



Quality Program Report Card

Using data to help people



BLUE CROSS

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

Premera's purpose is "To make healthcare work better." Part of fulfilling this purpose is to be *Passionate Advocates* for you, our customer. Our Quality Program is integral to these aims as they guide us to focus on providing customer-centric, holistic care that is effective (high-quality), safe, appropriate, and affordable so as to deliver the experience our customers and stakeholders want and deserve.

How do we accomplish this?

We continuously improve on this commitment through the following Quality Program objectives:

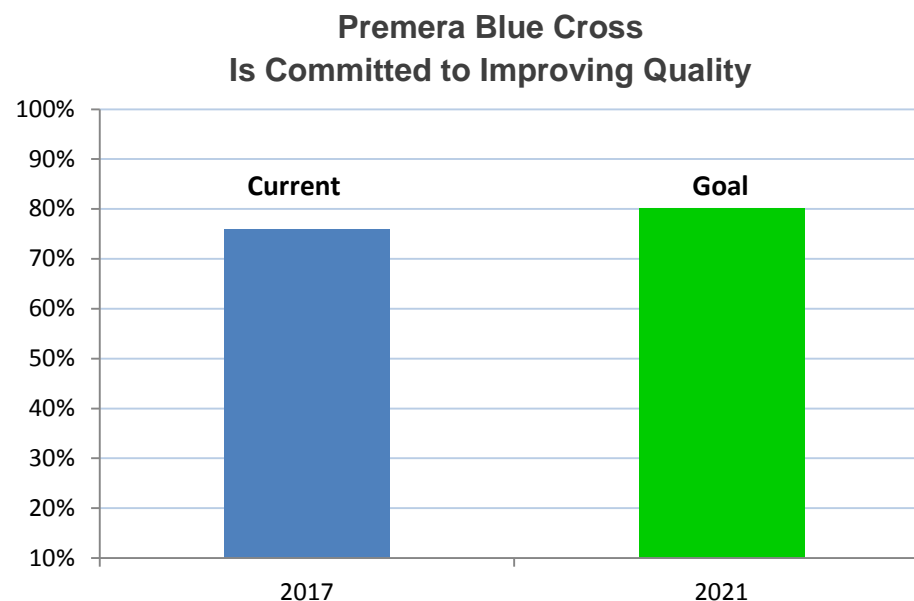
- **High Quality Healthcare:** We promote effective, affordable healthcare by using evidence-based care practices. We evaluate our performance against nationally recognized standards and benchmarks. Performance metrics used include, but are not limited to, the Healthcare Effectiveness and Data Information Set (HEDIS®). Focusing on the right measurements allows us to support you and your healthcare providers to make healthcare work better for you with the best possible outcomes.
- **Safe Care:** We develop, deploy, and maintain systems to safeguard you by tracking patient satisfaction and unsafe practice conditions. These efforts allow us to provide you with information that improves your knowledge about clinical safety in your own care and helps you make informed decisions based on safety.
- **Behavioral Health:** We support access, continuity, and coordination of care between our behavioral health and medical providers by integrating mental health and chemical dependency services with our clinical programs' model for case and disease management.
- **Excellent Experience:** We strive to provide an excellent experience to you consistently. This includes measuring and analyzing customer feedback data received informally, and through national, regulated quality surveys of our customers. We transform this information into actions that will improve your experience with our products and services.
- **Complex Health Needs:** We use an integrated case and disease management program to serve our customers facing complex health needs. Through this program we address the needs of physical and developmental disabilities, chronic conditions, and severe mental illness.
- **Serving a Diverse Membership:** We promote an understanding of your race, ethnicity, language, and cultural needs. We support efforts to improve the cultural competency of communications, and network adequacy to meet the needs of underserved groups and promote efforts to reduce healthcare disparities in clinical care.
- **Site of Service Focus:** We actively partner with purchasers and providers to deliver high-quality, safe, appropriate processes and outcomes. By focusing on the relationship between you and your healthcare providers, we deliver actionable information to you and your healthcare team with the goal of improving your life and the lives that matter to you. Our Site of Service outreach efforts include:

