2023 Quality Program Report Card

Data for Measurement Year 2022

Using data to help people

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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 for 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.

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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 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.

- 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

NA denotes population too small to provide ratings

Quality Measure – HEDIS®		What is being measured / why it is important	Our Rate
Measure ID	**Description**	**Prevention – Checking for Cancer**	
BCS	Breast Cancer Screening	Women 50–74 years of age who had a biennial mammogram to screen for breast cancer. *Breast cancer is the second most common type of cancer among American women. In 2013, over 3 million women were estimated to be living with breast cancer.* [1]	70%
CCS	Cervical Cancer Screening	Women 21–64 years of age who had 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. *Cervical cancer can be detected in its early stages by regular screening. Due to the success of cervical cancer screening in the U.S., dramatic decreases have been observed in both mortality and incidence of invasive cervical cancer.* [2]	71%
COL	Colorectal Cancer Screening	Adults 50–75 years of age who have had one or more screenings for colorectal cancer (CRC). *CRC is the second leading cause of cancer-related deaths in the U.S. 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.* [3]	52%
Measure ID	**Description**	**Prevention – Staying Healthy (Adult)**	
CHL	Chlamydia Screening in Women	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. The main objective of chlamydia screening is to prevent pelvic inflammatory disease (PID), infertility and ectopic pregnancy, all of which have very high rates of occurrence among women with untreated chlamydia infection.* [4]	45%
FVA	Flu Vaccinations for Adults Ages 18 to 64	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.*	44%
Measure ID	**Description**	**Prevention – Staying Healthy (Child)**	
CIS	Childhood Immunizations Combo 10	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. *A basic method for prevention of illness is immunization/vaccination. Childhood immunizations help prevent serious illnesses such as polio, tetanus, and hepatitis.*	43%
IMA	Immunizations for Adolescents Combo 2	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. *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.*	29%

Quality Measure – HEDIS®		What is being measured / why it is important	Our Rate
Measure ID	Description	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. These three components are most likely captured during a well-child visit. *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. The rapidly increasing prevalence of obesity among children is one of the most challenging dilemmas currently facing pediatricians.*[5]	
	BMI percentile	Evidence of BMI percentile documentation	66%
	Nutrition	Counseling for Nutrition	63%
	Physical Activity	Counseling for Physical Activity	59%
Measure ID	Description	Prevention – Maternity Care	
PPC	Prenatal and Postpartum Care (PPC)	The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. *The weeks following birth are a critical period for a 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.*[6]	
	Timeliness of Prenatal Care	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 enrolment in the organization.	77%
	Postpartum Care	Women who had a live birth and who had a postpartum visit on or between 7 to 84 days after delivery.	77%
Measure ID	Description	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. *In a given year an estimated 20.9 million American adults suffer from a depressive disorder or depression.*[7] *Without treatment, symptoms associated with these disorders can last for years, or can eventually lead to death by suicide or other causes.*	
	Effective Acute Phase	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).	75%
	Effective Continuation Phase	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).	60%
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. *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.*[8]	
	Initiation Phase	Children who had at least one follow-up visit within 30 days of receiving the initial prescription.	29%
	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 (9 months) of receiving the initial prescription.	37%

Quality Measure – HEDIS®		What is being measured / why it is important	Our Rate
Measure ID	Description	Clinical Effectiveness – Behavioral Health	
APM	Metabolic Monitoring for Children and Adolescents on Antipsychotics	The percentage of members ages 1-17 who had two or more antipsychotic prescriptions and had metabolic monitoring. Three rates are reported. *Antipsychotic medications offer the potential for effective treatment of psychiatric disorders in children; however, they can also increase a child's risk for developing serious health concerns including metabolic health complications.*	
	Total Blood Glucose testing	Provides a picture of the average blood glucose level over the past 2 or 3 months.	53%
	Total Cholesterol testing		33%
	Total Blood Glucose and Cholesterol testing	The total rate of the two tests is monitored.	31%
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 30 days or within seven (7) days after discharge from the hospital. *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.*[9]	
	Follow up visit within 7 days of discharge	After hospitalization for mental illness	44%
	Follow up visit within 30 days of discharge	After hospitalization for mental illness	17%
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 results in treatment initiation and engagement. *In 2018, 20.3 million people (7.4 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.*[10] *One in 10 deaths among working adults in the U.S. is due to alcohol misuse. In 2017, drug overdose accounted for more than 70,200 deaths—67.8% due to opioid use.* [11]	
	Initiation of SUD Treatment	The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication treatment within 14 days of the diagnosis.	36%
	Engagement of SUD Treatment	The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of the SUD treatment initiation visit.	14%
Measure ID	Description	Clinical Effectiveness – Respiratory	
AMR	Asthma Medication Ratio	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. *Appropriate ratios of medications could potentially prevent a significant proportion of asthma-related costs (hospitalizations, emergency room visits and lower non-medication costs).*[12]	82%
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. *Symptoms of COPD range from chronic cough and sputum production to severe, disabling shortness of breath, leading to significant impairment of quality of life.*[13] *COPD is a major cause of chronic morbidity and mortality.* [13]	

