2017 Quality Program Report Card

Using data to help people
Premera’s Quality Program is designed to make healthcare work better for our customers.

How Premera Measures Up
It’s easy to find out how your health plan measures up. Most health plans publish Quality Report Cards that use a set of measures called the Healthcare Effectiveness Data and Information Set (HEDIS®).¹ HEDIS measures are performance metrics that compare healthcare quality.

Premera’s Quality Program
Every part of the customer experience, from a phone call to customer services to a doctor’s office visit, is monitored and measured for quality. We aim to:

- Promote high quality and safe healthcare for our customers
- Provide excellent customer service
- Maintain customer concerns as a top priority

The Quality Program achieves these goals by:
- **High Quality and Safe Healthcare:** Engaging customers in self-care while promoting effective, safe healthcare, including supervising medical groups, facilities and other service companies
- **Excellent experience:** Providing an excellent customer service experience through all the interactions with the company and our provider partners
- **Healthcare disparities:** Working with doctors to help customers of various language groups, races, ethnicities, and cultures access healthcare
- **Complex health needs:** Helping customers with disabilities or serious illnesses get the care they need

We help improve our customers’ health by:
- Working with doctors to contact patients who may have missed important care and educating customers about important care, e.g., a breast cancer screening
- Helping coordinate patient care by making doctor’s appointments for customers and ensuring they have what they need after a hospital stay (This helps prevent complications or delays in treatment)
- Connecting customers to nurses and case managers when they need additional help
- Alerting doctors to a patient’s potential drug interactions
- Listening to our customers feedback about how to make their experience with Premera and their doctors better
- Updated documents and websites to show that translation of material is available
### 2016 Quality Measure Reports: HEDIS and CAHPS

<table>
<thead>
<tr>
<th>Quality Measure – HEDIS</th>
<th>What’s being measured / why it’s important</th>
<th>Our Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prevention – Checking for Cancer</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| BCS – Breast Cancer Screening | Women ages 50 to 74 who had one or more mamograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year.  
*Breast cancer was the second leading cause of cancer-related deaths in women and accounted for nearly 40,000 deaths in 2013.* | 60.41%   |
| CCS – Cervical Cancer Screening | Women ages 21 to 64 who were screened for cervical cancer using either of the following criteria: age 21 to 64 who had a Pap test during the past three years OR ages 30 to 64 who had a Pap test/HPV test during the past five years.  
*Cervical cancer, once the leading cause of cancer death for United States women, has seen a big reduction in related deaths. This has been the result of women getting Pap smears.* | 59.85%   |
| COL – Colorectal Cancer Screening | Adults ages 50 to 75 who had an appropriate screening for colorectal cancer.  
*Treatment for colorectal cancer in its earliest stage can lead to a 65 percent survival rate after five years.* | 49.39%   |
| **Prevention – Maternity Care**                                                                                          |          |
| PPC – Prenatal Care | Women who received prenatal care in the first trimester or within 42 days of enrollment.  
*Pregnancies with limited prenatal care have twice the risk of preterm birth and infant mortality than pregnancies with sufficient care.* | 53.53%   |
| PPC – Postpartum Care | Women who had a postpartum visit on or between 21 and 56 days after delivery.                         | 55.96%   |
| **Prevention – Staying Healthy (Adult)**                                                                                 |          |
| ABA – Adult BMI Assessment | Adults ages 18 to 74 who had an outpatient visit and had their body mass index documented during the measurement year or the year prior to the measurement year.  
*Even modest weight loss, such as 5–10 percent of total body weight, can improve blood pressure, blood cholesterol and blood sugars, and decrease risk factors for chronic diseases related to obesity.* | 49.15%   |
| CHL – Chlamydia Screening in Women | Women ages 16 to 24 who were sexually active and had at least one test for chlamydia during the measurement year.  
*Untreated chlamydia infections can lead to serious and irreversible complications, including pelvic inflammatory disease, infertility, and increased risk of becoming infected with HIV.* | 40.75%   |
| FVA – Flu Vaccinations for Adults Ages 18 to 64 | Adults ages 18 to 64 who received an influenza vaccination.  
*In 2010 there were 25 million cases of influenza in the United States (8.1% of the total population). The annual economic costs are $29 billion.* | 42.40%   |
| **Prevention – Staying Healthy (Child)**                                                                                 |          |
| CIS – Childhood Immunizations (rates reported represent childhood Immunizations for Combo 3 per NCQA) | Two-year-olds who have received the appropriate immunizations:  
- Four diphtheria, tetanus, and acellular pertussis (DTaP) between ages of 42 days and two years  
- Three polio (IPV) between ages of 42 days and two years  
- Three H influenza type B (HIB) between ages of 42 days and two years  
- Three hepatitis Bs by age two  
- One hepatitis A by age two  
- Two doses of the two-dose rotavirus, three doses of the three-dose rotavirus, or one dose of the two-dose rotavirus and two doses of the three-dose rotavirus  
- Two influenza vaccinations  
- One measles, mumps, and rubella (MMR) by age two  
- One chicken pox (VZV) by age two | 62.53%   |
### Quality Measure – HEDIS