- **Preventive Screening Notices:** We work with doctors to contact patients who may have missed important care and educate customers about necessary care, such as breast cancer screening and colorectal exams.
- **Coordination of Care:** Our programs help you organize your care by assisting you with scheduling, finding the providers who will return the best value for you, and sharing relevant (medically necessary) information between your care team(s) to improve your experience and outcomes.
- **Case Management:** We can connect you to nurses and case managers when you need help, or face complex health needs.
- **Medication Alerts:** We alert providers to a patient’s potential drug interactions.
- **Online and Print Materials:** We deliver resources to educate providers and customers with best practices based on medical evidence. We also provide translation services for our customers who do not count English as their primary language.

How do we measure up?

We are rated among the best (top 25%) health plans in Washington and Alaska relative to cost and quality. 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. Your health plan is NCQA-accredited, receiving a near perfect score on Accreditation Standards in our 2016 triennial survey. We ensure our entire organization meets all NCQA standards. Meeting these standards translates to delivering on our commitments 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.
- **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.



For detailed HEDIS and CAHPS results please refer to the table on the following page.

Quality Measure Reports: HEDIS Results

Quality Measure – HEDIS		What's being measured / why it's important	Our Rate
Measure ID	Description	Prevention – Checking for Cancer	
BCS	Breast Cancer Screening	Women 50–74 years of age who had a mammogram to screen for breast cancer every two years. <i>Breast cancer is the second most common type of cancer among American women. The number of new cases of female breast cancer was 126.0 per 100,000 women per year.¹</i>	69%
CCS	Cervical Cancer Screening	Women 21–64 years of age who had pap smear performed every 3 years or women age 30–64 that had pap smear/human papillomavirus (HPV) co-testing performed every 5 years. <i>Cervical cancer can be detected in its early stages by regular screening using a Pap (cervical cytology) test. Several organizations, including the American College of Obstetricians and Gynecologists (ACOG), the American Medical Association (AMA) and the American Cancer Society (ACS), recommend Pap testing every one to three years for all women who have been sexually active or who are over 21.²</i>	72%
COL	Colorectal Cancer Screening	Adults 50–75 years of age who have had appropriate screening for colorectal cancer (CRC). <i>CRC is the second leading cause of cancer-related deaths in the U.S.³ Unlike other screening tests that only detect disease, some methods of CRC screening can detect premalignant polyps and guide their removal, which in theory can prevent the cancer from developing.</i>	59%
Measure ID	Description	Prevention – Staying Healthy (Adult)	
ABA	Adult BMI Assessment	Adults 18–74 years of age who had an outpatient office visit with the body mass index (BMI) documented during the measurement year or the year before the measurement year. <i>Obesity has a substantial negative effect on longevity, reducing the length of life of people who are severely obese by an estimated 5-20 years.⁴</i>	61%
CHL	Chlamydia Screening in Women	Women ages 16–24 who are sexually active and who were screened for chlamydia. <i>Chlamydia is a common sexually transmitted disease (STD) that can be easily cured. If left untreated, chlamydia can make it difficult for woman to get pregnant.⁵</i>	45%
FVA	Flu Vaccinations for Adults Ages 18 to 64	Adults ages 18–64 who received an influenza vaccination. <i>The disease burden for influenza is large, and the potential for prevention is high. Influenza infections result in significant health care expenditures each year, and the vaccine is safe and effective.⁶</i>	48%
Measure ID	Description	Prevention – Staying Healthy (Child)	
CIS	Childhood Immunizations (Combo 10 per NCQA)	Two-year-olds 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. <i>A basic method for prevention of illness is immunization/vaccination. Childhood immunizations help prevent serious illnesses such as polio, tetanus and hepatitis. Vaccines are a proven way to help a child stay healthy and avoid the potentially harmful effects of childhood diseases like mumps and measles.⁶</i>	53%

