


UTILIZATION MANAGEMENT GUIDELINE – 11.01.522

Skilled Hourly Nursing Care in the Home

Effective Date: June 1, 2018	RELATED MEDICAL POLICIES:
Last Revised: May 3, 2018	11.01.508 Skilled Home Health Services
Replaces: N/A	

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Introduction

With advances in technology, it is now possible to provide a high level of medical and nursing technical support in the home setting. In the past this care could only be provided in a hospital or facility setting. Some patients with complex medical diagnoses can now remain at home with the support of skilled nursing care. This care is different than general home health care, which is usually managed by intermittent brief visits by skilled staff. Skilled hourly nursing care or medically intensive home nursing care refers to complex hourly nursing services provided by a licensed nurse in the patient’s home for more than 4 hours per day. This policy describes skilled hourly care and outlines how the plan may cover these services.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Service	Medical Necessity
Skilled hourly nursing care in the home	Considered medically necessary when ALL of the following criteria are met:

Service	Medical Necessity
	<ul style="list-style-type: none"> • The nursing services are ordered by a licensed physician (MD or DO) as part of a treatment plan for a covered medical condition <p>AND</p> <ul style="list-style-type: none"> • There is a physician approved, written treatment plan with specific short- and long-term goals <p>AND</p> <ul style="list-style-type: none"> • The nursing services provided are reasonable and necessary for care of a patient’s illness or particular medical needs and are within the accepted standards of nursing practice <p>AND</p> <ul style="list-style-type: none"> • The services are performed by a licensed nurse (ie, Registered Nurse [RN], Licensed Practical Nurse [LPN], or Licensed Vocational Nurse [LVN]) working under a licensed home health agency <p>AND</p> <ul style="list-style-type: none"> • The nursing services provided are within the scope of practice and require the proficiency and skills of a licensed nurse (RN or LPN or LVN) <p>AND</p> <ul style="list-style-type: none"> • The nursing services can safely be provided in the patient’s private residence <p>AND</p> <ul style="list-style-type: none"> • The patient’s condition requires frequent nursing assessments and changes in the plan of care that could not be met through an intermittent skilled nursing visit but only through skilled hourly nursing services. <p>Note: See the Additional Criteria section below for additional detail on types of services that may be covered</p>
Additional Criteria	<p>Coverage may be provided in the following situations:</p> <ul style="list-style-type: none"> • Skilled nursing care may include, but is not limited to the following: <ul style="list-style-type: none"> ○ Assessments (eg, respiratory assessment, patency of airway, vital signs, feeding assessment, seizure activity, hydration, level of consciousness, constant observation for comfort and pain management)



Service	Medical Necessity
	<ul style="list-style-type: none"> ○ Administration of treatment related to technological dependence (eg, ventilator, tracheostomy, bi-level positive airway pressure [Bi-PAP], intravenous [IV] administration of medications and fluids, feeding pumps, nasal stents, central lines) ○ Monitoring and maintaining parameters/machinery (eg, oximetry, blood pressure, end tidal CO₂ levels, ventilator settings, humidification systems, fluid balance, etc.) ○ Interventions (eg, medications, suctioning, IVs, hyperalimentation, enteral feeds, ostomy care, and tracheostomy care) ● The needs/care required are such that they cannot be managed (requires more than 4 hours of intensive skilled care per day) by intermittent home health nurse visits ● The number of hours of coverage during 24 hours is based on the documentation submitted that outlines the complexity and intensity of the member's care and the frequency of necessary skilled nursing care interventions The family or caregivers are also participating in care as skilled hourly nursing care is not intended to be 24 hours of care (except for transitional care as defined below) ● The family or caregivers are generally in the home when the nurse is present ● In most cases skilled hourly nursing care is covered at 8 to 12 continuous hours per day (less than 16 hours) ● Home ventilator or Bi-PAP care: Skilled hourly nursing care may be covered for home ventilator care under the following conditions: <ul style="list-style-type: none"> ○ The treating physician has agreed to the home care plan AND <ul style="list-style-type: none"> ○ The member is on a ventilator at least 6 hours per day AND <ul style="list-style-type: none"> ○ The member is expected to be or has been ventilator dependent for longer than 30 days ○ Initial transition to the home setting with a ventilator may be approved for up to 24 hours per day for no longer than 3 weeks



