



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

**Grievance
Annual Report**

Annual grievance report for **2008**.

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: **03/09/2009**
 Contact person: **Sue Greenhill** Title: **Grievance/Appeals Supervisor**
 Phone: **541-330-4906** E-mail: **sgreenhill@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	0	0	0	0	0
(E) Referral issues	1	1	100	0	0
(F) Medical necessity	48	34	71	14	29
(G) Other coverage/not covered	22	8	36	14	64
(H) Eligibility	0	0	0	0	0
(I) Quality of care	1	1	100	0	0
(J) Quality of plan services	1	1	100	0	0
(K) Emergency services	0	0	0	0	0
(L) Administrative issues	20	16	80	4	20
(M) Total number of grievances closed:	93	Percentage:	66	Percentage:	34

	Number	Percentage
(N) Closed at initial grievance	93	(N/M) 100
(O) Closed at first level of appeal	0	(O/M) 0
(P) Closed at second level of appeal	0	(P/M) 0
(Q) Average time between filing of grievance and closure: 16 days		

