



**Department of Consumer and Business Services**

**Division of Financial Regulation**

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**Grievance  
Annual Report**

Annual grievance report for 20\_\_.

Due on June 30 for previous calendar year.

All domestic insurers offering health benefit plans must submit annual reports of grievances and appeals. All foreign insurers offering health benefit plans and who transacted \$2 million or more in annual health benefit plan premiums in Oregon must submit annual reports of grievances and appeals.

ORS743B.250, OAR 836-053-1000 to 836-053-1100.

Company name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Report the total number of grievances closed in the reporting year for each category outlined below. For each category report the number of grievances where the initial decision made by the company was upheld and the number where the initial decision was reversed.

Nature of Grievance Categories OAR 836-053-1070(4)(a-k)	Total Number of grievances closed	Initial decision upheld		Initial decision reversed	
		Number Upheld	Percentage Upheld	Number Reversed	Percentage Reversed
(a) Medical necessity					
(b) Experimental/investigational					
(c) Continuity of care					
(d) Access, referral, network, quality					
(e) Treatment setting and level of care					
(f) Otherwise covered, limits, exclusions					
(g) Not covered, general exclusions					
(h) Eligibility, cancelation, rescission					
(i) Quality of plan services (not clinical)					
(j) Emergency services					
(k) Admin issues & not otherwise covered					
<b>Total closed</b>					

Indicate the "Average days" between when a grievance is filed and the date final written determination is sent. When a grievance is also an appeal and it receives a second level of review or is sent for external review it should be counted in the respective rows below. The total count from the table below should match the total number of grievances closed in the table above. The percentage column calculation is the total number for the given row divided by the total number of all reported.

	Average days	# of Grievances	% of Grievances
Closed at first level on internal review			
Closed at second level on internal review			
Sent for external review			
<b>Total</b>	<b>N/A</b>		<b>N/A</b>