Service	Medical Necessity
	<ul style="list-style-type: none"> ○ Subsequent skilled hourly nursing care for management of a home ventilator may be covered up to 16 hours per day ● Skilled hourly nursing care for greater than 16 hours per day may be medically necessary in the following instances: <ul style="list-style-type: none"> ○ Transition from the inpatient setting to the home setting, to allow family training especially in the case of medically fragile infants or a home ventilator <p>OR</p> <ul style="list-style-type: none"> ○ For 3-4 days when the member is acutely ill, and the member has previously been stable with skilled hourly nursing care in the home, and additional skilled hourly home care may prevent an inpatient admission
<p>Skilled hourly nursing care in the home</p>	<p>Skilled hourly nursing care in the home is considered not medically necessary in the following circumstances:</p> <ul style="list-style-type: none"> ● When custodial or maintenance care can be given by a non-professional (ie, nursing assistant, home health aide, trained family member) ● When such care is solely to allow respite for the patient's caregivers or family <p>Exclusions to skilled hourly care include:</p> <ul style="list-style-type: none"> ● Skilled hourly nursing care is not covered solely to allow the patient's family or caregiver to attend school or work outside of the home. ● Skilled hourly nursing care is not covered if the patient is in any of the following settings: <ul style="list-style-type: none"> ○ Acute inpatient hospital ○ Inpatient rehabilitation facility ○ Intermediate care facility or a resident of a licensed residential care facility ○ Skilled nursing facility ● Skilled hourly nursing care is not automatically covered in the school setting. The level of need still must be determined. All other criteria and limitations must be addressed. ● Skilled hourly nursing care is not covered when the nurse providing care is the patient's spouse, natural or adoptive child, parent, sibling, grandparent or grandchild. This also includes



Service	Medical Necessity
	<p>any person with an equivalent step or in-law relationship to the patient.</p> <ul style="list-style-type: none"> • The nurse’s travel time to and from a patient’s home is included in the cost for providing the service, and is not reimbursed separately.
<p>Non-skilled services in the home</p>	<p>Examples of non-skilled services include but are not limited to:</p> <ul style="list-style-type: none"> • Administration of oxygen, intermittent positive pressure breathing (IPPB) treatments and nebulizer treatments • Administration of suppositories and/or enema • Application of eye drops or ointments or topical medications • Custodial care: Activities of daily living that can be provided by non-medical people such as help in bathing, eating, dressing, and preventing a person from self-harm • Heat treatments such as whirlpool, paraffin baths and heat lamps that can be self-administered • Home health aides and supervisory visits for observation of home health aides • Ongoing intermittent straight catheterization for chronic conditions • Preparation of plans, records, or programs involved in care is considered an administrative function and not direct patient care • Routine administration or set up of maintenance medications, including insulin. This applies to oral (PO), subcutaneous (SQ), intramuscular (IM) and intravenous (IV) medications which are taken on a regular basis • Routine colostomy care • Routine enteral feedings • Routine foot and nail care • Routine services directed toward the prevention of injury or illness • Simple dressing changes • Suctioning of the nasopharynx • Visits for administrative purposes only, such as recertification assessments



Documentation Requirements

The records submitted for review should document that medical necessity criteria are met.

Include clinical documentation of ALL of the following:

- The nursing services are ordered by a licensed physician (MD or DO) as part of a treatment plan for a covered medical condition
- There is a physician-approved, written treatment plan with specific short-term and long-term goals
- The provided nursing services are reasonable and necessary for care of a patient's illness or particular medical needs and are within the accepted standards of nursing practice
- Services must require the professional proficiency and skills of an RN or LPN/LVN working under a licensed home health agency and within the scope of nursing practice
- The nursing services can safely be provided in the patient's private residence
- The patient's condition requires frequent nursing assessments and changes in the plan of care that could not be met through an intermittent skilled nursing visit but only through skilled hourly nursing services

Coding

Code	Description
HCPCS	
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)
S9124	Nursing care, in the home; by licensed practical nurse, per hour

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Related Information

The intent of skilled hourly nursing care is:



- To assist the patient with complex direct skilled nursing care
- To develop caregiver competencies through training and education
- To optimize patient health status and outcomes

Examples of skilled hourly nursing care may include:

- New ventilator dependent patients
- New tracheostomy patients
- Patients who are dependent on other device-based respiratory support, including tracheostomy care, nasopharyngeal or deep suctioning, and oxygen support
- Patients who are chronically ill and who require extensive skilled nursing care to remain at home
- Patients who require prolonged intravenous nutrition or drug therapy with needs beyond those covered by Home Infusion Therapy services

Some medical conditions create the need for observation with possible need for intervention if self-care is compromised by the inability to perform critical functions. This may require long term skilled care and benefits may or may not be available depending on the individual patient's clinical needs and the member's contract coverage.

Examples of this observation/intervention category include:

- Communication is severely impaired or non-existent
- Management of secretions is severely impaired or non-existent
- Nutritional needs must be managed by alternative methods
- Voluntary movement is severely impaired or non-existent

Definition of Terms

Activities of Daily Living (ADLs): Self-care activities within a member's place of residence that include dressing/bathing, eating, ambulating (walking), toileting, grooming, and hygiene.



Custodial care: Care comprised of services and supplies, including room and board and other facility services, which are provided to the patient, whether disabled or not, primarily to assist the member in the activities of daily living.

Custodial care includes, but is not limited to, help in walking, bathing, dressing, feeding, preparation of special diets, and supervision over self-administration of medications. Such services and supplies are custodial as determined by the plan without regard to the place of service or the provider prescribing or providing the services. Custodial care can be safely provided in the absence of a trained licensed medical professional, although such a professional might provide the initial training to family members.