Quality Measure – HEDIS		What's being measured / why it's important	Our Rate
IMA	Immunizations for Adolescents (Combo 2 per NCQA)	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. <i>These vaccines are available for adolescents to prevent them from acquiring serious diseases and help protect against disease in populations that lack immunity, such as infants, the elderly and individuals with chronic conditions.⁷</i>	27%
Measure ID	Description	Prevention – Staying Healthy (Child)	
WCC	Weight Assessment and Counseling for Nutrition & Physical Activity for Children / Adolescents	Children/adolescents ages 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, these three components are most likely captured during a well-child visit. <i>One of the most important developments in pediatrics in the past two decades has been the emergence of a new chronic disease: obesity in childhood and adolescence. BMI is a useful screening tool for assessing and tracking the degree of obesity among adolescents. The rapidly increasing prevalence of obesity among children is one of the most challenging dilemmas currently facing pediatricians.⁸</i>	
	BMI percentile	Evidence of BMI percentile documentation	48%
	Nutrition	Counseling for Nutrition	42%
	Physical Activity	Counseling for Physical Activity	41%
Measure ID	Description	Prevention – Maternity Care	
PPC	Postpartum Care	Women who had a live birth and who had a postpartum visit between 21 and 56 days after delivery. <i>The weeks following birth are a critical period for woman and her infant, setting the stage for long-term health and well-being. During this time, a woman is adapting to multiple physical, social and psychological changes.⁹</i>	56%
Measure ID	Description	Clinical Effectiveness – Behavioral Health	
AMM	Antidepressant Medication Management	Adults 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. <i>In a given year, an estimated 20.9 million American adults suffer from a depressive disorder or depression.¹⁰ Without treatment, symptoms associated with these disorders can last for years, or can eventually lead to death by suicide or other causes.</i>	
	Effective Acute Phase	Adults who remained on an antidepressant medication for at least 84 days (12-week) following the diagnosis of depression.	65%
	Effective Continuation Phase	Adults who remained on an antidepressant medication for at least 180 days (6-months) following the diagnosis of depression.	48%
ADD	Follow-Up Care for Children Prescribed ADHD Medication	Assessing follow-up care for children 6–12 years of age prescribed an attention deficit/hyperactivity disorder (ADHD) medication. <i>ADHD is one of the more common chronic conditions of childhood. Children with ADHD may experience significant functional problems, such as school difficulties; academic underachievement; troublesome relationships with family members and peers; and behavioral problems.¹¹</i>	
	Initiation Phase	Children who had at least one follow-up visit within 30 days of receiving the initial prescription.	25%

Quality Measure – HEDIS		What's being measured / why it's important	Our Rate
	Continuation & Maintenance Phase	Children who remained on the medication for at least 210 days and had at least two follow-up visits within 270 days (9months) of receiving the initial prescription.	34%
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 within 7 days after discharge. <i>It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness. An outpatient visit with a mental health practitioner after discharge is recommended to make sure that the patient's transition to the home or work environment is supported and that gains made during hospitalization are not lost.</i> ¹²	40%
Measure ID	Description	Clinical Effectiveness – Behavioral Health	
IET	Initiation of Alcohol and Other Drug Abuse or Dependence Treatment	Adolescents and adults ages 13 and older with a new episode of alcohol or other drug (AOD) abuse or dependence who initiate treatment through an inpatient AOD admission. <i>In 2015, 20.8 million people (7.8 percent of the U.S. population) 12 years of age and older were classified as having a substance use disorder (SUD) within the past year.¹³ One in 10 deaths among working adults in the U.S. is due to alcohol misuse. In 2014, 47,055 deaths were due to drug overdose—61 percent due to opioid use.¹⁴</i>	
	Initiation of AOD Treatment	The percentage who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication treatment within 14 days of the diagnosis.	34%
	Engagement of AOD Treatment	The percentage that initiated treatment and had two or more additional AOD services or medication treatment within 34 days of the initiation visit.	15%
Measure ID	Description	Clinical Effectiveness – Respiratory	
MMA	Medical Management for People With Asthma	Children and adults ages 5–64 years during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on their medications for at least 75% of the treatment period. <i>Appropriate medication adherence could ameliorate the severity of many asthma-related symptoms.</i> ¹⁵	43%
AMR	Asthma Medication Ratio	Adolescents and adults ages 5–64 years who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications during the measurement year. <i>Appropriate ratios of medications could potentially prevent a significant proportion of asthma-related costs (hospitalizations, emergency room visits, missed work and school days).</i> ¹⁶	78%
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. <i>Symptoms of COPD range from chronic cough and sputum production to severe, disabling shortness of breath, leading to significant impairment of quality of life.¹⁷ COPD is a major cause of chronic morbidity and mortality.</i>	
	Systemic Corticosteroid	Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.	64%
	Bronchodilator	Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.	71%

