



Department of Consumer & Business Services
 Insurance Division — 2
 P.O. Box 14480
 Salem, Oregon 97309-0405
 Phone: (503) 947-7269
 Fax: (503) 378-4351
 350 Winter St. NE, Rm. 440, Salem, Oregon
 www.oregoninsurance.org

**Grievance
Annual Report**

Annual grievance report for 2003.

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: Time Insurance Company Date: Resubmitted May 2006
 Contact person: Megan M. O'Halloran Title: Paralegal
 Phone: 414.299.8963 E-mail: megan.o'halloran@assurant.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	15	11	73	4	27
(E) Referral issues	0	0	0	0	0
(F) Medical necessity	22	19	86	3	14
(G) Other coverage/not covered	127	61	48	66	52
(H) Eligibility	31	19	61	12	39
(I) Quality of care	2	2	100	0	0
(J) Quality of plan services	0	0	0	0	0
(K) Emergency services	0	0	0	0	0
(L) Administrative issues	560	267	47	293	53
(M) Total number of grievances closed:	757	Percentage: 50		Percentage: 50	

	Number	Percentage
(N) Closed at initial grievance	22	(N/M) 3
(O) Closed at first level of appeal	686	(O/M) 90
(P) Closed at second level of appeal	49	(P/M) 7
(Q) Average time between filing of grievance and closure: <u>13</u> days		



440-3241 (1/04/COM/NS/WEB)

MAY-16-2006 13:29