Free Comprehensive Eye Exams and Prescription Glasses

Saturday, April 29th
Jefferson County Public Health
Community Room
8:30 am - 5:00 pm

Please register at
www.onesightclinics.org
Access Code: 79992411
Preselected children and adults

Once you have received your confirmation email please call Jefferson County Public Health to schedule your appointment.
541-475-4456

Jefferson County

ONESIGHT
EssilorLuxottica Foundation

Public Health
Prevent. Promote. Protect.
Exámenes de la vista y lentes recetados gratis

Sábado, 29 de Abril
Salón Comunitario
Salud Pública del Condado de Jefferson
8:30 am - 5:00 pm

Por favor regístrese en
www.oneeightclinics.org
Código de Acceso: 79992411
Niños y adultos preseleccionados
Ya que haya recibido su número de confirmación
por favor llame a Salud Pública del Condado de Jefferson
para programar su cita.
541-475-4456
The Central Oregon Health Council encourages persons with disabilities to participate in all programs and activities. This event/location is accessible to people with disabilities. If you need accommodations to make participation possible please call (541) 306-3523 or email macayla.arsenault@cohealthcouncil.org

Council Members

- Brad Porterfield, Chair
  Consumer Representative, Latino Community Association
- Elizabeth Schmitt, Vice-Chair
  Consumer Representative
- Mayra Benitez
  Consumer Representative
- Conor Carlsen
  Consumer Representative
- Karen Correa Vazquez
  Jefferson County Public Health
- Miranda Hill
  Klamath County Representative
- Linda Johnson
  Community Representative
- Elaine Knobbs-Seasholtz
  Mosaic Medical
- Tom Kuhn
  Deschutes County Health Services
- Mandee Seeley
  Consumer Representative
- Stacy Shaw
  Consumer Representative, Crook County Health Strategist

Central Oregon
Health Council
COMMUNITY ADVISORY COUNCIL

March 16, 2023
VIRTUAL
Video Conference Link In Calendar Invite
Conference Line: 1.669.900.6833
Meeting ID: 852 966 546#
Passcode: 400494#

12:00-12:20 Welcome – Brad Porterfield (CAC)
- Land Acknowledgement
- Meeting Practices
- Introductions
- Public Comment / Patient Story
- Announcements
- Approval of Meeting Notes – February

12:20-12:30 CAC Members Small Group Breakout Session

12:30-1:00 Regional Health Assessment – Whitney Schumacher & Miguel Herrada (COHC)

1:00-1:30 Emerging Issues Update – Gwen Jones (COHC) & Kristen Tobias (PacificSource)
- NEMT Information
- Periodontal/Dental Services

1:30-1:50 Health Equity Plan Update – Martha Edwards (PacificSource)

1:50-2:00 Oregon Health Insurance Marketplace – Carolyn Black
(Oregon Health Insurance Marketplace)

Five Finger Voting:
0: No go! Serious concerns
1: Serious reservations, prefer to resolve concerns before supporting it
2: Some concerns but will go along with it
3: Support the idea
4: Strong support but will not champion it
5: Absolutely! Best idea ever, willing to champion it

“The overarching purpose of the CAC is to ensure the COHC remains responsive to consumer and community health needs.”—COHC CAC Charter
Land Acknowledgement

We recognize and acknowledge the indigenous land on which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land where we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: “This land is for you to know and live upon and pass on to the children.”
Community Advisory Council (CAC)  
Meeting Changes: What to Expect

We want the CAC to be a warm and welcoming place for all. We want to ensure all CAC members feel comfortable to fully participate and contribute. To do this we are making some adjustments to how our CAC meetings are run. These changes are:

- Making the meetings less institutional and formal to create a warmer and more welcoming atmosphere. Examples are using more plain language, having more conversations and less presentations, and simpler voting instead of motioning.

- Renaming each attendee in Zoom with their role; either a CAC Member, Support Staff, or Guest. This will help easily identify who’s who in the virtual space especially for guests and those members who are new.

- Asking all supporting staff from COHC, PacificSource, and the OHA to share why they are attending and what their role is in supporting the Community Advisory Council.

- Inviting all CAC members in attendance to share input during discussions and before decisions are made. We want to prioritizing Consumer Representatives and make sure all voices are heard. Guests in attendance are invited to contribute to the conversation when requested by the CAC Chair or Vice Chair.