Quality Measure – HEDIS®		What is being measured / why it is important	Our Rate
Measure ID	Description	Clinical Effectiveness – Respiratory	
	Systemic Corticosteroid	Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.	75%
	Bronchodilator	Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.	80%
CWP	Appropriate Testing for Pharyngitis	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). *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. 14*	70%
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 infraction (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.*[15,16]	86%
Measure ID	Description	Clinical Effectiveness – Cardiovascular Conditions	
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.*[17] *Hypertension increases the risk of heart disease and stroke, two of the leading causes of death in the U.S.* 18	57%
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. *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.* [119]	
	Received Statin Therapy	Those that were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.	84%
	Statin Adherence 80%	Those who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.	75%
CRE	Cardiac Rehabilitation	Members 18 years or older who attended cardiac rehabilitation following a qualifying cardiac event, including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting and other events.	
	Initiation	The percentage of members who attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event.	11%
	Engagement I	The percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event.	15%
	Engagement 2	The percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.	12%
	Achievement	The percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.	3%
Measure ID	Description	Clinical Effectiveness – Diabetes	
CDC	Comprehensive Diabetes Care	Adults ages 18–75 with diabetes (types 1 and 2), who received recommended medical services during the measurement year. *Diabetes is one of the costliest and highly prevalent chronic diseases in the U.S. It is the seventh leading cause of death in the United States* [20]	

Quality Measure – HEDIS®		What is being measured / why it is important	Our Rate
Measure ID	Description	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	Those members whose most recent HbA1c result in the measurement year was (<8%)	50%
	HbA1c Poor Control	Those members whose most recent HbA1c result in the measurement year was (>9%)	44%
EED	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 a negative eye exam the year prior.	51%
BPD	Blood Pressure Control for Diabetics	Adults ages 18–75 with diabetes whose blood pressure was controlled (<140/90 mm Hg) during the measurement year.	57%
KED	Kidney Health Evaluation for Patients with Diabetes	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.	46%
Measure ID	Description	Efficiency, Affordability and Utilization	
LBP	Use of Imaging Studies for Low Back Pain	This measure assesses whether imaging studies (plain x-ray, MRI, CT scan) are overused to evaluate members 18-75 years of age with 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. *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.* [21]	77%
URI	Appropriate Treatment for Upper Respiratory Infection	Members 3 months and older who were given a diagnosis of URI at any outpatient, telephone, observation or ED visit, e-visit, or virtual check-in and who *did not* receive an antibiotic dispensing event. *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.* [22]	91%
AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis	Members 3 months and older with a diagnosis of acute bronchitis/bronchiolitis 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.* [23]	56%
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. **Lower percentage is better.* *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.* [24]	0.90%
PCR	Plan All-Cause Readmissions	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. **Lower percentage is better.* *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.* [25]	0.55%

Quality Measure Reports: CAHPS Results

Quality Measure – CAHPS	What is being measured / why it is important	Our Rate
Description	Customer Experience	
Getting Needed Care Composite	*Easy for respondent to get necessary care, tests, or treatment.* Respondent *got appointment with specialists as soon as needed*	78.1%
Getting Care Quickly Composite	*Respondent got care for illness/injury as soon as needed.* *Respondent got non-urgent appointment as soon as needed*	77.4%
How well doctors communicate composite	*Doctor explained things in a way that was easy to understand.* *Doctor listened carefully to enrollee.* *Doctor showed respect for what enrollee had to say.* *Doctor spent enough time with enrollee*	94.2%
Health Plan Customer Service Composite	*Customer service gave necessary information/help.* *Customer service was courteous and respectful*	89.8%
How people rate their health plan	*Rating of health plan*	67.1%

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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Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and 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, sex, gender identity, or sexual orientation, 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: 711, 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 Ave 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. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471（TTY:711）まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.