Quality Measure – HEDIS		What's being measured / why it's important	Our Rate
CWP	Appropriate Testing for Children with Pharyngitis	Children/adolescents between 3 and 18 years of age, who were diagnosed with pharyngitis, prescribed an antibiotic at an outpatient visit and received a group A strep test. A higher rate indicates better performance (i.e., appropriate testing). <i>Pharyngitis is the only condition among upper respiratory infections (URI) where diagnosis is validated easily and objectively through administrative and laboratory data, and it can serve as an important indicator of appropriate antibiotic use among all respiratory tract infections.</i> ⁶	92%
Measure ID	Description	Clinical Effectiveness – Cardiovascular Conditions	
PBH	Persistence of Beta Blocker Treatment after a Heart Attack	Adults 18 years of age and older who were hospitalized and discharged with a diagnosis of acute myocardial infarction AMI and who received persistent beta-blocker treatment for six months after discharge. <i>According to results of large-scale clinical trials, beta-blockers consistently reduce subsequent coronary events, cardiovascular mortality and all-cause mortality by 20%–30 % after an AMI when taken indefinitely.</i> ^{18, 19}	76%
CBP	Controlling High Blood Pressure	Adults ages 18–85 who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90) during the measurement year. <i>About one of three U.S. adults or about 75 million people has high blood pressure, also known as hypertension.</i> ²⁰ <i>Hypertension increases the risk of heart disease and stroke, two of the leading causes of death in the U.S.</i> ²¹	40%
Measure ID	Description	Clinical Effectiveness – Cardiovascular Conditions	
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. <i>Cardiovascular disease is the leading cause of death in the U.S. More than 85 million American adults have one or more types of cardiovascular disease.</i> ²²	
	Received Statin Therapy	Those that were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.	82%
	Statin Adherence 80%	Those who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.	69%
SPD	Statin Therapy for Patients With Diabetes	Adults ages 40–75 during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the criteria. <i>Patients with diabetes have elevated cardiovascular risk, thought to be due in part to elevations in unhealthy cholesterol levels. Having unhealthy cholesterol levels places patients at a significant risk for developing ASCVD.</i> ²³	
	Received Statin Therapy	Those that were dispensed at least one statin medication of any intensity during the measurement year.	59%
	Statin Adherence 80%	Those who remained on a statin medication of any intensity for at least 80% of the treatment period.	61%
Measure ID	Description	Clinical Effectiveness – Diabetes	
CDC	Comprehensive Diabetic Care	Adults ages 18–75 with diabetes (types 1 and 2) who received recommended medical services. <i>Diabetes is one of the most costly and highly prevalent chronic diseases in the U.S. It is the seventh leading cause of death in the United States.</i> ²⁴	
A1c<8.0	Hemoglobin A1c Control Controlled	Adults ages 18–75 with diabetes whose most recent hemoglobin A1c was <8.0 during the measurement year.	35%