- Building relationships between CAC members. We will be setting aside time at each meeting for CAC members to go into a virtual break out room, answer icebreaker questions or chat about anything they’d like.
CAC Members Present:
Brad Porterfield, Chair, Consumer Representative
Elizabeth Schmitt, Vice Chair, Consumer Representative
Conor Carlsen, Consumer Representative
Karen Correa Vazquez, Jefferson County Health
Linda Johnson, Community Representative
Miranda Hill, Klamath County Public Health
Stacy Shaw, Consumer Representative, Crook County Health Strategist
Theresa Olander, Consumer Representative

CAC Members Absent:
Elaine Knobbs-Seasholtz, Mosaic Medical
Mandee Seeley, Consumer Representative
Mayra Benitez, Consumer Representative
Tom Kuhn, Deschutes County Health Services

COHC Staff Present:
MaCayla Arsenault, Central Oregon Health Council
Kelley Adams, Central Oregon Health Council
Carmen Madrid, Central Oregon Health Council
Camille Smith, Central Oregon Health Council
Whitney Schumacher, Central Oregon Health Council

Support & Guests Present:
Kristen Tobias, PacificSource
Tricia Wilder, PacificSource
Dustin Zimmerman, Oregon Health Authority
Tania Curiel, Oregon Health Authority
Carolyn Black, Oregon Health Insurance Marketplace
Introductions

• Brad Porterfield welcomed all attendees. To save time at the meetings, only CAC members and those who are new, changed roles, or guests will verbally introduce themselves. Everyone else will use the Chat to enter their name and role.

Land Acknowledgement

• Linda Johnson read the Land Acknowledgement (see February packet for statement).

Meeting Practices

• Brad Porterfield reviewed the Meeting Practices and how the CAC meetings are meant to be welcoming for all (see February packet).

Public Comment/Patient Story

• Brad welcomed public comment.
• Stacy Shaw from Crook County Health Department shared some stories about the barriers OHP members have had accessing Narcan. Although it is covered for OHP members, some pharmacists aren’t aware that they can prescribe it or there is a stigma and negative attitude towards the person asking for Narcan. Miranda Hill with Klamath County Public Health has also experienced the same issues and barriers.
• Karen Correa Vazquez from Jefferson County Public Health shared that they are partnering with Madras High School nurse to offer free vision exams and glasses from OneSight. This program is open to the community but has limited space. Participants must register in advance to secure an appointment. The dates are: April 27th at Warm Springs K-8, April 28th at Performing Arts Center in Madras, and April 29th at Jefferson County Public Health office.
• Elizabeth Schmitt shared that she is reading books about programs for houseless individuals. Rough Sleepers by Tracy Kidder.

Approval of November Meeting Notes

• Brad Porterfield asked the CAC members in attendance to vote on approving the notes from January. There were no objections to the meeting notes, so they are approved.

CAC Member Small Group Breakout Session

• The topic for the February meeting was: Reflection of CAC, accomplishments, processes, what works, what could be improved.
• After discussing this topic in small groups, the members reported back to everyone the suggestions for change, appreciation, and comments. Feedback from the group included:
  o Participation at meetings is great, appreciate breakout sessions, emerging issues process is good; focus more on advocacy and emerging issues, slow process across the board; learning to be patient, would appreciate updates on grant-funded projects; trips to see results of funded projects, and continued relationship with the Board.
• **ACTION ITEM**: Kristen Tobias to share examples of the impacts the CAC has had on member-facing materials from PacificSource.
  
  o Linda Johnson suggested finding out if other CCO’s are experiencing similar issues as Central Oregon and possibly identify system problems. Tricia Wilder noted that Central Oregon CCO has been around longer than other CCOs and we could help guide them in their new processes. Brad suggested having some CAC members go to the annual Community Advisory Council Conference. The date for 2023 has not been announced.

**May Combined Meeting with the Board and CAC**

- MaCayla Arsenault asked the group if they would like to have the next combined meeting with the Board in CAC to be during their May CAC meeting. A vote was taken, and the members approved having the meeting during the May CAC meeting.

**Community Health Projects Reflection and Planning**

- MaCayla provided a brief overview of the Community Health Projects and the CACs role in deciding how the funds are spent. It is expected that in 2023 there will be around $2million available for Community Health Projects that must be spent/allocated by the end of the year.