<table>
<thead>
<tr>
<th>What’s being measured / why it’s important</th>
<th>Our Rate</th>
</tr>
</thead>
</table>
| - Four pneumococcal conjugate (PCV) by age two  
- Combination of all vaccines except pneumococcal conjugate by age two  
- Combination of all vaccines above by age two  
  *Vaccines are considered one of the most successful and cost-effective public health interventions and are responsible for dramatically reducing pediatric morbidity and mortality in the United States.*  
| 17.76% |
| HPV – Human Papilloma Vaccination for Female Adolescents  
Female adolescents age 13 years who had three doses of the HPV vaccine by their 13th birthday.  
*Vaccination for human papilloma virus can reduce the risk of infection, leading to reduced risk of cervical cancer.*  
| 17.76% |
| IMA – Immunizations for Adolescents  
Adolescents age 13 years who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids, and acellular pertussis vaccine (Tdap) or one tetanus / diphtheria toxoids vaccine (Td) by their 13th birthday.  
*These vaccinations contribute to avoidance of preventable disease. Not only do vaccinated adolescents benefit, but other populations, such as infants, the elderly, and people with chronic conditions, do as well.*  
| 63.99% |
| WCC – Weight Assessment and Counseling for Nutrition & Physical Activity for Children / Adolescents  
Children/adolescents ages 3 to 17 who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:  
- Body mass index percentile documentation  
- Counseling for nutrition  
- Counseling for physical activity  
  *Children and adolescents who are obese are more likely to be obese as adults and are therefore at risk for adult health problems, such as heart disease, type 2 diabetes, stroke, and several types of cancer.*  
| 30.90%  
| 34.31%  
| 32.36%  

