



## Quality Program Report Card Measurement Year 2016



Using data to help people

QUALITY PROGRAM REPORT CARD MEASUREMENT YEAR 2016

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# The LifeWise Health Plan Quality Program's Commitment to You, Our Customer

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

## How do we accomplish this?

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

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

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

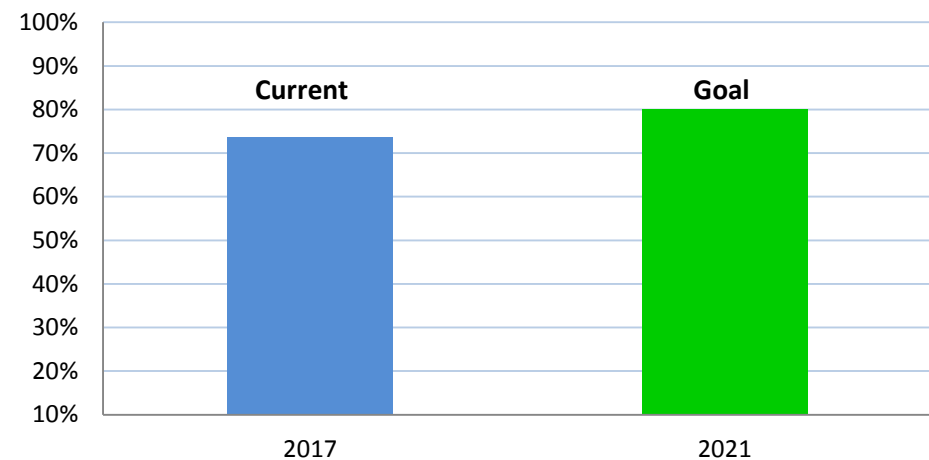
### How do we measure up?

We are rated among the best (top 25%) health plans in Washington and Alaska relative to cost and quality. We use nationally recognized and accepted metrics and benchmarks to measure our success in delivering high-quality, affordable healthcare to our customers. Our current results include:

- **Accreditation Standards:** We participate in the National Committee for Quality Assurance (NCQA) accreditation process. Your health plan is NCQA-accredited, receiving a near perfect score on Accreditation Standards in our 2016 triennial survey. We ensure our entire organization meets all NCQA standards. Meeting these standards translates to delivering on our commitments to you, our customer.
- **Regular Reporting of Quality Metrics** We generate effectiveness, appropriateness, and cost metrics each month to identify customized opportunities for your health care needs. Our objective is to be an industry leader in leveraging your opportunities for the right care at the right time.
- **Regular Reporting of Customer Satisfaction Metrics:** We annually monitor your satisfaction through the nationally recognized CAHPS® customer experience survey. Additionally, we integrate regularly-received indicators from a variety of other sources, such as direct customer feedback.

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

**LifeWise Health Plan  
Is Committed to Improving Quality**





## Quality Measure Reports: HEDIS and CAHPS Measurement Year 2016

Quality Measure – HEDIS		What's being measured / why it's important	Our Rate
<b>Measure ID</b>	<b>Description</b>	<b>Prevention – Checking for Cancer</b>	
BCS	Breast Cancer Screening	Women 50–74 years of age who had a biennial mammogram to screen for breast cancer. <i>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. Advancing age is the primary risk factor for breast cancer, which is most commonly diagnosed between 55–64.</i> <sup>1</sup>	66%
CCS	Cervical Cancer Screening	Women age 21–64 who had cervical cytology performed every 3 years or women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years. <i>Cervical cancer can be detected in its early stages by regular screening using a Pap (cervical cytology) test. Several organizations, including the American College of Obstetricians and Gynecologists (ACOG), the American Medical Association (AMA) and the American Cancer Society (ACS), recommend Pap testing every one to three years for all women who have been sexually active or who are over 21.</i> <sup>2</sup>	73%
COL	Colorectal Cancer Screening	Adults 50–75 years of age have had appropriate screening for colorectal cancer (CRC). <i>CRC is the second leading cause of cancer-related deaths in the U.S.<sup>3</sup> Unlike other screening tests that only detect disease, some methods of CRC screening can detect premalignant polyps and guide their removal, which in theory can prevent the cancer from developing.</i>	59%
<b>Measure ID</b>	<b>Description</b>	<b>Prevention – Maternity Care</b>	
PPC	Prenatal Care	Women who received prenatal care in the first trimester or within 42 days of enrollment. <i>Preventive medicine is fundamental to prenatal care. Healthy diet, counseling, vitamin supplements, identification of maternal risk factors and health promotion must occur early in pregnancy to have an optimal effect on outcomes.</i>	77%
PPC	Postpartum Care	Women who had a postpartum visit on or between 21 and 56 days after delivery.	69%
<b>Measure ID</b>	<b>Description</b>	<b>Prevention – Staying Healthy (Adult)</b>	
ABA	Adult BMI Assessment	Adults 18–74 years of age who had an outpatient office visit and had their body mass index (BMI) documented during the measurement year or the year before the measurement year. <i>Obesity is one of the most pervasive, chronic diseases in need of new strategies for medical treatment and prevention. As a leading cause of United States mortality, morbidity, disability, healthcare utilization and healthcare costs, the high prevalence of obesity continues to strain the United States healthcare system.</i> <sup>4</sup>	79%
CHL	Chlamydia Screening in Women	Women ages 16 to 24 who were sexually active and who were screened for chlamydia. <i>Screening is essential because the majority of women who have the condition do not experience symptoms. 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.</i>	40%
FVA	Flu Vaccinations for Adults Ages 18 to 64	Adults ages 18 to 64 who received an influenza vaccination. <i>The disease burden for influenza is large, and the potential for prevention is high. Influenza infections result in significant health care expenditures each year, and the vaccine is safe and effective.</i>	36%