- The CAC named the facts from 2022 Process.
  
  o ~$2,000,000
  o We had a spreadsheet of the proposals and summaries from Kristen
  o We had about 74 applicants
  o Folks could review more than 10 applications
  o Reimbursed for members time reviewing
  o The review took about 2-3 months
  o We had buffy reviewing native application and provided much help
  o We started out with the LOI process and then shorten it.

- The CAC named what they liked about the process.
  
  o Enjoyed reading and learning about the work in the community
  o The spreadsheet with summaries were helpful and being able to add notes
  o Liked that we split up the applications into review groups and had the opportunity to review more

- The CAC named the challenges or issues that came up.
  
  o How do you manage your personal beliefs/biases when scoring what they’re trying to do for the community.
  o Scorecard and consistent process
  o Hard to keep track the different requirement and purposes of the grants
  o Hard to compare applications with different topics
  o Reviewing 74 grants with limited capacity and wanting to do a good job
  o LOI approach feels like a complete proposal (maybe just use one step)
  o Vague budget
There was a delay in getting the last batch of application that had to go through a special review and then there was a timeline for the CAC members to review them.

- The next time the CAC revisits the Community Health Projects process, the members will break out into small groups and brainstorm ideas and ways to improve the process.

**PacificSource Community Solutions Redetermination**

- Tricia Wilder from PacificSource presented on the Redetermination update. What this means is that on March 31, 2023 continuous eligibility will end for OHP members. Members will need to complete renewal within 90 days of receiving notification. After the initial renewal, kids 0-6 will have continuous eligibility and kids 6-19 will have 2-year eligibility. It is important to note that members contact information needs to be updated by calling OHA or PacificSource.
Central Oregon Community Advisory Council  
CCO: PacificSource Community Solutions  

CAC SUCCESSES

The Community Advisory Council was established in 2012 as the voice for Medicaid members. They close the distance between patient experiences and health care administration.

Examples of what the Central Oregon CAC has accomplished:

Community Health Projects Grants
Investing in community-level interventions focused on improving community health and wellbeing and reducing health disparities.

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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<tr>
<td>2020</td>
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<tr>
<td>2021</td>
<td>$748,766.50</td>
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<tr>
<td>2022</td>
<td>$2,685,417.40</td>
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RHA
The CAC is contractually responsible for providing consumer oversight of the Regional Health Assessment (RHA) every four years.

RHIP
The CAC partners with the COHC Board of Directors to decide the health priorities in the Regional Health Improvement Plan (RHIP). This plan is shared by many stakeholders throughout Central Oregon. CAC members also participate in RHIP workgroups.

RHIP Awards
CAC members provide consumer and community insight into the workgroups that implement the RHIP. To this date, the RHIP workgroups have invested over $5 million into the community.

Grievances and Appeals
When the CAC was made aware of a pattern regarding patients coming to the emergency department (ED) for uncovered services, the CAC advised the CCO to educate clinics and community health workers on coverage rules and grievances and appeals process to ensure patients receive the care they needed without needlessly visiting the ED.

Consumer-Facing Materials
The CAC has reviewed and edited many important CCO member-facing materials to ensure it is readable and action-oriented.

Flexible Spending
In 2014, the CAC procured a grant to initiate a flexible services program at PacificSource, providing non-billable equipment and services to individuals’ in need (examples: stationary bikes, gym memberships, air conditioners, etc.). Today, all Coordinated Care Organizations in Oregon are required to provide this program.

For more information, contact info@cohealthcouncil.org or call 541-306-3523
AFIX
In 2015, the CAC formed a task force of experts to address immunization rates in Central Oregon. As a result, the AFIX (Assessment, Feedback, Incentives, eXchange) program was implemented and in the first year alone 2-year immunization rates increased by 7%.

Member Benefits Training
On the CAC’s recommendation, PacificSource held five informational sessions around the region in 2017 to educate members on their benefits, accessing care, and services available to them.

Improve Call Wait Times
The CAC submitted an advocacy letter to OHA to improve call wait times.

Mail Order Pharmacy
The CAC provided feedback to improve the Mail Order Pharmacy based on members concerns.

State CAC Conferences
The CAC provides opportunity for education and growth for their members by attending State CAC conferences where members have also presented on various topics.

