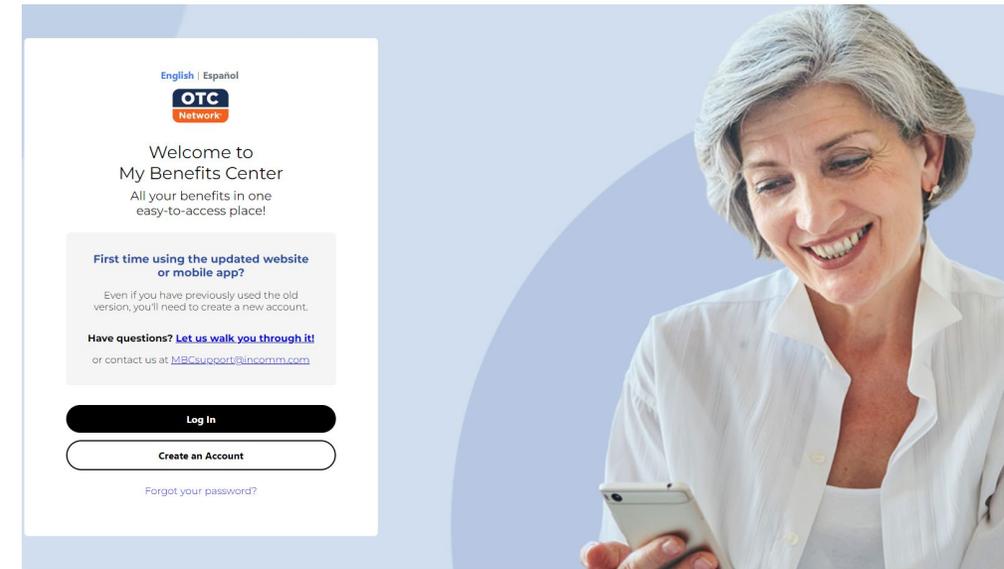
Q: How do I create an account on mybenefitcenter.com?

A: 1. Access the My Benefits Center application via your computer or mobile device

URL: [https:// mybenefitscenter.com/](https://mybenefitscenter.com/)

2. Select “Create an Account”
3. Enter email address that member would like to use for My Benefits Center
4. Click “Send Verification Code”
5. Enter Verification Code from the member’s email and select “Verify Code”
6. Create and enter a password with the following criteria: 8-16 characters, containing the following: Lowercase characters, uppercase characters, digits (0-9), and at least one symbol.
7. Confirm and reenter the password
8. Select “Create” to create the member’s new account

- Once you create an account, you can login by clicking on the login tab.
- Click on the Products tab and choose a benefit to search for products.



