



Department of Consumer & Business Services

Insurance Division — 2

P.O. Box 14480
 Salem, Oregon 97309-0405
 Phone: (503) 947-7268
 Fax: (503) 378-4351
 350 Winter St. NE, Rm. 440, Salem, Oregon
 www.insurance.oregon.gov

**Grievance
Annual Report**

Annual grievance report for **2008**.

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 of Oregon Date: 6-29-09
 Contact person: Camille Cadran Title: QI Manager
 Phone: 503.213.5121 E-mail: camille.r.cadran@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	2	2	100	0	
(E) Referral issues	0	0		0	
(F) Medical necessity	124	82	0	42	34
(G) Other coverage/not covered	325	164	50	161	50
(H) Eligibility	12	7	58	5	42
(I) Quality of care	0	0		0	
(J) Quality of plan services	2	2	100	0	
(K) Emergency services	0	0		0	
(L) Administrative issues	203	152	75	51	25
(M) Total number of grievances closed:	666	Percentage:	61	Percentage:	39

	Number	Percentage
(N) Closed at initial grievance	624	(N/M) 93
(O) Closed at first level of appeal	32	(O/M) 5
(P) Closed at second level of appeal	10	(P/M) 2
(Q) Average time between filing of grievance and closure:	29 days	