National Webinar
Consumer Representative member Linda McCoy presented at a National webinar on CAC membership engagement and recruitment.

Adolescent Well Care Visits
In March 2018, the CAC advised PacificSource to use the Community Flex Funds to transition from Sports Physicals to Adolescent Well Care visits. PacificSource responded and the community transitioned to more comprehensive Well Care visits.

Oregon Patient Safety Commission
In August 2019, the Oregon Patient Safety Commission conducted a confidential interview with CAC members regarding their experiences with health care and Oregon’s Early Discussion and Resolution process.

Transformation Quality Strategy (TQS)
In September 2019, the CAC participated in developing Transformation Quality Strategy (TQS).

Payment Structure of Central Oregon Health Council (COHC)
In September 2019 the CAC reviewed the infographic with the CAC outlining the payment structure of the COHC.

SHARE Initiative
Informed on the SHARE Initiative

CAC Meeting Guidelines
In 2020 the CAC members developed and implemented presentation guidelines for their meetings.
Cover All Kids (CAK) Eligible for Flex Funds
CAC influenced the CCO to change the Flex Funds policy to include Cover All Kids (CAK) youth.

Advocacy and Lobbying Training
In May 2022 the CAC received advocacy and lobbying training from Ignatius Bau.

Dental Care Organizations (DCOs) Conversation
In 2022 the CAC invited DCO representatives to have a conversation around dental/periodontal services in Central Oregon.

Diversity Equity Inclusion (DEI) Statement of COHC
The CAC participated in the approval process of Central Oregon Health Council’s DEI statement.
Even though I am pretty new to CAC I just love to see the passion we all share to help out our local community! One of my favorite parts of CAC so far is how strong it made me feel when we wrote our letter about the issues with Dental services. We took a serious matter and came together for the better of everyone in Central Oregon dealing with the same issues. I just thought that was amazing. I am excited to see how much better change we can make in the future. Thank you!

I feel good about the changes made to our meetings to make them more inviting and less foreign with plain language and intentional ways of including member voices. I feel good about the consistently high attendance rate and participation of our members.

- We have provided useful feedback to PacificSource to improve their OHP consumer-facing communications and their health equity plan.
- We developed an effective process for tracking and advocating for issues that CAC members brought forward as priorities needing attention and some sort of resolution.
- We invited out three Dental Care Organization leaders and OHA reps. to discuss periodontal and dental care issues CAC members identified as priorities.
- We advocated for greater healthcare workforce diversity, high reimbursement rates for providers to increase access to care for OHP consumers, and a solution to the lack of dentists and periodontists in our region who accept OHP.
- We developed processes to receive proposals and issue grants to local organizations with the intention of being equitable by distributing the funds to orgs. serving rural areas, underserved communities and tribes.
- We have strengthened our relationship with the COHC Board of Directors.
- We improved CAC member representation in terms of geography and ethnicity, but there is much more to be done.
- We have a solid relationship of trust with PacificSource and OHA reps who attend our meetings regularly.

I am proud of the ongoing effort from both CAC and the COHC Board to improve our communication and relationship. I am really proud of the COHC staff for the work they did to help us all learn new skills in advance of our meeting with the dental organizations, and the ongoing work that has flowed from that meeting. I also feel much better about the depth and openness of conversation among members, which is much improved in the past 3 years. I have learned so much by listening and participating on the CAC and I look forward to learning/listening even more deeply.

I think the CAC’s done well by identifying and creating a conversation on real issues that members are experiencing. Things don’t move fast in healthcare, but I think it’s important that we help move the discussion and issue forward with our community partners and state organizations. I’ve also enjoyed being involved in the selection and distribution of millions of dollars to local programs and services throughout Central Oregon and our CCO region.

I have learned a lot from CAC members that has helped me improve how I advocate for the communities I serve. I have found that being connected to the CAC has provided me with knowledge that I share with people on OHP- this has made a significant difference in their health and many others because they also pass it on to people they know. Additionally, the knowledge that I gain through the CAC meetings and from our partners like Kristen Tobias has helped me inform friends, family, colleagues, and stakeholders of opportunities, and resources that were otherwise unknown (i.e., applying for OHP-eligibility, flex funding, OHP assisters, coverage info, where to find information, how to make formal complaints/rights, etc). While we may not have changed some policies or procedures that we hoped to change the opportunity to advocate for and also provide information to the community is what I have seen benefit people the most in my experience.
2024 Regional Health Assessment (RHA)

March 16th, 2023
Community Advisory Council Meeting
1. What is the RHA?