Community Events

Ray Shackelford

Community Events – April

Event Date	HC/HCP	Event Name	Event Time	Address	City	Zip Code
4/1/2023	HCA	Page Dental Event	8:00AM- 2:00PM	479 S. Lake Powell Blvd	Page	86040
4/3/2023	HCP/Informal	Beckett House	11:30AM-12:30PM	865 Cashemere Dr.	Lake Havasu	86404
4/4/2023	HCP/Informal	Florence Senior Center Healthy Bingo	10:00AM -11:00AM	330 E Pinal Street	Florence	85132
4/4/2023	HCA	Week of Young Child- First Thing First	3:00PM-5:00PM	W Main Street	Superior	85173
4/5/2023	HCP/ Informal	Mesa Senior Meadows	10:00AM-11:00AM	333 E. 6th St	Mesa	85201
4/6/2023	HCA	ASU Health Expo	4:00PM-7:00PM	400 E. Apache Blvd	Tempe	85282
4/7/2023	HCA/HCP Informal	Flagstaff Small Business & Community Health Fair	7:00AM-12:00PM	1702 SN 4th St	Flagstaff	86007
4/7/2023	HCA	Week of Young Child- First Thing First	3:00PM-5:00PM	28479 N Main St	San Tan Valley	85143
4/7/2023	HCA	DMG CRS Spring Celebration	9:00AM-11:30AM	3141 N 3rd Ave	Phoenix	85013
4/12/2023	HCP/Informal	Escalante Senior Center	10:00AM-11:00AM	2150 E Orange St	Tempe	85281
4/12/2023	HCP/Informal	Mobile Food pantry-CPLC	7:00AM-9:00AM	6850 W. Indian School Rd.	Phoenix	85033
4/12/2023	HCA	2023 Treatment Court Conference	7:00AM-5:00PM	1500 State Route 69	Prescott	86301
4/13/2023	HCA	2023 Treatment Court Conference	7:00AM-5:00PM	1500 State Route 69	Prescott	86301
4/13/2023	HCP/Informal	Maryvale Terrace	2:00PM-3:00PM	4545 N. Maryvale Pkwy	Phoenix	85031
4/14/2023	HCA	2023 Treatment Court Conference	7:00AM-12:00PM	1500 State Route 69	Prescott	86301
4/15/2023	HCP/HCA	RAZE Resource Fair	9:00AM-1:00PM	1115 N Brown Ave	Casa Grande	85122
4/18/2023	HCP/Informal	Eloy Senior Center	10:30AM-11:30AM	3650 W Shedd RD	Eloy	85131
4/18/2023	HCP/Formal	Winslow Manor	10:00AM-11:00AM	901 West Desmond	Winslow	86047
4/18/2023	HCA	AACHC Conference	7:30AM-4:00PM	7700 E. McCormick Pkwy	Scottsdale	85258
4/19/2023	HCA	AACHC Conference	7:30AM-1:00PM	7700 E. McCormick Pkwy	Scottsdale	85258
4/19/2023	HCP/Informal	Casa Grande Senior Center	12:15PM-1:15PM	404 E Florence Blvd	Casa Grande	85122
4/19/2023	HCA	ACMF Symposium	8:00AM-5:00PM	4340 E Cotton Center Blvd	Phoenix	85040
4/19/2023	HCA	TAPI Brightest Stars Ceremony	5:00PM-7:30PM	263 N Center St	Mesa	85201
4/20/2023	HCA	ACMF Symposium	8:00AM-4:30PM	4340 E Cotton Center Blvd	Phoenix	85040
4/20/2023	HCP/Informal	Superior Senior Center	10:30AM-11:30AM	360 W Main St	Superior	85173
4/24/2023	HCP/Informal	Phoenix Senior Opportunities	10:00AM-11:00AM	Virtual	Phoenix	85007
4/25/2023	HCA	Self Care for Caregivers Conference	8:00AM-5:00PM	4340 E Cotton Center Blvd	Phoenix	85040
4/25/2023	HCP/Informal	Washington Manor	10:00AM-11:00AM	1123 E Monroe St	Phoenix	85034
4/26/2023	HCP/Informal	Mobile Food pantry-CPLC	7:00AM-9:00AM	6850 W. Indian School Rd.	Phoenix	85033
4/26/2023	HCP/Informal	Bullhead City Senior Campus	10:00PM-11:00AM	2275 Trane Rd.	Bullhead City	86442
4/26/2023	HCP/Informal	Coolidge Adult Center	12:30PM-1:30PM	250 S 3rd St	Coolidge	85128
4/27/2023	HCA/HCP Informal	North County Grand Canyon Event	8:00AM-1:00PM	1 Clinic Rd	Grand Canyon Village	86023
4/29/2023	HCA	Ahoy to Summer Aweigh to Health	11:00AM-2:00PM	1702 N. 4th Street	Flagstaff	86004

