



Department of Consumer & Business Services  
Insurance Division — 2  
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**Network Adequacy  
Annual Summary**

Network adequacy annual summary for 2002.

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

An insurer offering managed health insurance or preferred provider organization (PPO) insurance shall file an annual summary of the scope and adequacy of the provider network and of its ongoing monitoring that all covered services are reasonably accessible to enrollees. ORS 743.817, OAR 836-053-1190.

1. Company name: Health Net Health Plan of Oregon Filing date: July 31, 2003
2. Company address: 13221 SW 68th Pkwy  
City, state, ZIP: Tigard OR 97223
3. Company Web site: www.health.net
4. Name, e-mail address, and phone number of the person completing this form:  
Gerry Weiner, Gerry.A.Weiner@health.net, 503.213.5036
5. Name, title, and department of manager responsible for oversight communication, and monitoring of network adequacy:  
Gerry Weiner, Director, Contract Services, Provider Contracting Department
6. Phone number, address, or Web site at which enrollees can express concerns regarding network adequacy:  
503.213.5000, 13221 SW 68th Pkwy, Tigard OR 97223, www.health.net
7. URL of provider directory for enrollees: www.health.net/docsearch  
How often is this Web page updated? monthly
8. Does the provider directory indicate which providers speak languages other than English?  
 No  Yes Specify languages available besides English: \_\_\_\_\_  
URL, or the publication title, date, and page: www.health.net/docsearch
9. Does the company mail a provider directory to enrollees upon request?  
 No  Yes Phone number for enrollee request of directory: 503.213.5000
10. How often does the company inform enrollees of changes to the provider network by the following means?  
Newsletter, mailer, or insert: as needed Phone call: as needed E-mail message \_\_\_\_\_  
Other; specify means and frequency: \_\_\_\_\_
11. Total number of enrollee communications of any kind that the company has received during the year expressing difficulty in obtaining an appointment with a provider: 14



12. Minimum number of hours/days/weeks that providers must make preventive care available:

5 days per week Is this a company  requirement or  goal?

13. Minimum number of hours/days/weeks that providers must make available routine primary care available:

5 days per week Is this a company  requirement or  goal?

14. Minimum number of hours/days/weeks that providers must make available urgent care available:

24 hours per day Is this a company  requirement or  goal?

15. For each region or geographic area of the state that your company serves, note the days and hours that urgent care is available outside regular business hours (Monday-Friday, 8 a.m.-5 p.m.):

- Area 1: Clackamas, Multnomah, Washington, and Yamhill counties ..... 5 pm - 8 am
- Area 2: Benton, Lane, and Linn counties ..... 5 pm - 8 am
- Area 3: Marion and Polk counties ..... 5 pm - 8 am
- Area 4: Deschutes, Klamath, and Lake counties ..... 5 pm - 8 am
- Area 5: Clatsop, Columbia, Coos, Curry, Lincoln, and Tillamook counties ..... 5 pm - 8 am
- Area 6: Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler counties ..... 5 pm - 8 am
- Area 7: Douglas, Jackson, and Josephine counties ..... 5 pm - 8 am

16. How often does the company conduct a formal review of network adequacy?

Never  Monthly  Quarterly  Annually  Other: \_\_\_\_\_

17. Specify how the company uses information from formal reviews to improve client access to providers:

**Review data to ensure appropriate member access is available to all available specialties within a given region. If access is not adequate, recruiting efforts are deployed to fill inadequacies in network.**

18. Which company officials receive regular reports on network adequacy?

None  Senior management  Board of directors  Other: Contract Services Department

19. Does the company keep information on which physicians are accepting new patients?

No  Yes How often is this information updated?

Daily  Weekly  Monthly  Quarterly  Annually  Other:

**Providers are surveyed annually, but it is a contractual requirement provider notifies Health Plan 30 days prior to closing practice to new patient.s**

20. Describe how enrollees can find out which physicians are accepting patients:

**By contacting customer service unit or by contacting provider office by telephone.**