



Department of Consumer & Business Services

Insurance Division — 2

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**Network Adequacy
Annual Summary**

Network adequacy annual summary for 2004

Due on June 30 for previous calendar year.

An insurer offering managed health insurance or preferred provider organization (PPO) insurance shall file an annual summary of the scope and adequacy of the provider network and of its ongoing monitoring that all covered services are reasonably accessible to enrollees. ORS 743.817, OAR 836-053-1190.

1. Company name: Clear Choice Health Plans, a dba of Central Oregon Independent Health Services Filing date: 6/27/2005
2. Company address: 2650 NE Courtney Drive
City, state, ZIP: Bend, Oregon, 97701
3. Company Web site: www.clearchoicehp.com
4. Name, e-mail address, and phone number of the person completing this form:
Donald Ross, dross@clearchoicehp.com, 541-385-5315
5. Name, title, and department of manager responsible for oversight, communication, and monitoring of network adequacy:
Donald Ross, Manager, Provider Services
6. Phone number, address, or Web site at which enrollees can express concerns regarding network adequacy:
541-382-9228, or at 2650 NE Courtney Drive, Bend, OR, 97701
7. URL of provider directory for enrollees: www.clearchoicehp.com
How often is this Web page updated? daily/weekly, as information changes
8. Does the provider directory indicate which providers speak languages other than English?
 No Yes Specify languages available besides English: Spanish
Publication title, date and page, or URL: www.clearchoicehp.com
9. Does the company mail a provider directory to enrollees upon request?
 No Yes Phone number for enrollee request of directory: 541-382-9228
10. How often does the company inform enrollees of changes to the provider network by the following means?
Newsletter, mailer, or insert: _____ Phone call: _____ E-mail message: _____
Other; specify means and frequency: The online directory is continuously updated. Impacted members are notified by mail whenever their doctor is leaving the health plan or the area.
11. Total number of enrollee communications of any kind that the company has received during the year expressing difficulty in obtaining an appointment with a provider: 0



12. Minimum number of hours/days/weeks that providers must make preventive care available:

All Providers have call coverage 24/7

per _____

Is this a company requirement or goal?

13. Minimum number of hours/days/weeks that providers must make available routine primary care available:

as above

per _____

Is this a company requirement or goal?

14. Minimum number of hours/days/weeks that providers must make available urgent care available:

as above

per _____

Is this a company requirement or goal?

15. For each region or geographic area of the state that your company serves, note the days and hours that urgent care is available outside regular business hours (Monday-Friday, 8 a.m.-5 p.m.):

- Area 1: Clackamas, Multnomah, Washington, and Yamhill counties..... N/A
- Area 2: Benton, Lane, and Linn counties N/A
- Area 3: Marion and Polk counties N/A
- Area 4: Deschutes, Klamath, and Lake counties Their own doctor, if extended hours, or contracted immediate care centers
- Area 5: Clatsop, Columbia, Coos, Curry, Lincoln, and Tillamook counties..... N/A
- Area 6: Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler counties Local Hospitals provide urgent and emergent care
- Area 7: Douglas, Jackson, and Josephine counties N/A

16. How often does the company conduct a formal review of network adequacy?

Never Monthly Quarterly Annually Other: _____

17. Specify how the company uses information from formal reviews to improve client access to providers:

Provider Services monitors member access to providers for existing and new patients. Contracting physicians contact us with changes in their status. Members may address access issues with our Appeals and Grievances department.

18. Which company officials receive regular reports on network adequacy?

None Senior management Board of directors Other: _____

19. Does the company keep information on which physicians are accepting new patients?

No Yes How often is this information updated?

Daily Weekly Monthly Quarterly Annually Other: _____

20. Describe how enrollees can find out which physicians are accepting patients:

They may check our online directory, or call Customer Service during business hours.

