



**Department of Consumer & Business Services**  
**Insurance Division — 2**  
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<b>Grievance Annual Report</b>
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**Annual grievance report for 2004.**

**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: **Clear Choice Health Plans** Date: **06/27/2005**  
 Contact person: **Mari Calvo** Title: Grievance/Appeals & Privacy Administrator  
 Phone: **541-330-4992** E-mail: **mcalvo@clearchoicehp.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					
(F) Medical necessity	<b>1</b>			<b>1</b>	<b>100</b>
(G) Other coverage/not covered					
(H) Eligibility					
(I) Quality of care					
(J) Quality of plan services					
(K) Emergency services					
(L) Administrative issues	<b>2</b>			<b>2</b>	<b>100</b>
<b>(M) Total number of grievances closed:</b>	<b>3</b>	<b>Percentage:</b>		<b>Percentage: 100</b>	

	Number	Percentage
(N) Closed at initial grievance		(N/M)
(O) Closed at first level of appeal	<b>3</b>	(O/M) <b>100</b>
(P) Closed at second level of appeal		(P/M)
<b>(Q) Average time between filing of grievance and closure: 11 days</b>		

