



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 **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: Health Net Life Insurance Company Date: June 29, 2005
 Contact person: Ellen Landolf Title: Manager, Compliance and Reporting
 Phone: 503-213-5120 E-mail: ellen.m.landolf@healthnet.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					
(F) Medical necessity					
(G) Other coverage/not covered					
(H) Eligibility					
(I) Quality of care					
(J) Quality of plan services					
(K) Emergency services					
(L) Administrative issues					
(M) Total number of grievances closed:	0	Percentage:		Percentage:	

	Number	Percentage
(N) Closed at initial grievance	0	(N/M) 0
(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: _____ days		