Quality Measure – HEDIS		What's being measured / why it's important	Our Rate
Measure ID	Description	Prevention – Staying Healthy (Child)	
CIS	Childhood Immunizations (Combo 10 per NCQA)	Two-year-olds who have received the appropriate immunizations: four diphtheria-tetanus-acellular pertussis (DTAP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV) or history of chicken pox illness; four doses of pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines. <i>These vaccines are available for children 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.</i>	46%
IMA	Immunizations for Adolescents	Adolescents 13 years of age during the measurement year who received the following vaccinations on or before their 13th birthday: one dose of meningococcal conjugate vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series. <i>These vaccines are available for adolescents to prevent them from acquiring serious diseases and help protect against disease in populations that lack immunity, such as infants, the elderly and individuals with chronic conditions.</i>	72%
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 BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year. <i>One of the most important developments in pediatrics in the past two decades has been the emergence of a new chronic disease: obesity in childhood and adolescence. BMI is a useful screening tool for assessing and tracking the degree of obesity among adolescents.</i>	
	BMI percentile	Evidence of BMI percentile documentation	57%
	Nutrition	Counseling for Nutrition	63%
	Physical Activity	Counseling for Physical Activity	65%
Measure ID	Description	Clinical Effectiveness – Behavioral Health	
AMM	Antidepressant Medication Management	Adults 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. <i>In a given year, an estimated 20.9 million American adults suffer from a depressive disorder or depression.<sup>5</sup> Without treatment, symptoms associated with these disorders can last for years, or can eventually lead to death by suicide or other causes.</i>	
	Effective Acute Phase	Adults who remained on antidepressant medication during the entire 12-week period following diagnosis of depression.	54%
	Effective Continuation Phase	Adults who remained on antidepressant medication for at least six months following diagnosis of depression.	36%
ADD	Follow-Up Care for Children Prescribed ADHD Medication	Assessing follow-up care for children prescribed an attention deficit/hyperactivity disorder (ADHD) medication. <i>ADHD is one of the more common chronic conditions of childhood. Children with ADHD may experience significant functional problems, such as school difficulties; academic underachievement; troublesome relationships with family members and peers; and behavioral problems.<sup>6</sup></i>	
	Initiation Phase	Children who had at least one follow-up visit within 30 days of receiving the initial prescription.	33%
	Continuation & Maintenance Phase	Children who remained on the medication for at least 210 days and had at least two follow-up visits within nine months of receiving the initial prescription.	30%
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 diagnoses and who had a follow-up visit within 7 days with a mental health practitioner. <i>It is important to provide regular follow-up therapy to patients after they have been hospitalized for mental illness. An outpatient visit with a mental health practitioner after discharge is recommended to make sure that the patient's transition to the home or work environment is supported and that gains made during hospitalization are not lost.</i>	59%