Medically intensive home care: Care of a patient in the home setting that would otherwise be provided in a hospital or other active inpatient setting. Reasons for medically intensive home care are severity of or life-threatening nature of illness or technology dependence.

Medically fragile: A condition that makes the patient likely to require care to prevent, or intervene in, a life-threatening episode. This involves a wide variety of illnesses with the common denominator of extreme severity of existing disease or the potential to develop severe complications. Examples include but are not limited to patients on continuous peritoneal dialysis, those with an unstable airway, or severe neurological impairment.

Private Duty Nursing: The independent hiring of a nurse by a family or individual to provide care in their home. The contract is between the nurse and the individual, and there is no home health agency providing oversight of the nurse or work that is provided. The care may be skilled, supportive, or respite in nature.

Respite care: Short-term inpatient or home-based care provided to the member only when necessary to relieve the family member or other persons caring for the individual.

Unstable medical condition: A patient is considered to have an unstable medical condition if (1) the physician has ordered that the nurse constantly monitor and evaluate the patient's condition and make any necessary adjustments to the treatment regimen; and that the nursing and other therapy progress notes indicate that such interventions or adjustments have been made and are necessary; **OR** (2) the physician's orders dealing with the patient's unstable medical condition reflect that changes or adjustments have been made at least monthly.

Benefit Application

Skilled hourly nursing care may not be covered in all contracts.



Some contracts cover skilled hourly nursing care as a benefit limited to a specified number of hours per benefit year.

Washington

Effective January 1, 1995, Washington state adopted a Washington Administrative Code (WAC 284-44-500) that mandates benefit coverage for alternative care that includes substitution of home health care, provided in lieu of hospitalization/institutionalization for Washington state residents. State specific information about the administrative criteria can be found at the source URL: <http://apps.leg.wa.gov/WAC/default.aspx?cite=284-44-500>. Accessed May 2018.

Evidence Review

N/A

References

1. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 7 Home Health Services – Section 40.1.1 Skilled Nursing Care [electronic version]. Source URL: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>. Accessed May 2018.
2. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 7 Home Health Services – Section 50.3 Medical Social Services [electronic version]. Source URL: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>. Accessed May 2018.
3. Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 7 Home Health Services – Section 40.2 Skilled Therapy Services [electronic version]. Source URL: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>. Accessed May 2018.
4. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination. Home nurses' visits to patients requiring heparin injection. NCD #290.2 [electronic version]. Source URL: <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=210&ncdver=1&DocID=290.2&bc=gAAAAAgAAAA&>. Accessed May 2018.
5. Washington State Legislature WAC 284-44-500 [electronic version]. Source URL: <http://apps.leg.wa.gov/WAC/default.aspx?cite=284-44-500>. Accessed May 2018.
6. Washington State Legislature. WAC 182-551-3000 [electronic version]. Source URL: <http://apps.leg.wa.gov/WAC/default.aspx?cite=182-551-3000>. Accessed May 2018.



History

Date	Comments
08/11/15	New Utilization Management Guideline. Private Duty Nurse Services may be considered medically necessary when criteria are met and the member has health plan benefits for the services.
10/13/15	Interim Update. To accurately describe the services, the policy title is changed to Skilled Hourly Nursing Care in the Home and throughout the policy from Private Duty Nurse Services. The intent of the policy statements is unchanged; provider's description change only, as explained above.
01/29/16	Coding update. Added HCPCS code T1000.
06/01/16	Update Related Policies: Remove 11.01.509 as it is archived. Alphabetized list of terms in Definitions. Minor formatting changes.
11/01/16	Annual Review, approved October 11, 2016. Slight wording changes. Added definitions of private duty nursing and medically intensive home care. Policy moved into new format.
06/01/17	Annual Review, approved May 23, 2017. Clarified language in criteria. Removed HCPCS code T1000. No changes to policy statement.
06/01/18	Annual Review, approved May 3, 2018. Minor editing for clarity only. Otherwise no other change to UM guideline statements.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2018 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.



Discrimination is Against the Law

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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 ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀዳሾች ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለመጠበቅና በአስፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና የለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መሰታ አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):

يحتوي هذا الإشعار على معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينه للحفاظ على تغطيتك الصحية أو المساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية 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):

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo 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 odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii 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 devez 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 ki enpòtan nan 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):

Tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsawb ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnu 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 dhau cov caij nyoog 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 wenna 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-ato wenna 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).

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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 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):

ແຈງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងដូចជា ធានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនុលោមតាមរបស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ 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 ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਨਵ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا 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 تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کلیران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

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):

Prezenta 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 provizorie 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'asamoa (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 e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo 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 polokalame 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 te malamalama i ai aunoa ma se togiga 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 tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring 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 ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย 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):

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).