Community Events – May & June

Event Date	HC/HCP	Event Name	Event Time	Address	City	Zip Code
May						
5/2/2023	HCP/Informal	Florence Senior Center Healthy Bingo	10:00AM -11:00AM	330 E Pinal Street	Florence	85132
5/9/2023	HCP/Informal	Nourish Phoenix	9:00AM-11:00AM	501 S 9th Ave.	Phoenix	85007
5/10/2023	HCP/Informal	Escalante Senior Center	10:00AM-11:00AM	2150 E Orange St	Tempe	85281
5/10/2023	HCA	Adelante Baby Shower	TBD	9610 N Metro Pkwy	Phoenix	85051
5/10/2023	HCP/Informal	Mobile Food pantry-CPLC	7:00AM-9:00AM	6850 W. Indian School Rd.	Phoenix	85033
5/16/2023	HCP/Informal	Washingon Manor	10:00AM-11:00AM	1123 E Monroe St	Phoenix	85034
5/16/2023	HCP/Informal	Eloy Senior Center	10:30AM-11:30AM	3650 W Shedd RD	Eloy	85131
5/17/2023	HCP/Informal	Mesa Senior Meadows	10:00AM-11:00AM	333 E. 6th St	Mesa	85201
5/17/2023	HCP/Informal	Casa Grande Senior Center	12:15PM-1:15PM	404 E Florence Blvd	Casa Grande	85122
5/18/2023	HCP/Informal	Tolleson Senior Center	8:30AM-9:30AM	9055 W. Van Buren St	Tolleson	85353
5/18/2023	HCP/Informal	Superior Senior Center	10:30AM-11:30AM	360 W Main St	Superior	85173
5/20/2023	HCA	Kid's Day	9:00AM-1:00PM	3801 Santa Rosa Dr.	Kingman	86401
5/22/2023	HCP/Informal	Phoenix Senior Opportunities	10:00AM-11:00AM	Virtual	Phoenix	85007
5/24/2023	HCP/Informal	Mobile Food pantry-CPLC	7:00AM-9:00AM	6850 W. Indian School Rd.	Phoenix	85033
5/24/2023	HCP/Informal	Bullhead City Senior Campus	10:00AM-11:00AM	2275 Trane Rd.	Bullhead City	86442
5/24/2023	HCP/Informal	Coolidge Adult Center	12:30PM-1:30PM	250 S 3rd St	Coolidge	85128
5/25/2023	HCA	EPSDT Colorado River Pediatrics	8:30AM-12:00PM	1611 Joy LN. #2	Fort Mohave	86426
June						
6/3/2023	HCA	Flagstaff Dentistry For Kids	8:00AM-12:00PM	710 N Beaver St Bld #2	Flagstaff	86001
6/6/2023	HCA	48th Annual Arizona Rural Health Conference	TBD	201 West Butler Ave	Flagstaff	86001
6/7/2023	HCA	48th Annual Arizona Rural Health Conference	TBD	201 West Butler Ave	Flagstaff	86001
6/24/2023	HCA	World Refugee Day	TBD	1202 W. Thomas Rd	Phoenix	85013

Open Discussion

Open Discussion



General Questions

- Any feedback on 2023 benefits?
- Any suggestions on 2024 benefits?
- Have you had any trouble or issues in getting the care, tests, or treatment you needed?
- Have you had any trouble or issues getting an appointment to see a doctor as soon as you needed?
- Have you been able to get the medications your doctor prescribed?



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?

Appendix

CAHPS Survey Sample

SAMPLE

2023 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 Press Ganey Associates LLC.

- If you changed your Medicare plan for 2023, answer the questions thinking about your experiences in the last 6 months of 2022.
- Answer all the questions by filling in the circle 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 (expires 1/31/2025)**. 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.

continued...



10211963

Thank you.

Please return the completed survey in the postage-paid envelope.
Survey Processing Department Press Ganey
PO Box 7314 South Bend, IN 46699

Contract Name:

You may also know your plan by one of the following:



123456789-1
Precode 1
Precode 2
Precode 3

8

123456789

CL#44204-DM0101-00-02/23

1

SAMPLE



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Health
Choice



10211563

- Our records show that in 2022 your health services were covered by the plan named on the back page. Is that right?
 Yes → **If Yes, Go to Question 3**
 No
- Please write below the name of the health plan you had in 2022 and complete the rest of the survey based on the experiences you had with that plan. (Please print)

YOUR HEALTH CARE IN THE LAST 6 MONTHS

- In the last 6 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
 Yes
 No → **If No, Go to Question 5**
- In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
 Never
 Sometimes
 Usually
 Always
- In the last 6 months, did you make any appointments for a check-up or routine care at a doctor's office or clinic?
 Yes
 No → **If No, Go to Question 7**
- In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?
 Never
 Sometimes
 Usually
 Always
- In the last 6 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?
 None → **If None, Go to Question 9**
 1 time
 2
 3
 4
 5 to 9
 10 or more times

- Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?
 Never
 Sometimes
 Usually
 Always
- Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?
 0 Worst health care possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best health care possible

CAHPS Survey Letters

- In the last 6 months, how often was it easy to get the care, tests or treatment you needed?
 Never
 Sometimes
 Usually
 Always

YOUR PERSONAL DOCTOR

- A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?
 Yes
 No → **If No, Go to Question 27**
- In the last 6 months, how many times did you visit your personal doctor to get care for yourself?
 None → **If None, Go to Question 27**
 1 time
 2
 3
 4
 5 to 9
 10 or more times

SAMPLE

continued...

2

123456789

SAMPLE

- Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
 Every day
 Some days
 Not at all → **If Not at all, Go to Question 61**
 Don't know → **If Don't know, Go to Question 61**
- In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?
 Never
 Sometimes
 Usually
 Always
 I had no visits in the last 6 months
- What is the highest grade or level of school that you have completed?
 8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or 2-year degree
 4-year college graduate
 More than 4-year college degree
- Are you of Hispanic or Latino origin or descent?
 Yes, Hispanic or Latino
 No, not Hispanic or Latino
- What is your race? Please mark one or more.
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

- How many people live in your household now, including yourself?
 1 person
 2 to 3 people
 4 or more people
- Do you ever use the internet at home?
 Yes
 No
- May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care?
 Yes
 No
- Did someone help you complete this survey?
 Yes
 No → **Thank you. Please return the completed survey in the postage-paid envelope.**
- How did that person help you? Please mark one or more.
 Read the questions to me
 Wrote down the answers I gave
 Answered the questions for me
 Translated the questions into my language
 Helped in some other way

Thank you.

Please return the completed survey in the postage-paid envelope.
Survey Processing Department Press Ganey
PO Box 7314 South Bend, IN 46699

continued...

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Appendix - CAHPS Survey Sample



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Health Choice



10211563

25. In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?
 Yes
 No → **If No, Go to Question 27**
26. In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
 Yes, definitely
 Yes, somewhat
 No

GETTING HEALTH CARE FROM SPECIALISTS

27. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is your personal doctor a specialist?
 Yes → **If Yes, Please include your personal doctor as you answer these questions about specialists**
 No
 I do not have a personal doctor
28. In the last 6 months, did you make any appointments to see a specialist?
 Yes
 No → **If No, Go to Question 33**
 Someone else made my specialist appointments for me
29. In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
 Never
 Sometimes
 Usually
 Always
30. How many specialists have you seen in the last 6 months?
 None → **If None, Go to Question 33**
 1 specialist
 2
 3
 4
 5 or more specialists

4

123456789

continued...

SAMPLE

31. We want to know your rating of the specialist you saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?
 0 Worst specialist possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best specialist possible
32. In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?
 Never
 Sometimes
 Usually
 Always
 I do not have a personal doctor
 I did not visit my personal doctor in the last 6 months
 My personal doctor is a specialist

YOUR HEALTH PLAN

33. In the last 6 months, did you get information or help from your health plan's customer service?
 Yes
 No → **If No, Go to Question 36**
34. In the last 6 months, how often did your health plan's customer service give you the information or help you needed?
 Never
 Sometimes
 Usually
 Always
35. In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?
 Never
 Sometimes
 Usually
 Always

SAMPLE

36. In the last 6 months, did your health plan give you any forms to fill out?
 Yes
 No → **If No, Go to Question 38**
37. In the last 6 months, how often were the forms from your health plan easy to fill out?
 Never
 Sometimes
 Usually
 Always
38. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?
 0 Worst health plan possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best health plan possible
39. A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)?
 Yes
 No
 I am not sure
 I do not have a co-pay
 I do not have a health condition
 I was offered a lower co-pay for another reason
40. Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)?
 Yes
 No
 I am not sure
 I do not have a health condition
 I was offered extra benefits for another reason

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continued...