Quality Measure – HEDIS		What's being measured / why it's important	Our Rate
IET	Initiation of Alcohol and Other Drug Abuse or Dependence Treatment	Adolescents and adults with a new episode of AOD abuse or dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of the diagnosis. <i>In 2015, 20.8 million people (7.8 percent of the U.S. population) 12 years of age and older were classified as having a substance use disorder (SUD) within the past year.<sup>7</sup></i>	28%
IET	Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Adolescents and adults diagnosed with a new episode of AOD abuse or dependence who initiated treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit. <i>One in 10 deaths among working adults in the U.S. is due to alcohol misuse.<sup>8</sup> In 2014, 47,055 deaths were due to drug overdose—61 percent due to opioid use.<sup>9</sup></i>	9%
<b>Measure ID</b>	<b>Description</b>	<b>Clinical Effectiveness – Respiratory</b>	
MMA	Medical Management for People With Asthma	Children and adults ages 5 to 64 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. <i>Appropriate medication adherence could ameliorate the severity of many asthma-related symptoms.<sup>10</sup></i>	
	50% of treatment period	Children and adults who remained on an asthma controller medication for at least 50 percent of the treatment period.	62%
	75% of treatment period	Children and adults who remained on an asthma controller medication for at least 75 percent of the treatment period.	34%
SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Adults 40 years of age and older during the measurement year with a new diagnosis of chronic obstructive pulmonary disease (COPD) who received spirometry testing to confirm the diagnosis within a reasonable period. <i>COPD is a major cause of chronic morbidity and mortality. While other major causes of death have been decreasing, COPD mortality has risen, making it the third leading cause of death in the U.S.<sup>11</sup></i>	34%
<b>Measure ID</b>	<b>Description</b>	<b>Clinical Effectiveness – Cardiovascular Conditions</b>	
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 AMI and who received persistent beta-blocker treatment for six months after discharge. <i>According to results of large-scale clinical trials, beta-blockers consistently reduce subsequent coronary events, cardiovascular mortality and all-cause mortality by 20 percent–30 percent after an acute myocardial infarction (AMI) when taken indefinitely.<sup>12 13</sup></i>	67%
CBP	Controlling High Blood Pressure	Adults ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90) during the measurement year. <ul style="list-style-type: none"> <li>• Ages 18 – 59 whose BP was &lt;140/90 mm Hg</li> <li>• Ages 60 – 85 with a diagnosis of diabetes whose BP was &lt;140/90 mm Hg</li> <li>• Ages 60 – 85 without a diagnosis of diabetes whose BP was &lt;150/90 mm Hg</li> </ul> <i>Approximately 67 million Americans have high blood pressure.<sup>14</sup> Treatment to improve hypertension includes dietary and lifestyle changes, as well as appropriate use of medications.</i>	53%
<b>Measure ID</b>	<b>Description</b>	<b>Clinical Effectiveness – Diabetes</b>	
CDC	Comprehensive Diabetic Care	Adults ages 18 to 75 with diabetes (types 1 and 2) who received recommended medical services. <i>Diabetes is one of the most costly and highly prevalent chronic diseases in the U.S. It is the seventh leading cause of death in the United States.<sup>15</sup></i>	
CDC-A1c	Hemoglobin A1c Testing for Diabetics	Adults ages 18 to 75 with diabetes who had a hemoglobin (HbA1c) blood test during the measurement year.	92%

Quality Measure – HEDIS		What's being measured / why it's important	Our Rate
CDC- A1c>9.0	Hemoglobin A1c Control Poorly Controlled	Adults ages 18 to 75 with diabetes Have poorly controlled diabetes (HbA1c >9.0%) during the measurement year. <i>A lower rate is ideal.</i>	36%
CDC- A1c<8.0	Hemoglobin A1c Control Controlled	Adults ages 18 to 75 with diabetes whose most recent hemoglobin A1c was <8.0 during the measurement year.	54%
CDC- Eye Exam	Retinal or Dilated Eye Exams for Diabetics	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.	46%
CDC- Nephropathy	Nephropathy Monitoring for Diabetics	Adults ages 18 to 75 with diabetes who have been screened or monitored for kidney disease during the measurement year.	86%
CDC –B/P control	Blood Pressure Control for Diabetics	Adults ages 18 to 75 with diabetes who had blood pressure control (<140/90 mm Hg).	64%

Measure ID	Description	Efficiency and Affordability	
LBP	Use of Imaging Studies for Low Back Pain	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). <i>Approximately 2.5 million Americans visit outpatient clinical settings for low back pain each year. 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.</i> <sup>16</sup>	80%
CWP	Appropriate Testing for Children with Pharyngitis	Children/adolescents between 3 and 18 years of age, who were diagnosed with pharyngitis, prescribed an antibiotic at an outpatient visit and received a group A strep test. A higher rate indicates better performance (i.e., appropriate testing). <i>Pharyngitis is the only condition among upper respiratory infections (URI) where diagnosis is validated easily and objectively through administrative and laboratory data, and it can serve as an important indicator of appropriate antibiotic use among all respiratory tract infections.</i>	77%
URI	Appropriate Treatment for Children with Upper Respiratory Infection	Children/adolescents between 3 months and 18 years of age who were given a diagnosis of URI at an outpatient visit and who <i>did not</i> receive an antibiotic prescription for that episode of care within three days of the visit. <i>Overuse of antibiotics has been directly linked to the prevalence of antibiotic resistance; promoting judicious use of antibiotics is important to reducing levels of antibiotic resistance.</i> <sup>17</sup>	92%
AAB	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. <i>Inappropriate antibiotic treatment of adults with acute bronchitis is of clinical concern, especially since misuse and overuse of antibiotics lead to antibiotic drug resistance.</i> <sup>18</sup>	37%

