



Department of Consumer & Business Services

Insurance Division — 2

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Utilization Review  
Annual Summary

Utilization review annual summary for 2006.

Due on **June 30** for previous calendar year.

All health benefit insurers that provide utilization review or have utilization review provided on their behalf shall file an annual summary describing all utilization-review policies and utilization-review monitoring activities, including delegated functions. ORS 743.807, OAR 836-053-1130

1. Company name: Clear Choice Health Plans a dba of Central Oregon Independent Health Services Filing date: \_\_\_\_\_
2. Company address: 2650 NE Courtney Dr  
City, state, ZIP: Bend OR 97701
3. Company Web site: www.clearchoicehp.com
4. Name, e-mail address, and phone number of the person completing this form:  
Sydney Patton, spatton@clearchoicehp.com, 2650 NE Courtney Dr Bend OR 97701, 541-330-8106
5. Name, title, and department of manager responsible for oversight of utilization review:  
Christopher Key, RPH

For the following information, enter the URL, or the name of the publication in which it appears:

6. Time frame for making utilization review decisions:  
Target: 48 hours/2 days Actual (average): Monitoring by company QA department began in October 2006. Average timeliness for decisions was 94%.

URL, or the publication title, date, and page: UR Authorizations Policy

7. Specify minimum qualifications for those who make first-level utilization-review decisions:  
Licensed Registered Nurse, Pharmacist, or Physical Therapist

URL, or the publication title, date, and page: RN Case Manager 0307.doc

8. Specify minimum qualifications for those who make second-level utilization-review decisions:  
Registered Nurse or MD (Medical Director or consulting physician )

URL, or the publication title, date, and page: RN Case Manager 0307.doc

9. Do providers participate in making utilization-review decisions?  
 No  Yes At which level(s)? Data is the same as in the 2005 report

URL, or the publication title, date, and page: UR Clinical Criteria Policy  
UR Clinical Criteria Procedure

10. Indicate the sources of clinical information the company researches for utilization-review decisions:  
Data is the same as in the 2005 report

URL, or the publication title, date, and page: http://www.clearchoicehp.com/Index.aspx?Page=PPL



11. List company's steps in developing utilization-review criteria:

**See Clinical Criteria Policy and Procedure**

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URL, or the publication title, date, and page: **UR Clinical Criteria Policy**  
**UR Clinical Criteria Procedure**

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12. What action or event causes utilization-review criteria to be revised?

**Data is the same as in the 2005 report**

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URL, or the publication title, date, and page: \_\_\_\_\_

13. How does the company inform enrollees about changes in utilization-review criteria?

**Member Handbook and Summary of Benefits which are updated annually.**

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URL, or the publication title, date, and page: **Summary of Benefits are located on website on the Member Portal**  
**MemberHandbook CC Select Large Group.doc**  
**MemberHandbook-Small Group.doc**

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14. How does the company inform providers about changes in utilization-review criteria?

**Provider Manual, webpage, newsletters, direct physician contact.**

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URL, or the publication title, date, and page: **www.clearchoicehp.com**  
**CCHP Provider Manual**

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15. Is there a procedure for monitoring in-house utilization-review criteria?

No  Yes Specify: **Quality Improvement Activities and Internal Audit**

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URL, or the publication title, date, and page: \_\_\_\_\_

16. Does the company delegate any utilization-review activities to outside resources?

No  Yes Specify: \_\_\_\_\_

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URL, or the publication title, date, and page: \_\_\_\_\_

17. Are there procedures for monitoring utilization-review activities delegated to outside resources?

No  Yes Specify: \_\_\_\_\_

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URL, or the publication title, date, and page: \_\_\_\_\_