2. Activity: Who are Our Neighbors?
What is the RHA?
A Picture of Our Community’s Health

Health and social factors
Guiding Framework

MAPP Framework

IRS Requirements

Public Health Accreditation Requirements

CCO Legislative Requirements
Existing Data Sources

RHA

Listening Sessions

Community Health Survey
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<th>March</th>
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Activity: Who Are Our Neighbors?
Our question

Who should we listen to?
Who Should We Listen to?

<table>
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<tr>
<th>Context</th>
<th>Criteria</th>
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<tr>
<td>20 Listening Sessions</td>
<td>Demographics</td>
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<tr>
<td>8-10 people per group</td>
<td>Social factors</td>
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<tr>
<td>Focused on:</td>
<td>Health Status</td>
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<tr>
<td>○ Community Strengths</td>
<td>Connection to</td>
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<tr>
<td>○ Community Gaps</td>
<td>Community-based organizations</td>
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<tr>
<td>○ Health Strengths</td>
<td></td>
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<tr>
<td>○ Health Challenges</td>
<td></td>
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</tbody>
</table>
Individual Brainstorming

Who should we listen to?

- Get out paper, pen, or pencil
- Silently brainstorm your answers
- Underline your 3 favorite ideas
Small Group Discussion

First
Share individual Ideas with the group

Second
Create 6 Group Ideas based on everyone’s individual brainstorm ideas

Third
Select your Group’s top 3 ideas to bring back to the whole group
Your work space will look like this...
A Staff Member will be with you
Instructions

1. Each share only our underlined ideas
2. Merge ideas as you share
3. Look back to other ideas on your lists for anything you missed to make your group’s BEST & DIVERSE 6 ideas
4. Staff Member captures those ideas in 3-7 words
5. Staff Member drags your 3 clearest ideas to the green box

Who should we listen to?

Type Group Idea 1
Here

Type Group Idea 2
Here

Type Group Idea 3
Here

Type Group Idea 4
Here

Type Group Idea 5
Here

Type Group Idea 6
Here

DRAG YOUR GROUP’S IDEA’S HERE
(PLEASE DON’T RESIZE IDEA CARDS)
Who should we listen to?

Instructions

1. Each share only our underlined ideas
2. Merge ideas as you share
3. Look back to other ideas on your lists for anything you missed to make your group’s BEST & DIVERSE 6 ideas
4. Staff Member captures those ideas in 3-7 words
5. Staff Member drags your 3 clearest ideas to the green box

ONE idea per card
3-7 words MAX

DRAG YOUR GROUP’S IDEA’S HERE
(PLEASE DON’T RESIZE IDEA CARDS)
Who should we listen to?

Instructions:
1. Each share only our **underlined** ideas
2. Merge ideas as you share
3. Look back to other ideas on your lists for anything you missed to make your group’s BEST & DIVERSE 6 ideas
4. Staff Member captures those ideas in 3-7 words
5. Staff Member drags your 3 clearest ideas to the green box

ONE idea per card

3-7 words MAX

DRAG YOUR GROUP’S IDEA’S HERE

(PLEASE DON’T RESIZE IDEA CARDS)
Who should we listen to?
THANKS!

