Oregon Department of Consumer and Business Services
Division of Financial Regulation
350 Winter St. NE, Room 410, Salem, Oregon 97301-3881
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dfr.oregon.gov

LETTER OF ATTESTATION OF ACCURATE INFORMATION

PATIENT PROTECTION – GRIEVANCE AND PRIOR AUTHORIZATION REPORT

Company name: _____ NAIC No. _____

Authorized representative (full name): _____

Title: _____ Phone: _____

Email address: _____

Technical representative (full name): _____

Title: _____ Phone: _____

Email address: _____

The Oregon Division of Financial Regulation (DFR) is requiring an attestation that the Patient Protection – Grievance and Prior Authorization report has been reviewed for accuracy in accordance with Oregon Revised Statute (ORS) 731.260 and all applicable Oregon Administrative Rules (OAR) and ORS.

The attestation must be completed and signed (electronic signatures will be accepted) by both an authorized and technical representative of the company.

- An authorized representative is a member of senior management with responsibility over regulatory reporting.
- A technical representative is a member of the team that pulled or compiled the required reporting.

Attestation forms must be submitted to DFR at the same time as the Patient Protection – Grievance and Prior Authorization report.

DFR | Division of Financial Regulation
Department of Consumer and Business Services

440-6078 (05/25/COM)

We, the undersigned, attest that within the Patient Protection – Grievance and Prior Authorization report:

- All information is complete and accurate in accordance with ORS 743B.250, OAR 836-053-1070, and OAR 836-053-1080.
- All information includes only data pertaining to health benefit plan business as defined in ORS 743B.005.
- All reporting instructions included with the reporting template have been reviewed and followed.
- All fields have been reviewed and duly considered, that no fields have been omitted as part of this report. Where there was no data report, zeroes were entered in each field.
- "Behavioral health only" grievances and prior authorization requests are also included in the total count of "excluding pharmacy" grievances and prior authorization requests.
- Reported data for grievances includes only those grievances that have been closed after being appealed through all available grievance appeal levels or after the complainant is no longer pursuing the grievance (as outlined in OAR 836-053-1070(2)).
- Each grievance is reported only once and if a grievance could fit in more than one category, said grievance is reported only in the category determined to be the most appropriate for the grievance (per OAR 836-053-1070(4)).
- Prior authorizations were reported at the request level.
- For prior authorization reporting item 2a, prior authorization requests for which a specified portion or alternative item or service was approved, were included in the count of prior authorization requests initially approved.
- All reasons for which prior authorization requests were denied other than those specified in OAR 836-053-1070(6)(b) – as reported on line 3c – are listed in the text box below the section for prior authorization reporting or provided in a separate document.
- The company's instructions for compiling and reporting data required for patient protection reports are documented with enough detail to ensure that consistent and accurate information is submitted.

We certify, based upon the information and belief formed after reasonable inquiry and review, the data, statements, and information contained in these documents are true, accurate, and complete to the best of our knowledge and belief.

Authorized representative signature	Date
Technical representative signature	Date