### Clinical Effectiveness – Behavioral Health

<table>
<thead>
<tr>
<th>What’s being measured / why it’s important</th>
<th>Our Rate</th>
</tr>
</thead>
</table>
| AMM – Antidepressant Medication Management  
Assessing medication management for depression during different phases of treatment for adults ages 18 and older who were diagnosed with major depression  
*Major depression can lead to serious impairment in daily functioning, including change in sleep patterns, appetite, concentration, energy, and self-esteem, and can lead to suicide, the 10th leading cause of death in the United States.*  
| 68.42% |
| Effective Acute Phase  
Members who remained on antidepressant medication during the entire 12-week period following diagnosis of depression.  
| 68.42% |
| Effective Continuation Phase  
Members who remained on antidepressant medication for at least six months following diagnosis of depression.  
| 53.11% |
| ADD – Follow-Up Care for Children Prescribed ADHD Medication  
Assessing follow-up care for children ages 6 to 12 who have been newly prescribed ADHD medication.  
*Studies suggest that there is an increased risk for drug use disorders in adolescents with untreated ADHD.*  
| 23.87%  
| 32.27% |
| Initiation Phase  
Members who had at least one follow-up visit within 30 days of receiving the initial prescription.  
| 41.41%  
| FUH – Follow-Up After Hospitalization for Mental Illness  
Members ages 6 and older who had an ambulatory follow-up visit within seven days of hospitalization for the treatment of mental health disorder.  
*People with a mental illness are less likely to use medical care and to follow treatment plans; follow-up care is linked to lower rates of readmission and better outcomes.*  
<p>| 41.41% |</p>
<table>
<thead>
<tr>
<th>Quality Measure – HEDIS</th>
<th>What’s being measured / why it’s important</th>
<th>Our Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>IET – Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</td>
<td>Adolescents and adults diagnosed with AOD dependence initiating treatment through an outpatient visit, intensive outpatient encounter, inpatient admission, or partial hospitalization within 14 days. Costs related to alcohol abuse and illicit drug use add up to more than $700 billion annually in expenses related to crime, lost work productivity, and healthcare.</td>
<td>12.32%</td>
</tr>
<tr>
<td>MMA – Medical Management for People With Asthma</td>
<td>Members ages 5 to 85 years during the measurement year who were identified as having persistent asthma and who were dispensed appropriate medications and remained on their medications during the treatment period. Medication adherence for people with asthma can greatly reduce the rate of hospitalizations and emergency room visits for this population.</td>
<td>70.68%</td>
</tr>
<tr>
<td>SPR – Use of Spirometry Testing in the Assessment and Diagnosis of COPD</td>
<td>Adults ages 40 and older and newly diagnosed with chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm their diagnosis. Spirometry testing is underused for early diagnosis of COPD. Earlier diagnosis using spirometry testing could lead to earlier intervention and treatment, which could prevent costly complications and slow disease progression.</td>
<td>31.44%</td>
</tr>
<tr>
<td>PBH – Persistence of Beta Blocker Treatment after a Heart Attack</td>
<td>Adults ages 18 and older who received persistent beta-blocker treatment for six months after hospitalization for a heart attack. Clinical guidelines recommend taking a beta-blocker after a heart attack to prevent another heart attack from occurring.</td>
<td>77.67%</td>
</tr>
<tr>
<td>CBP – Controlling High Blood Pressure</td>
<td>Adults ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (&lt;140/90) during the measurement year. Ages 18 – 59 whose BP was &lt;140/90 mm Hg Ages 60 – 85 with a diagnosis of diabetes whose BP was &lt;140/90 mm Hg Ages 60 – 85 without a diagnosis of diabetes whose BP was &lt;150/90 mm Hg Controlling high blood pressure is an important step in preventing heart attacks, heart failure, stroke, and kidney disease, and in reducing the risk of developing other serious conditions.</td>
<td>32.77%</td>
</tr>
<tr>
<td>Comprehensive Diabetic Care (CDC)</td>
<td>Adults ages 18 to 75 with diabetes (types 1 and 2) who received recommended medical services. Unmanaged diabetes can lead to serious complications including heart disease, hypertension, and blindness. With support from healthcare providers, patients can self-manage their diabetes.</td>
<td>45.99%</td>
</tr>
<tr>
<td>Eye Exams for Diabetics</td>
<td>Adults ages 18 to 75 with diabetes who had a retinal eye exam by an eye care professional in the measurement year or the year prior.</td>
<td>90.51%</td>
</tr>
<tr>
<td>Hemoglobin A1c Testing for Diabetics</td>
<td>Adults ages 18 to 75 with diabetes who had a hemoglobin A1c test during the measurement year.</td>
<td>67.15%</td>
</tr>
<tr>
<td>Hemoglobin A1c Control Poorly Controlled</td>
<td>Adults ages 18 to 75 with diabetes whose hemoglobin A1c was out of control (&gt;9.0) or were not screened in the measurement year. (A lower rate is ideal.)</td>
<td>33.39%</td>
</tr>
<tr>
<td>Hemoglobin A1c Control Controlled</td>
<td>Adults ages 18 to 75 with diabetes whose most recent hemoglobin A1c was &lt;8.0 during the measurement year.</td>
<td>99.9%</td>
</tr>
</tbody>
</table>
### Quality Measure – HEDIS

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>What’s being measured / why it’s important</th>
<th>Our Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nephropathy Monitoring for Diabetics</td>
<td>Adults ages 18 to 75 with diabetes who had medical attention for nephropathy during the measurement year.</td>
<td>86.31%</td>
</tr>
<tr>
<td>Blood Pressure Control for Diabetics</td>
<td>Adults ages 18 to 75 with diabetes who had blood pressure control (&lt;140/90 mm Hg).</td>
<td>37.04%</td>
</tr>
</tbody>
</table>

### Efficiency and Affordability

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>What’s being measured / why it’s important</th>
<th>Our Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>LBP – Use of Imaging Studies for Low Back Pain</td>
<td>Adults ages 18 to 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 (a higher score indicates better performance).</td>
<td>78.07%</td>
</tr>
<tr>
<td>CWP – Appropriate Testing for Children with Pharyngitis</td>
<td>Children/adolescents ages 2 to 18 who were diagnosed with pharyngitis, tested for strep, and received a prescription for antibiotics.</td>
<td>79.89%</td>
</tr>
<tr>
<td>URI – Appropriate Treatment for Children with Upper Respiratory Infection (URI)</td>
<td>Children/adolescents ages 3 months to 18 years who were diagnosed with an URI and were not given an antibiotic prescription.</td>
<td>91.31%</td>
</tr>
<tr>
<td>AAB – Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis</td>
<td>Adults age 18 to 64 with a diagnosis of acute bronchitis who were not given an antibiotic prescription.</td>
<td>28.53%</td>
</tr>
</tbody>
</table>

