



Department of Consumer & Business Services

Insurance Division — 2

P.O. Box 14480

Salem, Oregon 97309-0405

Phone: (503) 947-7268

Fax: (503) 378-4351

350 Winter St. NE, Rm. 440, Salem, Oregon

www.insurance.oregon.gov

Utilization Review
Annual Summary

Utilization review annual summary for 2007.

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, Inc. Filing date: 6/30/08
2. Company address: 2965 NE Conners Ave.
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, 541-330-8106
5. Name, title, and department of manager responsible for oversight of utilization review:
Christopher Key, RPH, Manager, Medical Affairs
Lorna Christensen RN, Supervisor, Medical Affairs Clinical Review

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): From 1/2007-9/2007 the ave days to approve a standard authorization was 1.26 days.

URL or the publication title, date, and page: _____

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

URL or the publication title, date, and page: _____

8. Specify minimum qualifications for those who make second-level utilization-review decisions:
If the 2nd level decision is an approval a Registered Nurse may make that decision. All 2nd level decisions resulting in a denial are made by a MD

URL or the publication title, date, and page: _____

9. Do providers participate in making utilization-review decisions?
 No Yes At which level(s)? Providers may participate in 1st, 2nd or 3rd level decisions.

URL or the publication title, date, and page: _____

10. Indicate the sources of clinical information the company researches for utilization-review decisions:

- Evidence-based websites such as UpToDate.com, FirstConsult.com, ACR Appropriateness Criteria, National Guideline Clearinghouse
- Milliman's CareWebQI
- Hayes Health Technology Website
- Medicare criteria and guidelines
- DMAP guidelines
- In-panel and out-of-panel physician specialty consultants
- Cochrane Collaboration
- Respected medical journals

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



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

UR Clinical Criteria Policy.pdf

UR Clinical Criteria Procedure.pdf

URL or the publication title, date, and page: _____

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

Revisions to criteria are triggered by changes to benefits, regulatory guidelines, national disease or treatment guidelines, community standards of care, and/or advances or changes in technology.

URL or the publication title, date, and page: _____

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

Members are notified of the information available under the Patient Protection Act section of member handbook. Specific authorization rules, criteria, and procedures are available to members upon request to Member Services.

URL or the publication title, date, and page: UR Required Member Disclosures Procedure.pdf
UR 2008_OR_Large_Group_Member_Handbook.pdf

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

Provider Manual, webpage, newsletters, direct physician contact.

URL or the publication title, date, and page: www.clearchoicehp.com
UR Oregon Provider Manual 2007

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

No Yes Specify: In-house utilization review criteria are monitored through utilization reports and Internal Audits.

URL or the publication title, date, and page: _____

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

No Yes Specify: Behavioral Health Utilization is outsourced to Reliant Behavioral Health

URL or the publication title, date, and page: _____

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

No Yes Specify: Decisions are monitored through the authorization system to ensure the

appropriate member notifications occur and are consistent with benefits and guidelines.

URL or the publication title, date, and page: _____