



Department of Consumer & Business Services

Insurance Division — 2

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**Grievance  
Annual Report**

Annual grievance report for 2007.

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: 07/09/08  
 Contact person: Mari Enders Title: Grievance/Appeals Administrator  
 Phone: 541-330-4992 E-mail: menders@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	9	2	22	7	78
(G) Other coverage/not covered	22	8	36	13	59
(H) Eligibility					
(I) Quality of care					
(J) Quality of plan services	5	2	40	3	60
(K) Emergency services	1	1	100	0	0
(L) Administrative issues	13	6	46	7	54
<b>(M) Total number of grievances closed:</b>	<b>50</b>	<b>Percentage:</b>	<b>38</b>	<b>Percentage:</b>	<b>60</b>

	Number	Percentage
(N) Closed at initial grievance	48	(N/M) 96
(O) Closed at first level of appeal	2	(O/M) 4
(P) Closed at second level of appeal		(P/M)
<b>(Q) Average time between filing of grievance and closure: <u>15</u> days</b>		

