



Department of Consumer & Business Services
Insurance Division — 2
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**Grievance
Annual Report**

Annual grievance report for 2002 - See Attached Policy as well.

Due on June 30 for previous calendar year. FOR 2003 ONLY: DUE ON JULY 31, 2003.

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: Clear Choice Health Plans a dba of Central Oregon Independent Health Services Date: June 26, 2003
 Contact person: Pamela Johnson Title: Director of Regulatory Affairs
 Phone: 541 330-4960 E-mail: pjohnson@coihs.com

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	1			1	100
(F) Medical necessity					
(G) Other coverage/not covered	3	1	33	2	66
(H) Eligibility					
(I) Quality of care					
(J) Quality of plan services					
(K) Emergency services					
(L) Administrative issues	1	1	100		
(M) Total number of grievances closed:	5	Percentage: 40		Percentage: 60	

	Number	Percentage
(N) Closed at initial grievance	5	(N/M) 100
(O) Closed at first level of appeal	0	(O/M) 0
(P) Closed at second level of appeal	0	(P/M) 0
(Q) Average time between filing of grievance and closure: 11 days		

