



2024 Quality Program Report Card

Data for Measurement Year 2023

The Premera Quality Program's Commitment to You, Our Customer

Premera's purpose is to improve customers' lives by making healthcare work better. We are focused on improving the health of and increasing the value to our customers by driving positive change in the healthcare space. To achieve this, we focus on addressing the four customer problems: appropriateness, underuse, experience, and cost.

Solving these problems for our customers requires innovation and a structured approach. We use data and analytics to build programs that lead to lower cost, better care, and improved customer experience. We align our resources and structure to operate as efficiently as possible and always remain open to new ideas that will solve our customers' four biggest problems. We constantly scan the market for innovations developed outside of our walls and work to implement these when they are better than our own. We believe in breaking down barriers and moving from innovation to implementation with intensive monitoring to ensure programs achieve their intended objectives.

Premera views quality standards as a starting point. We conduct uniform quality assessments through consistent national measures aligned with industry-recognized standards and market-specific measures that address local care gaps. Key areas addressed include appropriateness to reduce harm and waste, best practice adherence to support guideline-based treatment, health management to promote preventive care, and outcomes to measure effective care delivery. Quality criteria and measurement will evolve to continually influence better care delivery.

Quality Program Purpose

The Quality Program delivers on Premera's purpose by measuring the quality of healthcare, identifying areas for improvement, and driving efforts to improve the experience and health outcomes for our customers. We measure how effectively we are achieving the Premera purpose, highlighting where to focus our efforts, and solving the four customer problems. Quality Program initiatives are designed to improve organizational effectiveness and support the Premera Purpose, the Strategic Imperatives, Health Care Services Strategic Plan, and the Quality Program Strategic Business Priorities.

Healthcare quality is primarily focused on providing the right care, to the right individual, at the right time, and in the right place. Our Quality Program empowers customers and providers in a comprehensive and meaningful way. The Quality Program creates and administers member engagement initiatives that encourage customers to be active participants in their healthcare. We partner with our providers and the healthcare delivery system to support customers' empowerment. We do this by regularly delivering patient-specific information on opportunities for care, clinical best practices, and customer feedback to providers.

Quality Program Philosophy

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The Quality Program is responsible for the accreditation process for Premera products, as well as annually reporting quality metric data for applicable rating systems. Additionally, the program uses these indicators to develop and deploy programs for our customers that improve health, safety, cost, simplicity, and ease our customers' experience.

How Do We Measure Up?

We are dedicated to bringing the best value in quality and cost to our health plans in Washington. We use nationally recognized and accepted metrics and benchmarks to measure our success in delivering high-quality, affordable healthcare to our customers. Our current results include:

- **Accreditation Standards:** We participate in the National Committee for Quality Assurance (NCQA) accreditation process. Health Plan Accreditation is an evaluative, rigorous, transparent, and comprehensive process by trained external peers to examine a health care organization's systems, processes, and performance by an impartial external organization. In order to earn accreditation, plans must do well on an extensive set of standards: Quality Management and Improvement, Utilization Management, Credentialing and Recredentialing, Member Experience, Network Management, Population Health Management, and Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) performance measures. Health plans accredited by NCQA demonstrate their commitment to delivering high-quality care through one of the most comprehensive evaluations in the industry, and the "only" assessment that bases results on clinical performance and consumer experience.

Your health plan is NCQA-accredited. We ensure our entire organization meets all NCQA standards. Meeting these standards translates to delivering on our commitment to you, our customer.

- **Regular Reporting of Quality Metrics:** We generate effectiveness, appropriateness, and cost metrics each month to identify customized opportunities for your health care needs. Our objective is to be an industry leader in leveraging your opportunities for the right care at the right time.
- **Performance Measurements:** A registered trademark of NCQA, the HEDIS survey is a performance measurement tool used by health plans to reliably compare how health plans perform on important dimensions of care and service. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS measurement makes it possible to compare performance on an "apples-to-apples" basis to national benchmarks in over 90 measures across seven domains of care.
- **Regular Reporting of Customer Satisfaction Metrics:** We annually monitor your satisfaction through the nationally recognized CAHPS customer experience survey. Additionally, we integrate regularly received indicators from a variety of other sources, such as direct customer feedback via our customer experience survey and Premera Listens.