See you again soon!
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
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<th>Jul</th>
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<td>1,105</td>
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<td>Trips scheduled with less than 24 for notice</td>
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<td>265</td>
<td>269</td>
<td>955</td>
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<td>Trips provided by Public Transportation</td>
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<td>16</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Voluntary Driver</td>
<td>4,965</td>
<td>7,775</td>
<td>7,247</td>
<td>6,990</td>
<td>7,048</td>
<td>7,233</td>
<td>7,188</td>
<td>7,368</td>
<td>7,233</td>
<td>7,234</td>
<td>7,188</td>
<td>7,368</td>
<td>7,233</td>
</tr>
<tr>
<td></td>
<td>Completed Trips</td>
<td>7,465</td>
<td>7,742</td>
<td>9,334</td>
<td>24,541</td>
<td>8,180</td>
<td>80.4%</td>
<td>8,731</td>
<td>8,480</td>
<td>8,411</td>
<td>25,028</td>
<td>8,543</td>
<td>82.3%</td>
<td>7,959</td>
</tr>
<tr>
<td></td>
<td>Completed Trips (see Trip Mode)</td>
<td>6,052</td>
<td>7,064</td>
<td>8,445</td>
<td>24,439</td>
<td>8,146</td>
<td>80.0%</td>
<td>7,424</td>
<td>7,247</td>
<td>7,197</td>
<td>23,456</td>
<td>8,123</td>
<td>79.6%</td>
<td>8,179</td>
</tr>
<tr>
<td></td>
<td>All Reservations taken including cancelled trips</td>
<td>9,081</td>
<td>9,314</td>
<td>11,544</td>
<td>30,529</td>
<td>10,181</td>
<td>100.0%</td>
<td>10,544</td>
<td>10,318</td>
<td>10,283</td>
<td>31,145</td>
<td>10,328</td>
<td>100.0%</td>
<td>9,494</td>
</tr>
<tr>
<td></td>
<td>Calls received in Spanish queue</td>
<td>38,623</td>
<td>43,925</td>
<td>34,458</td>
<td>120,715</td>
<td>33,480</td>
<td>12.2%</td>
<td>34,185</td>
<td>34,458</td>
<td>20,719</td>
<td>120,715</td>
<td>33,480</td>
<td>12.2%</td>
<td>34,185</td>
</tr>
<tr>
<td></td>
<td>Calls received in English queue</td>
<td>38,623</td>
<td>43,925</td>
<td>34,458</td>
<td>120,715</td>
<td>33,480</td>
<td>12.2%</td>
<td>34,185</td>
<td>34,458</td>
<td>20,719</td>
<td>120,715</td>
<td>33,480</td>
<td>12.2%</td>
<td>34,185</td>
</tr>
<tr>
<td></td>
<td>Calls received in Spanish queue</td>
<td>144</td>
<td>122</td>
<td>165</td>
<td>432</td>
<td>144</td>
<td>77</td>
<td>174</td>
<td>168</td>
<td>171</td>
<td>511</td>
<td>170</td>
<td>213</td>
<td>238</td>
</tr>
<tr>
<td></td>
<td>Calls received in English queue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Miles traveled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Completed Trips</td>
<td>69,952</td>
<td>70,334</td>
<td>73,739</td>
<td>71,081</td>
<td>73,739</td>
<td>71,081</td>
<td>71,081</td>
<td>73,739</td>
<td>71,081</td>
<td>73,739</td>
<td>71,081</td>
<td>73,739</td>
<td>71,081</td>
</tr>
<tr>
<td></td>
<td>Completed Trips (see Trip Mode)</td>
<td>69,952</td>
<td>70,334</td>
<td>73,739</td>
<td>71,081</td>
<td>73,739</td>
<td>71,081</td>
<td>71,081</td>
<td>73,739</td>
<td>71,081</td>
<td>73,739</td>
<td>71,081</td>
<td>73,739</td>
<td>71,081</td>
</tr>
</tbody>
</table>