Quality Measure – HEDIS		What's being measured / why it's important	Our Rate
Eye Exam	Retinal or Dilated Eye Exams for Diabetics	Adults ages 18–75 with diabetes who had a retinal eye exam by an eye care professional in the measurement year or the year prior.	46%
B/P control	Blood Pressure Control for Diabetics	Adults ages 18–75 with diabetes who had blood pressure control (<140/90 mm Hg).	41%
Measure ID	Description	Efficiency, Affordability and Utilization	
LBP	Use of Imaging Studies for Low Back Pain	Adults ages 18–50 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. <i>Unnecessary or routine imaging is problematic because it is not associated with improved outcomes and exposes patients to unnecessary harms such as radiation exposure and further unnecessary treatment.²⁵</i>	80%
URI	Appropriate Treatment for Children with Upper Respiratory Infection	Children/adolescents between 3 months and 18 years of age who were given a diagnosis of URI at an outpatient visit and who <i>did not</i> receive an antibiotic prescription for that episode of care within three days of the visit. <i>Overuse of antibiotics has been directly linked to the prevalence of antibiotic resistance; promoting judicious use of antibiotics is important to reducing levels of antibiotic resistance.²⁶</i>	98%
AAB	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. <i>Inappropriate antibiotic treatment of adults with acute bronchitis is of clinical concern, especially since misuse and overuse of antibiotics lead to antibiotic drug resistance.²⁷</i>	42%
EDU	Emergency Department Utilization	Adults 18 years of age and older, the risk-adjusted ratio of observed to expected emergency department (ED) visits during the measurement year. <i>ED visits are a high-intensity service and a cost burden on the health care system, as well as on patients. Some ED events may be attributed to preventable or treatable conditions. A high rate of ED utilization may indicate poor care management, inadequate access to care or poor patient choices, resulting in ED visits that could be prevented.^{28, 29}</i>	91%
PCR	Plan All-Cause Readmissions	Adults 18–64 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for the diagnosis within 30 days and the predicated probability of an acute readmission. <i>Potentially preventable readmissions are defined as readmissions that are directly tied to conditions that could have been avoided in the inpatient setting. While not all preventable readmissions can be avoided, most potentially preventable readmissions can be prevented if the best quality of care is rendered and clinicians are using current standards of care.⁶</i>	65%

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¹ Cancer Stat Facts: Female Breast Cancer. National Cancer Institute <https://seer.cancer.gov/statfacts/html/breast.html>

² ACOG. "Cervical Cancer Screening: Resource Overview." *American Congress of Obstetricians and Gynecologists*. <http://www.acog.org/Womens-Health/Cervical-Cancer-Screening> (Accessed November 26, 2018).

³ USPSTF. "Screening for colorectal cancer: recommendations and rationale." <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2> (Accessed November 26, 2018)



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- ⁵ Chlamydia – CDC Fact Sheet, *Centers for Disease Control and Prevention* <https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm>
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Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator - Complaints and Appeals PO Box 91102, Seattle, WA 98111 Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357 Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue SW, Room 509F, HHH Building Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

አማርኛ (Amharic):

ይህ ግንባታው አገልግሎት ለሁሉም የሆኑ ሲሆኑ፣ ይህ ግንባታው ስለ ማዕከላዊ ጥያቄዎች የ Premera Blue Cross ሽጋራ ለአገልግሎት ለሚሰጡ ለሁሉም የሆኑ ሲሆኑ፣ በዚህ ግንባታው ውስጥ ቀልጣፋ ለሆኑ የሽጋራ ምክርታት ለመግባት፣ በአስተሳሰብ ለሚገኙት የተወሰኑ የሆኑ ገደቦች አርምምት ለማድረግ ይገባል። ይህን ማረጋገጫ ለማድረግ እንዲሆኑ እና የአምራች ኮንትራትዎን አገልግሎት ለማስቀመጥ ይገባል። 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإعلان معلومات هامة. قد يحتوي هذا الإعلان معلومات مهمة بخصوص طبيك أو التغطية التي تريد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإعلان. وقد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. بحق لك الحصول على هذه المعلومات والمساعدة ببلغتك دون تكبد اية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):

本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Oromoo (Cushite):

Beeksisi kun odeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) ti bilbilaa.