YOUR PRESCRIPTION DRUG PLAN

Now we would like to ask you some questions about the prescription drug coverage you get through your prescription drug plan.

41. In the last 6 months, did anyone from a doctor's office, pharmacy or your prescription drug plan contact you:

	Yes	No
a. To make sure you filled or refilled a prescription?	<input type="radio"/>	<input type="radio"/>
b. To make sure you were taking medicine as directed?	<input type="radio"/>	<input type="radio"/>
42. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?
 Never
 Sometimes
 Usually
 Always
 I did not use my prescription drug plan to get any medicines in the last 6 months
43. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?
 Yes
 No → **If No, Go to Question 45**
44. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?
 Never
 Sometimes
 Usually
 Always
 I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months
45. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?
 Yes
 No → **If No, Go to Question 47**
 I am not sure if my drug plan offers prescriptions by mail → **Go to Question 47**

Appendix - CAHPS Survey Sample



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Health
Choice



46. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?
- Never
 - Sometimes
 - Usually
 - Always
 - I did not use my prescription drug plan to fill a prescription by mail in the last 6 months
 - I am not sure if my drug plan offers prescriptions by mail
47. Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan?
- 0 Worst prescription drug plan possible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Best prescription drug plan possible

ABOUT YOU

48. In general, how would you rate your overall health?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
49. In general, how would you rate your overall mental or emotional health?
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
50. In the last 6 months, did you spend one or more nights in a hospital?
- Yes
 - No
51. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?
- Yes
 - No
 - My doctor did not prescribe any medicines for me in the last 6 months

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123456789

continued...

SAMPLE

52. In the last 6 months, did you receive any mail order medicines that you did not request?
- Yes
 - No
 - Don't know
53. Has a doctor ever told you that you had any of the following conditions?
- | | <u>Yes</u> | <u>No</u> |
|---|-----------------------|-----------------------|
| a. A heart attack? | <input type="radio"/> | <input type="radio"/> |
| b. Angina or coronary heart disease? | <input type="radio"/> | <input type="radio"/> |
| c. Hypertension or high blood pressure? | <input type="radio"/> | <input type="radio"/> |
| d. Cancer, <u>other than skin cancer</u> ? | <input type="radio"/> | <input type="radio"/> |
| e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? | <input type="radio"/> | <input type="radio"/> |
| f. Any kind of diabetes or high blood sugar? | <input type="radio"/> | <input type="radio"/> |
54. Do you have serious difficulty walking or climbing stairs?
- Yes
 - No
55. Do you have difficulty dressing or bathing?
- Yes
 - No
56. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?
- Yes
 - No
57. Have you had a flu shot since July 1, 2022?
- Yes
 - No
 - Don't know
58. Have you ever had one or more pneumonia shots? Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine.
- Yes
 - No
 - Don't know

SAMPLE

13. In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- Never
 - Sometimes
 - Usually
 - Always
14. In the last 6 months, how often did your personal doctor listen carefully to you?
- Never
 - Sometimes
 - Usually
 - Always
15. In the last 6 months, how often did your personal doctor show respect for what you had to say?
- Never
 - Sometimes
 - Usually
 - Always
16. In the last 6 months, how often did your personal doctor spend enough time with you?
- Never
 - Sometimes
 - Usually
 - Always
17. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?
- 0 Worst personal doctor possible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Best personal doctor possible
18. In the last 6 months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
- Never
 - Sometimes
 - Usually
 - Always

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continued...

19. In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?
- Yes
 - No → **If No, Go to Question 22**
20. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- Never → **If Never, Go to Question 22**
 - Sometimes
 - Usually
 - Always
21. In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?
- Never
 - Sometimes
 - Usually
 - Always
22. In the last 6 months, did you take any prescription medicine?
- Yes
 - No → **If No, Go to Question 24**
23. In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking?
- Never
 - Sometimes
 - Usually
 - Always
24. In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?
- Yes
 - No → **If No, Go to Question 27**

Appendix - CAHPS Survey Sample



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Health Choice



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Health
Choice