



**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

<b>Grievance Annual Report</b>
------------------------------------

**Annual grievance report for 2002.**

**Due on June 30 for previous calendar year. FOR 2003 ONLY: DUE ON JULY 31, 2003.**

**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 Health Plan of Oregon, Inc. Date: July 25, 2003  
 Contact person: Gary McWhorter Title: Supervisor, Appeals & Grievance  
 Phone: 503.213.5123 E-mail: gary.p.mcwhorter@health.net

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	9	6	67	3	33
(E) Referral issues	46	26	57	20	43
(F) Medical necessity	21	3	14	18	86
(G) Other coverage/not covered	193	99	51	94	49
(H) Eligibility	11	8	73	3	27
(I) Quality of care	2	2	100	0	0
(J) Quality of plan services	1	1	100	0	0
(K) Emergency services	0	0	0	0	0
(L) Administrative issues	121	67	55	54	45
<b>(M) Total number of grievances closed:</b>	<b>404</b>	<b>Percentage: 52</b>		<b>Percentage: 48</b>	

	Number	Percentage
(N) Closed at initial grievance	330	(N/M) 82
(O) Closed at first level of appeal	53	(O/M) 13
(P) Closed at second level of appeal	21	(P/M) 5
<b>(Q) Average time between filing of grievance and closure: 27 days</b>		