Quality Measure – CAHPS		What's being measured	Our Rate
Member Satisfaction		Overall – General Satisfaction with Plan and Principal Doctors	
How would you rate your health plan?	Members who chose number 8-10 on the 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 "Somewhat Satisfied," "Very Satisfied," and "Completely Satisfied."		28%
How would you rate your personal doctor?	Members who chose number 8-10 on the 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 "Somewhat Satisfied," "Very Satisfied," and "Completely Satisfied."		84%

Quality Measure – CAHPS	What's being measured	Our Rate
<b>Member Satisfaction</b>		<b>Overall – General Satisfaction with Plan and Principal Doctors</b>
How would you rate your specialist?	Members who chose number 8-10 on the 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 "Somewhat Satisfied," "Very Satisfied," and "Completely Satisfied."	78%
How satisfied are you with the information provided by customer service?	Members who chose number 8-10 on the 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 "Somewhat Satisfied," "Very Satisfied," and "Completely Satisfied."	76%
How satisfied are you with the level of courtesy and respect from customer service?	Members who chose number 8-10 on the 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 "Somewhat Satisfied," "Very Satisfied," and "Completely Satisfied."	93%
How satisfied are you with the accuracy of your claims processed by the health plan?	Members who chose number 8-10 on the 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 "Somewhat Satisfied," "Very Satisfied," and "Completely Satisfied."	91%
How satisfied are you with the speed of your claims processed by the health plan?	Members who chose number 8-10 on the 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 "Somewhat Satisfied," "Very Satisfied," and "Completely Satisfied."	81%

The source for data contained in this publication is Quality Compass® 2017 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2017 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**

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

**LifeWise:**

- 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 LifeWise 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 855-332-6396, Fax 425-918-5592, TTY 800-842-5357 Email AppealsDepartmentInquiries@LifeWiseHealth.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 LifeWise Health Plan of Washington. 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 800-592-6804 (TTY: 800-842-5357).

**አማርኛ (Amharic):**

ይህ ግንባታዎቹ አሰጣጥ ለሁሉም ይህ ግንባታዎቹ ስለ ማመልከቻዎ ወይም የ LifeWise Health Plan of Washington ስፋት ለሁሉም ለሁሉም ይቻላል። በዚህ ግንባታዎቹ ውስጥ ቁልፍ ቀንቶ ሊኖሩ ይችላሉ። የገንዘብ ገደብ ለመጠየቅ በስነተፋፊ ለርዳታ ለማግኘት በተወሰኑ የጊዜ ገደቦች ለርዳታ መሰጠት ይገባል። ይህን መረጃ እንዲያገኙ እኛን በጽንዖት ለርዳታ እንዲያገኙ ማየት እለዩት። 800-592-6804 (TTY: 800-842-5357) ይደውሉ።

**العربية (Arabic):**

يحتوي هذا الإعلان معلومات هامة. قد يحتوي هذا الإعلان معلومات مهمة بخصوص طلبك أو التغطية التي تريد الحصول عليها من خلال LifeWise Health Plan of Washington. قد تكون هناك تواريخ مهمة في هذا الإعلان. وقد تحتاج لاتخاذ إجراء في تاريخ معينة للحفاظ على تعظيقتك الصحية أو للمساعدة في دفع التكاليف. بحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-592-6804 (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 LifeWise Health Plan of Washington 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 800-592-6804 (TTY: 800-842-5357)。

**Oromoo (Cushite):**

Beeksisti kun odeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa LifeWise Health Plan of Washington tiin tajaajila keessan ilaalchisee odeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggarmuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti warrii raawwatitan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-592-6804 (TTY: 800-842-5357) ti bilbilaa.

**Français (French):**

**Cet avis a d'importantes informations.** Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de LifeWise Health Plan of Washington. Le présent avis peut contenir des dates clés. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-592-6804 (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 kouvéti asirans lan atravè LifeWise Health Plan of Washington. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvéti asirans sante w la oswa pou yo ka ode 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 800-592-6804 (TTY: 800-842-5357).

**Deutsche (German):**

**Diese Benachrichtigung enthält wichtige Informationen.** Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch LifeWise Health Plan of Washington. 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 erhalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-592-6804 (TTY: 800-842-5357).

**Hmoob (Hmong):**

**Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb.** Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawv LifeWise Health Plan of Washington. Tej zaum muaj cov hnub 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 dhu cov caij nyooq uas tee tseeg 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 800-592-6804 (TTY: 800-842-5357).

**Iloko (Ilocano):**

**Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion.** Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenno coverage babaen iti LifeWise Health Plan of Washington. 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-atyto wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-592-6804 (TTY: 800-842-5357).

**Italiano (Italian):**

**Questo avviso contiene informazioni importanti.** Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso LifeWise Health Plan of Washington. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-592-6804 (TTY: 800-842-5357).