The CAHPS survey asks consumers and patients to report on and evaluate their experiences with health care. CAHPS covers topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services. CAHPS was developed to provide standardized information on the health care experiences of consumers. Users of this information include the Centers for Medicare & Medicaid Services, NCQA, and Veterans Health Administration. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

- **Why do HEDIS and CAHPS matter?** Our HEDIS and CAHPS performance is linked to several other objective health care evaluations, which are used by national and regional quality programs. HEDIS and CAHPS are components of NCQA Health Plan Accreditation. HEDIS measures are a representation of how Premera is caring for our customers health in areas such as preventative screenings, clinical effectiveness in maternity, behavioral health, respiratory, cardiovascular, and diabetes care. HEDIS also looks at efficiency, affordability, and utilization. The CAHPS survey reflects how customers of Premera feel about their experience using their health plan and its providers.

For detailed HEDIS and CAHPS results please refer to the tables on the following pages.

Quality Measure Reports: HEDIS Results | Measurement Year 2023

NA - Denotes population too small to provide ratings

Measure	Our Rate	Description
Prevention – Checking for Cancer		
BCS-E Breast Cancer Screening	69.52%	Women 50–74 years of age who had a biennial mammogram to screen for breast cancer.
CCS Cervical Cancer Screening	74.81%	Women 21–64 years of age who had a cervical cytology (pap smear) performed within the last three (3) years, or women ages 30–64 that had pap smear/human papillomavirus (HPV) co-testing performed within the last 5 years or women 30-64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) contesting within the last 5 years.
COL Colorectal Cancer Screening	60.82%	Adults 45–75 years of age who have had one or more appropriate screenings for colorectal cancer (CRC).
Prevention – Staying Healthy (Adult)		
CHL Chlamydia Screening in Women	45.29%	Women ages 16–24 who are sexually active and who were screened for chlamydia.
AIS-E Adult Immunization Status		This measure assesses the percentage of members 19 years and older who are up to date on recommended routine vaccinations.
Influenza	22.09%	Who received an influenza vaccine
Td/Tdap	37.68%	Who received a Td/Tdap vaccine
Zoster	24.64%	Who received a zoster vaccine
Pneumococcal	69.77%	Who received a pneumococcal vaccine
Prevention – Staying Healthy (Child)		
WCC Weight Assessment and Counseling for Nutrition & Physical Activity for Children / Adolescents		Percentage of members 3–17 who had an outpatient visit with a primary care practitioner (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.
BMI percentile	73.25%	Evidence of BMI percentile documentation

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Measure	Our Rate	Description
CIS Childhood Immunizations – Combo 10	52.72%	Two-year old's who have received the appropriate immunizations/vaccinations: four diphtheria-tetanus-acellular pertussis (DTAP); three polio (IPV); one measles, mumps, and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV) or history of chicken pox illness; four doses of pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.
IMA Immunizations for Adolescents – Combo 2	36.18%	Adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series (at least two doses) by their 13 th birthday
Prevention – Maternity Care		
PPC Prenatal and Postpartum Care		The percentage of live birth deliveries on or between October 8 of the year prior and October 7 of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care.
Timeliness of Prenatal Care	72.99%	The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
Postpartum Care	72.99%	Women who had a live birth and who had a postpartum visit on or between 7 and 84 days after delivery.
PRS-E Prenatal Immunization Status	36.01%	This measure assesses the percentage of deliveries in the Measurement Period in which members had received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.
Clinical Effectiveness – Behavioral Health		
AMM Antidepressant Medication Management		Members who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.
Effective Acute Phase	74.61%	The percentage of members with major depression who were initiated on an antidepressant drug and who received an adequate acute-phase trial of medications (three months).

