



Department of Consumer & Business Services

Insurance Division — 2

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**Grievance  
Annual Report**

Annual grievance report for 20\_\_\_\_\_.

Due on June 30 for previous calendar year.

All insurers offering health benefit plans are required to submit annual reports of grievances and appeals.  
 ORS 743.804, OAR 836-053-1070

Company name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Contact person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Category of grievance	Number of grievances closed (A)	Initial decision upheld		Initial decision reversed	
		Number (B)	Percentage (B/A)	Number (C)	Percentage (C/A)
(D) Access problems					
(E) Referral issues					
(F) Medical necessity					
(G) Other coverage/not covered					
(H) Eligibility					
(I) Quality of care					
(J) Quality of plan services					
(K) Emergency services					
(L) Administrative issues					
<b>(M) Total number of grievances closed:</b>		<b>Percentage:</b>		<b>Percentage:</b>	

	Number	Percentage
(N) Closed at initial grievance		(N/M)
(O) Closed at first level of appeal		(O/M)
(P) Closed at second level of appeal		(P/M)
<b>(Q) Average time between filing of grievance and closure: _____ days</b>		

