



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

Annual grievance report for **2005**.

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: **06/15/2006**
 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	2			2	100
(G) Other coverage/not covered	13	9	69	4	31
(H) Eligibility					
(I) Quality of care					
(J) Quality of plan services					
(K) Emergency services					
(L) Administrative issues	3			3	100
(M) Total number of grievances closed:	18	Percentage: 50		Percentage: 50	

	Number	Percentage
(N) Closed at initial grievance	17	(N/M) 94
(O) Closed at first level of appeal	1	(O/M) 6
(P) Closed at second level of appeal	0	(P/M) 0
(Q) Average time between filing of grievance and closure: 18 days		

