Quality Program Report Card

Using data to help people
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.

Coordinated 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

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Description</th>
<th>What’s being measured / why it’s important</th>
<th>Our Rate</th>
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</thead>
<tbody>
<tr>
<td>BCS</td>
<td>Breast Cancer Screening</td>
<td>Women 50–74 years of age who had a mammogram to screen for breast cancer every two years. *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</td>
<td>69%</td>
</tr>
<tr>
<td>CCS</td>
<td>Cervical Cancer Screening</td>
<td>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. *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</td>
<td>72%</td>
</tr>
<tr>
<td>COL</td>
<td>Colorectal Cancer Screening</td>
<td>Adults 50–75 years of age who have had appropriate screening for colorectal cancer (CRC). *CRC is the second leading cause of cancer-related deaths in the U.S.*³</td>
<td>59%</td>
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<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Description</th>
<th>Prevention – Checking for Cancer</th>
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<tbody>
<tr>
<td>ABA</td>
<td>Adult BMI Assessment</td>
<td>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. *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</td>
<td>61%</td>
</tr>
<tr>
<td>CHL</td>
<td>Chlamydia Screening in Women</td>
<td>Women ages 16–24 who are sexually active and who were screened for chlamydia. *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</td>
<td>45%</td>
</tr>
<tr>
<td>FVA</td>
<td>Flu Vaccinations for Adults Ages 18 to 64</td>
<td>Adults ages 18–64 who received an influenza vaccination. *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</td>
<td>48%</td>
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<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Description</th>
<th>Prevention – Staying Healthy (Child)</th>
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<tbody>
<tr>
<td>CIS</td>
<td>Childhood Immunizations (Combo 10 per NCQA)</td>
<td>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. *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.*⁷</td>
<td>53%</td>
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### Quality Measure – HEDIS

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<thead>
<tr>
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<tr>
<td>IMA</td>
<td>Immunizations for Adolescents (Combo 2 per NCQA)</td>
<td>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 13th birthday. <em>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.</em></td>
<td>27%</td>
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### Prevention – Staying Healthy (Child)

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<th>Measure ID</th>
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<tbody>
<tr>
<td>WCC</td>
<td>Weight Assessment and Counseling for Nutrition &amp; Physical Activity for Children / Adolescents</td>
<td>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. <em>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.</em></td>
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<tr>
<td></td>
<td>BMI percentile</td>
<td>Evidence of BMI percentile documentation</td>
</tr>
<tr>
<td></td>
<td>Nutrition</td>
<td>Counseling for Nutrition</td>
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<td></td>
<td>Physical Activity</td>
<td>Counseling for Physical Activity</td>
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### Prevention – Maternity Care

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<tr>
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<th>Description</th>
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<tbody>
<tr>
<td>PPC</td>
<td>Postpartum Care</td>
<td>Women who had a live birth and who had a postpartum visit between 21 and 56 days after delivery. <em>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.</em></td>
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### Clinical Effectiveness – Behavioral Health