### Quality Measure – CAHPS

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>What’s being measured</th>
<th>Overall – General Satisfaction with Plan and Principal Doctors</th>
<th>Our Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you rate your health plan?</td>
<td>Members who chose number 8-10 on the original scale of 0-10, where the 0 is the lowest rating and 10 is the highest. NCQA considers 8-10 to be equivalent to ratings of “Completely Satisfied,” “Very Satisfied,” and “Somewhat Satisfied.”</td>
<td>65.58%</td>
<td></td>
</tr>
<tr>
<td>How would you rate your personal doctor?</td>
<td>Members who chose number 8-10 on the original scale of 0-10, where the 0 is the lowest rating and 10 is the highest. NCQA considers 8-10 to be equivalent to ratings of “Completely Satisfied,” “Very Satisfied,” and “Somewhat Satisfied.”</td>
<td>85.77%</td>
<td></td>
</tr>
<tr>
<td>How would you rate your specialist?</td>
<td>Members who chose number 8-10 on the original scale of 0-10, where the 0 is the lowest rating and 10 is the highest. NCQA considers 8-10 to be equivalent to ratings of “Completely Satisfied,” “Very Satisfied,” and “Somewhat Satisfied.”</td>
<td>84.00%</td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with the information provided by customer service?</td>
<td>Members who chose number 8-10 on the original scale of 0-10, where the 0 is the lowest rating and 10 is the highest. NCQA considers 8-10 to be equivalent to ratings of “Completely Satisfied,” “Very Satisfied,” and “Somewhat Satisfied.”</td>
<td>87.39%</td>
<td></td>
</tr>
<tr>
<td>Quality Measure – HEDIS</td>
<td>What’s being measured / why it’s important</td>
<td>Our Rate</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with the level of courtesy and respect from customer service?</td>
<td>Members who chose number 8-10 on the original scale of 0-10, where the 0 is the lowest rating and 10 is the highest. NCQA considers 8-10 to be equivalent to ratings of &quot;Completely Satisfied,&quot; &quot;Very Satisfied,&quot; and &quot;Somewhat Satisfied.&quot;</td>
<td>97.30%</td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with the accuracy of your claims processed by the health plan?</td>
<td>Members who chose number 8-10 on the original scale of 0-10, where the 0 is the lowest rating and 10 is the highest. NCQA considers 8-10 to be equivalent to ratings of &quot;Completely Satisfied,&quot; &quot;Very Satisfied,&quot; and &quot;Somewhat Satisfied.&quot;</td>
<td>92.35%</td>
<td></td>
</tr>
<tr>
<td>How satisfied are you with the speed of your claims processed by the health plan?</td>
<td>Members who chose number 8-10 on the original scale of 0-10, where the 0 is the lowest rating and 10 is the highest. NCQA considers 8-10 to be equivalent to ratings of &quot;Completely Satisfied,&quot; &quot;Very Satisfied,&quot; and &quot;Somewhat Satisfied.&quot;</td>
<td>85.96%</td>
<td></td>
</tr>
</tbody>
</table>

The source for data contained in this publication is Quality Compass® 2015 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2015 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these 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).

1 HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).
**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 age 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
Tel Fax 855-332-4305, Fax 425-618-5893, 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/4 supra二人身地址, or by mail or phone at U.S. Department of Health and Human Services 200 Independence Avenue SW, Room S59F, HHH Building Washington, DC 20201, 1-800-368-1019, 800-537-7997 (TDD) Compliant forms are available at http://www.hhs.gov/ocr/office/ complaints/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 terms 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)

**العربية (Arabic):**

لا يوجد هذا الإشعار باللغة العربية. إذا كنت بحاجة إلى النسخة باللغة العربية للإشعار، يرجى إتصالنا.

**中文 (Chinese):**

本通知有重要信息，本通知可能有关于通过Premera Blue Cross提交的申请或索赔的重要信息。本通知内可能包含重要信息，您可能需要在截止日期之前采取行动。您可以获取有关我们如何用您所选择的语言提供这些信息和资源的详细信息。请致电电话800-722-1471（TTY: 800-842-5357）。

**Italiano (Italian):**
