



Department of Consumer & Business Services

Insurance Division — 2

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**Grievance
Annual Report**

Annual grievance report for **2004**.

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: **Connecticut General Life Insurance Company** Date: **06/24/05**
 Contact person: **Jean Wirtz** Title: **Compliance Officer**
 Phone: **206.654.8913** E-mail: **jean.wirtz@cigna.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 | 6 | | | 6 | 100 |
| (F) Medical necessity | 17 | 8 | 47 | 9 | 52 |
| (G) Other coverage/not covered | 4 | 3 | 75 | 1 | 25 |
| (H) Eligibility | | | | | |
| (I) Quality of care | | | | | |
| (J) Quality of plan services | | | | | |
| (K) Emergency services | | | | | |
| (L) Administrative issues | 3 | 2 | 66 | 1 | 33 |
| (M) Total number of grievances closed: | 30 | Percentage: | 43 | Percentage: | 56 |

| | Number | Percentage |
|--|--------|------------|
| (N) Closed at initial grievance | 0 | (N/M) |
| (O) Closed at first level of appeal | 30 | (O/M) 100 |
| (P) Closed at second level of appeal | 0 | (P/M) |
| (Q) Average time between filing of grievance and closure: 24 days | | |