Quality Measure Reports: HEDIS Results | Measurement Year 2023

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Measure	Our Rate	Description
Effective Continuation Phase	58.58%	The percentage of members with major depression who were initiated on an antidepressant drug and who completed a period of continuous medication treatment (six months).
ADD Follow-Up Care for Children Prescribed ADHA Medication		Assessing follow-up care for children 6–12 years of age prescribed an attention deficit/hyperactivity disorder (ADHD) medication.
Initiation Phase	26.76%	Children who had at least one follow-up visit within 30 days of receiving the initial prescription.
Continuation & Maintenance Phase	32.12%	Children who remained on the medication for at least 210 days and had at least two follow-up visits within 270 days (9 months) of receiving the initial prescription.
APM Metabolic Monitoring for Children and Adolescents on Antipsychotics		The percentage of members ages 1-17 years of age who had two or more antipsychotic prescriptions and had metabolic monitoring. Three rates are reported for children and adolescents on antipsychotics who:
Total Blood Glucose testing	54.64%	Received blood glucose testing
Total Cholesterol testing	34.55%	Received cholesterol testing
Total Blood Glucose and Cholesterol testing	32.77%	The total rate of the two tests
FUH Follow-Up After Hospitalization for Mental Illness		Children and adults (6 years of age and older) who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner.
Follow up visit within 7 days of discharge	18.17%	After discharge from the hospital for mental illness
FUM Follow-Up After Emergency Department Visit for Mental Illness		This measure assesses the percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.
Follow-up within 7 days	45.55%	The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

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Measure	Our Rate	Description
FUA Follow-Up After Emergency Department Visit for Substance Abuse		This measure assesses the percentage of ED visits for members 13 years and older with a principal diagnosis of substance use disorder (SUD) or any diagnosis of unintentional drug overdose, with a follow up visit.
Follow-up within 7 days	19.58%	The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).
FUI Follow-Up after High-Intensity Care for Substance Use Disorder		This measure assesses the percentage of acute inpatient hospitalizations, residential treatment, or detoxification visits for a diagnosis of substance use disorder among members 13 years and older that result in a follow-up visit or service for substance use disorder.
Follow-up within 7 days	40.69%	The percentage of visits or discharges for which the member received follow-up for substance use disorder within the 7 days after the visit or discharge.
SAA Adherence to Antipsychotic Medications for Individuals with Schizophrenia	65.67%	This measure assesses the percentage of members with schizophrenia or schizoaffective disorder who were 18 years and older during the measurement year and were dispensed and remained on an antipsychotic medication for at least 80% of the treatment period.
POD Pharmacotherapy for Opioid Use Disorder	29.37%	This measure assesses the percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members ages 16 and older with a diagnosis of OUD.
Clinical Effectiveness – Respiratory		
AMR Asthma Medication Ratio	82.97%	Members ages 5–64 years, who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.
PCE Pharmacotherapy Management of COPD Exacerbation		The percentage of COPD exacerbations for adults 40 years of age and older who had an acute inpatient discharge or emergency department (ED) visit during the measurement year and who were dispensed appropriate medications.
Systemic Corticosteroid	76.27%	Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
Bronchodilator	79.11%	Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

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Measure	Our Rate	Description
CWP Appropriate Testing for Pharyngitis	79.21%	Members three (3) years and older, who were diagnosed with pharyngitis, dispensed an antibiotic at an outpatient visit and received a group A strep test. A higher rate indicates better performance (i.e., appropriate testing).
Clinical Effectiveness – Cardiovascular Conditions		
CBP Controlling High Blood Pressure	59.66%	Adults ages 18–85 who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90) during the measurement year.
SPC Statin Therapy for Patients with Cardiovascular Disease		Adult males ages 21–75 and females ages 40-75 during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the criteria as listed below.
Received Statin Therapy	83.47%	Those that were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.
Statin Adherence 80%	81.18%	Those who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.
Clinical Effectiveness – Diabetes		
HBD Hemoglobin A1c Control for Patients with Diabetes		Adults ages 18–75 with diabetes whose hemoglobin was at the following levels during the measurement year.
HbA1c Control	52.10%	Those members whose most recent HbA1c result in the measurement year was (<8%)
EED Retinal or Dilated Eye Exams for Diabetics	50.61%	Adults ages 18–75 with diabetes (type 1 and 2) who had a retinal eye exam by an eye care professional in the measurement year or a negative eye exam the year prior.
BPD Blood Pressure Control for Diabetics	64.66%	Adults ages 18–75 with diabetes (type 1 and 2), whose blood pressure (BP) was controlled (<140/90 mm Hg) during the measurement year.
KED Kidney Health Evaluation for Patients with Diabetes	48.42%	The percentage of members ages 18-85 with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin creatinine ratio (uACR) during the measurement year.
SPD Statin Therapy for Patients with Diabetes		This measure assesses the percentage of members 40-75 years of age with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