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<tr>
<th>Measure ID</th>
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<tbody>
<tr>
<td>AMM</td>
<td>Antidepressant Medication Management</td>
<td>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. <em>In a given year, an estimated 20.9 million American adults suffer from a depressive disorder or depression.</em> Without treatment, symptoms associated with these disorders can last for years, or can eventually lead to death by suicide or other causes.</td>
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<tr>
<td></td>
<td>Effective Acute Phase</td>
<td>Adults who remained on an antidepressant medication for at least 84 days (12-week) following the diagnosis of depression.</td>
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<tr>
<td></td>
<td>Effective Continuation Phase</td>
<td>Adults who remained on an antidepressant medication for at least 180 days (6-months) following the diagnosis of depression.</td>
</tr>
<tr>
<td>ADD</td>
<td>Follow-Up Care for Children Prescribed ADHD Medication</td>
<td>Assessing follow-up care for children 6–12 years of age prescribed an attention deficit/hyperactivity disorder (ADHD) medication. <em>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.</em></td>
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<tr>
<td></td>
<td>Initiation Phase</td>
<td>Children who had at least one follow-up visit within 30 days of receiving the initial prescription.</td>
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<td>Quality Measure – HEDIS</td>
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<tr>
<td>Continuation &amp; Maintenance Phase</td>
<td>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.</td>
<td>34%</td>
</tr>
<tr>
<td>Follow-Up After Hospitalization for Mental Illness</td>
<td>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. <em>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.</em></td>
<td>40%</td>
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<tbody>
<tr>
<td>IET</td>
<td>Initiation of Alcohol and Other Drug Abuse or Dependence Treatment</td>
<td>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. <em>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.</em> 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.</td>
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<tr>
<td></td>
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<td>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.</td>
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<td>The percentage that initiated treatment and had two or more additional AOD services or medication treatment within 34 days of the initiation visit.</td>
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<tr>
<th>Measure ID</th>
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<th>Clinical Effectiveness – Respiratory</th>
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<tbody>
<tr>
<td>MMA</td>
<td>Medical Management for People With Asthma</td>
<td>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. <em>Appropriate medication adherence could ameliorate the severity of many asthma-related symptoms.</em></td>
</tr>
<tr>
<td>AMR</td>
<td>Asthma Medication Ratio</td>
<td>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. <em>Appropriate ratios of medications could potentially prevent a significant proportion of asthma-related costs (hospitalizations, emergency room visits, missed work and school days).</em></td>
</tr>
<tr>
<td>PCE</td>
<td>Pharmacotherapy Management of COPD Exacerbation</td>
<td>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. <em>Symptoms of COPD range from chronic cough and sputum production to severe, disabling shortness of breath, leading to significant impairment of quality of life.</em> COPD is a major cause of chronic morbidity and mortality.</td>
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<tr>
<td></td>
<td>Systemic Corticosteroid</td>
<td>Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.</td>
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<tr>
<td></td>
<td>Bronchodilator</td>
<td>Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.</td>
</tr>
<tr>
<td>Quality Measure – HEDIS</td>
<td>What’s being measured / why it’s important</td>
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| 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).  
*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.* | 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.  
*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.* | 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.  
*About one of three U.S. adults or about 75 million people has high blood pressure, also known as hypertension.* | 40%     |
| 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.  
*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.* | Clinical Effectiveness – Cardiovascular Conditions |
| 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.  
*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.* | Clinical Effectiveness – Diabetes |
| CDC                    | Comprehensive Diabetic Care  
Adults ages 18–75 with diabetes (types 1 and 2) who received recommended medical services.  
*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.* |           |
| 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%     |
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<tr>
<td>Eye Exam</td>
<td>Retinal or Dilated Eye Exams for Diabetics</td>
<td>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.</td>
<td>46%</td>
</tr>
<tr>
<td>B/P control</td>
<td>Blood Pressure Control for Diabetics</td>
<td>Adults ages 18–75 with diabetes who had blood pressure control (&lt;140/90 mm Hg).</td>
<td>41%</td>
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<tr>
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<th>Efficiency, Affordability and Utilization</th>
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<tbody>
<tr>
<td>LBP</td>
<td>Use of Imaging Studies for Low Back Pain</td>
<td>Adults 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. 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.</td>
<td>80%</td>
</tr>
<tr>
<td>URI</td>
<td>Appropriate Treatment for Children with Upper Respiratory Infection</td>
<td>Children/adolescents between 3 months and 18 years of age who were given a diagnosis of URI at an outpatient visit and who did not receive an antibiotic prescription for that episode of care within three days of the visit. 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.</td>
<td>98%</td>
</tr>
<tr>
<td>AAB</td>
<td>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</td>
<td>Adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. Inappropriate antibiotic treatment of adults with acute bronchitis is of clinical concern, especially since misuse and overuse of antibiotics lead to antibiotic drug resistance.</td>
<td>42%</td>
</tr>
<tr>
<td>EDU</td>
<td>Emergency Department Utilization</td>
<td>Adults 18 years of age and older, the risk-adjusted ratio of observed to expected emergency department (ED) visits during the measurement year. 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.</td>
<td>91%</td>
</tr>
<tr>
<td>PCR</td>
<td>Plan All-Cause Readmissions</td>
<td>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. 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.</td>
<td>65%</td>
</tr>
</tbody>
</table>

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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 51112, Seattle, WA 98111
Toll free 855-322-4820, Fax 425-910-8522, TTY 800-842-5367
Email Appeals@departmentofprem.com

You can file a grievance in person or by mail, fax, or email. If you need help filling 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://ocr.hhs.gov/ocr/contactus filling, by mail, fax, or email. If you need help filling a grievance, the Civil Rights Coordinator is available to help you.

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: 800-842-5367)

阿拉伯语（阿拉伯语）
تم ترجمة هذه المادة إلى العربية بموجب قانون 1986 المتعلق بالكبار في السن لمد الشأة.

 данного النص هو ترجمة مختصرة من النص الأصلي إلى العربية.

الترجمة إلى العربية لم تتم باللغة العربية الأصلية.

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PREMERA BLUE CROSS
An Independent Licensee of the Blue Cross Blue Shield Association

ROSLIA (Romanian):

RUSSIAN (Russian):
Настоящее уведомление содержит важную информацию. Эта уведомление может содержать важную информацию о вашем страховании или страховке. Эти уведомления могут быть связаны с тарифами, условий, которые могут влиять на вашу страховку. Если у вас есть вопросы по этой информации, пожалуйста, звоните нам по телефону 800-722-1471 (TTY: 800-842-5367).

ESPANOL (Spanish):
Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su servicio 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 determinar fechas para mantener su cobertura médica o ayuda con los costos. Lea este derecho a recibir esta información e ayúdame en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5367).

TAGALOG (Tagalog):

УКРАЇНСЬКА (Ukrainian):
Це повідомлення містить важливу інформацію. Ця повідомлення може містити важливу інформацію відносно вашої стежки або страхування через Premera Blue Cross. В залежності від вашої страхувальниці або угоди ваша страхова компанія може змінити дані в цьому повідомленні. Щоб отримати інформацію, зв'язуйтесь з нами за телефоном 800-722-1471 (TTY: 800-842-5367).