Français (French):

Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):

Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat limit pou ka avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resewva enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

Hmoob (Hmong):

Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhuav cov caj nyooq uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano):

Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenno coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyo wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):

Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).



An Independent Licensee of the Blue Cross Blue Shield Association

日本語 (Japanese):

この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければなりません。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하의 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 드물게 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):

ແຈ່ງການນິມິຂໍ້ມູນສຳຄັນ. ແຈ່ງການນິຍາດຈະມີຂໍ້ມູນສຳຄັນກ່ຽວກັບຄ່າຄ່ອງຂະໜາ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສຳຄັນໃນແຈ່ງການນິ. ທ່ານອາດຈະຈຳເປັນຕ້ອງດຳເນີນການຕາມການັດເວດວາລະເມາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະໄຫມ ຫຼື ຄວາມດ່ວຍເຫຼືອເວື້ອຍື່ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມດ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໄດ້ອດເວລາ. ໃຫ້ໂທຫາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងដ៏សំខាន់៖ មានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានសំខាន់ៗអំពីទម្រង់សំបុត្រ ឬការកំណត់សំបុត្រសម្រាប់ការប្រើប្រាស់ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់ៗនៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវត្រឡប់មកកាន់កាប់ ឬស្រាវជ្រាវលើប្រព័ន្ធប្រព័ន្ធសំខាន់ៗ ឬព័ត៌មានផ្សេងទៀត។ សំខាន់ៗនៃការប្រើប្រាស់ប្រព័ន្ធសំខាន់ៗនេះ គឺជាជំនួយនៅក្នុងការកំណត់សំបុត្រដោយស្មើគ្នា។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਸੀਂ ਖਾਸ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੈ ਸਕਦੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਤਾਰੀਖਾਂ ਦੇ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਮਹੂਰ ਕਵਰੇਜ ਵਿਖੇ ਰੋਕੇ ਨਾ ਹੋ ਸਕਦੇ ਹੋ ਜਾਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਦੇ ਬਿਨਾਂ ਹੋ ਤਾਂ ਤੁਹਾਡੇ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਉੱਚ ਖਾਸ ਕਰਮ ਉੱਥੇ ਦੀ ਰੋਕ ਦੇ ਸਕਦੀ ਹੈ. ਤੁਹਾਡੀ ਮੁੜ ਵਿਚ ਤੇ ਅਸੀਂ ਤੁਹਾਡੇ ਵਿਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦੇ ਅਧਿਕਾਰ ਹੈ. ਆਪਣੇ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تکلیف و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه ای یا کمک در پرداخت هزینه های درمانی، نیاز به تاریخ های مشخصی برای انجام کارهای خاصی داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات یا شماره 800-722-1471 (کارتبران 800-842-5357) تماس بگیرید.

Polskie (Polish):

To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):

Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):

Prezentă notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):

Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamo'a (Samoan):

Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani o fa'amatala atili i ai i le tulaga o le polokalamo, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloiloi fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalamo a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e le malamalama i ai aunoa ma se togia tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):

Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):

Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ประกาศนี้ให้ข้อมูลที่สำคัญ ประกาศนี้สามารถมีข้อมูลที่สำคัญเกี่ยวกับรายการกรมคุ้มครองสุขภาพของ Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการบางอย่างเพื่อรักษาสถานะการคุ้มครองสุขภาพของคุณหรือขอความช่วยเหลือในค่าใช้จ่ายของคุณและขอความช่วยเหลืออื่น ๆ ในการขอความช่วยเหลือในค่าใช้จ่ายของคุณ โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):

Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):

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