



Department of Consumer & Business Services

Insurance Division — 2

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**Grievance  
Annual Report**

Annual grievance report for **2006**.

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: **06/29/2007**  
 Contact person: **Mari Calvo** Title: **Grievance & Appeals 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	1	1	100		
(E) Referral issues	1	1	100		
(F) Medical necessity					
(G) Other coverage/not covered	13	8	62	5	38
(H) Eligibility					
(I) Quality of care	2	1	50	1	50
(J) Quality of plan services	1	1	100		
(K) Emergency services					
(L) Administrative issues	9	7	78	2	22
<b>(M) Total number of grievances closed:</b>	<b>27</b>	<b>Percentage:</b>	<b>70</b>	<b>Percentage:</b>	<b>30</b>

	Number	Percentage
(N) Closed at initial grievance	26	(N/M) 96
(O) Closed at first level of appeal	1	(O/M) 4
(P) Closed at second level of appeal	0	(P/M) 0
<b>(Q) Average time between filing of grievance and closure:</b>	<b>16 days</b>	