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Measure	Our Rate	Description
Received	64.64%	Received statin therapy. Members who were dispensed at least one statin medication of any intensity.
Adherence	75.87%	Statin adherence 80%. Members who remained on a statin medication of any intensity for at least 80% of the treatment period.
Access, Efficiency, Affordability and Utilization		
LBP Use of Imaging Studies for Low Back Pain	76.11%	This measure assesses whether imaging studies are overused to evaluate adults ages 18-75 years with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, or CT scan) within 28 days of the diagnosis.
URI Appropriate Treatment for Upper Respiratory Infection	88.25%	Members 3 months and older who with a diagnosis of upper respiratory infection (URI) at any outpatient, telephone, observation or ED visit, e-visit, or virtual check-in and did not receive an antibiotic dispensing event.
AAB Avoidance of Antibiotic Treatment for Acute Bronchitis	57.64%	Members 3 months and older with a diagnosis of acute bronchitis/bronchiolitis who were not dispensed an antibiotic prescription.
EDU Emergency Department Utilization <i>Lower percentage is better.</i>	NA	Adults 18 years of age and older; the risk-adjusted ratio of observed to expected ED visits during the measurement year.
PCR Plan All-Cause Readmissions <i>Lower percentage is better.</i>	NA	This measure assesses the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days for members 18 years of age and older.
RDM Race/Ethnicity Diversity of Membership	NA	This measure reports the number and percentage of members enrolled at any time during the measurement year, by race and ethnicity. Sincer there are varying classification schemes for race and Hispanic origin, the measure is intended to standardize the format of collection and reporting of race/ethnicity.
AHU Acute Hospital Utilization	NA	For members 18 years of age and older, this measure assesses the risk-adjusted ratio of observed to expected acute inpatient and observation stay discharges during the measurement year.

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Measure	Our Rate	Description
AAP Adults' Access to Preventive/Ambulatory Health Services	94.30%	This measure looks at whether adult members 20 years and older receive preventive and ambulatory services from the organization. It looks at the percentage of members who have had a preventive or ambulatory visit to their physician.
APP Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	60.58%	This measure assesses the percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.
IET Initiation and Engagement of Substance Use Disorder Treatment		Adolescents and adults ages 13 and older with a new episode of substance use disorder (SUD) that result in treatment initiation and engagement. Total rate reported
Initiation of SUD Treatment	35.94%	The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit, or medication treatment within 14 days of diagnosis.
Engagement of SUD Treatment	14.49%	The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of the SUD treatment initiation visit.

Measure	Our Rate	Description
Getting Needed Care Composite	78.0%	<ul style="list-style-type: none"> • Ease of getting necessary care, tests, or treatment needed • Getting appointments with specialists as soon as needed
Getting Care Quickly Composite	75.5%	<ul style="list-style-type: none"> • Got care as soon as needed when care was needed right away • Got check-up/routine care appointment as soon as needed
How Well Doctors Communicate Composite	94.1%	<ul style="list-style-type: none"> • Personal doctor explained things in an understandable way • Personal doctor listened carefully to you • Personal doctor showed respect for what you had to say • Personal doctor spent enough time with you
Customer Service Composite	88.3%	<ul style="list-style-type: none"> • Customer service provided information or help • Customer service treated member with courtesy and respect
Claims Processing Composite	87.9%	<ul style="list-style-type: none"> • Claims handled quickly • Claims handled correctly
How People Rate Their Health Plan	71.4%	<ul style="list-style-type: none"> • Rating of health plan

The source for data contained in this publication is Quality Compass 2023 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on this data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

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Звертайтеся за безкоштовною мовною підтримкою та відповідними додатковими послугами.

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無料言語支援サービスと適切な補助器具及びサービスをお求めください。

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Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.

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