



**Department of Consumer & Business Services**

**Insurance Division — 2**

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**Network Adequacy  
Annual Summary**

**Network adequacy annual summary for 2003.**

**Due on June 30 for previous calendar year.**

**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: June 30, 2004
2. Company address: 13221 SW 68th Parkway  
City, state, ZIP: Tigard, OR 97223
3. Company Web site: www.healthnet.com
4. Name, e-mail address, and phone number of the person completing this form:  
Julia Ceballos, Julia.Ceballos@healthnet.com, 503-213-5039
5. Name, title, and department of manager responsible for oversight, communication, and monitoring of network adequacy:  
Julia Ceballos, Julia.Ceballos@healthnet.com, 503-213-5039
6. Phone number, address, or Web site at which enrollees can express concerns regarding network adequacy:  
www.healthnet.com, 888-802-7001
7. URL of provider directory for enrollees: www.healthnet.com/docsearch  
How often is this Web page updated? daily
8. Does the provider directory indicate which providers speak languages other than English?  
 No  Yes Specify languages available besides English: \_\_\_\_\_  
Publication title, date and page, or URL: \_\_\_\_\_
9. Does the company mail a provider directory to enrollees upon request?  
 No  Yes Phone number for enrollee request of directory: 888-802-7001
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: 4



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 for all available specialties within a region. If access is not adequate, specific recruiting efforts are made to remedy areas of deficiency.**

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

None  Senior management  Board of directors  Other: Network Management 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:

**Contract requirement that providers notify Health Net, 30 days prior to closing practice to new patients. Providers are surveyed annually**

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

**Health Net physician search on the website indicates which physicians are accepting new patients**