**Monthly Performance Report Card 2022**
| Calls Answered | Total Calls Answered | 5,165 | 4,302 | 4,902 | 14,463 | 4,821 | 4,651 | 5,138 | 4,687 | 14,917 | 4,819 | 4,472 | 5,039 | 4,954 | 14,505 | 4,830 | 5,821 | 4,829 | 5,230 | 19,750 | 5,250 | 59,175 |
|----------------|----------------------|-------|-------|-------|--------|-------|-------|-------|-------|--------|-------|-------|-------|-------|--------|-------|-------|-------|--------|--------|-------|
| Calls Abandoned | Total Calls Abandoned | 13 | 12 | 13 | 13 | 2 | 1 | 2 | 2 | 2 | 1 | 2 | 4 | 2 | 4 | 8 | 7 | 6 | 0 | 6 | 0 |
| Avg Speed to Answer | Measures average time to answer | 0.00-0.20 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 | 0.00-0.40 |
| Average Talk Time | Measures average amount of talk time per call | 0.00-0.20 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 | 0.00-0.24 |
| Service Level | Percentage of calls answered within 30 seconds Goal: 85% | 95.1% | 87.2% | 87.2% | 89.2% | 91.0% | 95.1% | 93.7% | 93.3% | 94.7% | 90.1% | 84.9% | 89.9% | 72.0% | 83.2% | 89.7% | 81.5% | 88.3% | 0.0% | 0.0% | 0.0% | 0.0% |
| Abandonment Rate | Goal: ≤ 5% monthly | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% | 0.3% |
| Complaints - Total | Measures the number of valid complaints | 9 | 4 | 10 | 23 | 8 | 3 | 11 | 5 | 19 | 6 | 5 | 4 | 17 | 6 | 4 | 5 | 4 | 13 | 4 | 72 |
| All Complaints | Total of all complaints Valid or Invalid | 10 | 10 | 16 | 38 | 13 | 17 | 21 | 11 | 49 | 16 | 25 | 11 | 12 | 46 | 16 | 12 | 24 | 13 | 49 | 16 | 184 |
| Complaint Percent | Total complaint percentage based on gross reservations | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Provider Late | Transportation Provider arrived more than 15 minutes after scheduled pickup | 2 | 1 | 2 | 5 | 2 | 21.7% | 1 | 2 | 1 | 4 | 1 | 21.1% | 1 | - | 3 | 4 | 1 | 23.5% | - | 1 | 0 | 7.7% | 19.4% |
| Provider No Show | Provider failed to show for scheduled pickup | - | - | - | - | 0.0% | - | 0 | - | - | 0.0% | - | 1 | - | - | 1 | 0 | 5.9% | 0 | 2 | - | 2 | 15.4% | 4.2% |
| Rider Issue with Rider | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Provider Issue | Member issue with Transportation Provider | 2 | 1 | 2 | 5 | 2 | 21.7% | - | 2 | 1 | 3 | 1 | 15.6% | 4 | 3 | - | 1 | 2 | 41.2% | 2 | 2 | 1 | 5 | 2 | 38.5% | 27.8% |
| Other | Other | 5 | 2 | 6 | 13 | 4 | 65.5% | 2 | 7 | 3 | 12 | 4 | 62.2% | 3 | 1 | 1 | 5 | 2 | 29.4% | 2 | - | 2 | 4 | 1 | 30.9% | 47.2% |
| No Vehicle Available | Trip cancellations due to No/ Vehicle Available | 14 | 4 | 42 | 60 | 20 | 0.2% | 14 | 10 | 4 | 28 | 9 | 0.1% | 5 | 8 | 28 | 38 | 13 | 0.1% | - | - | - | - | - | 0.0% | 0.1% |
| Member No Shows | Member No Show as Cancellation Reason | 125 | 176 | 179 | 477 | 189 | 1.60% | 89 | 107 | 156 | 301 | 100 | 1.04% | 130 | 147 | 127 | 409 | 136 | 1.30% | 89 | 69 | 141 | 259 | 100 | 0.9% | 1.2% |
Health coverage in Oregon

• Find out what coverage and savings you can get at OregonHealthCare.gov/WindowShop

• Financial help is available through the Marketplace for both monthly and other out-of-pocket costs

• Free coverage may be available to kids, teens, and adults through the Oregon Health Plan at OHP.Oregon.gov

• Find free, local help at OregonHealthCare.gov/GetHelp

OregonHealthCare.gov  |  855-268-3767 (toll-free)

440-5492 (6/21/COM)
Cobertura Médica en Oregon

• Averigüe que cobertura y ahorros puede obtener en CuidadoDeSalud.Oregon.gov

• Asistencia financiera está disponible a través del Mercado por los costos mensuales y los gastos del bolsillo

• Puede haber cobertura gratis disponible para los niños, adolescentes, y adultos a través del Plan de Salud de Oregon en OHP.Oregon.gov

• Encuentre ayuda gratis local en CuidadoDeSalud.Oregon.gov
You may be able to enroll within 60 days of health coverage ending

• Find out what coverage and savings you can get at OregonHealthCare.gov/WindowShop

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• Free coverage may be available to kids, teens, and adults through the Oregon Health Plan at OHP.Oregon.gov

• Find free, local help at OregonHealthCare.gov/GetHelp
¿Ha perdido cobertura médica recientemente?

Es posible que pueda inscribirse dentro de 60 días a partir de la fecha que su cobertura terminó

• Averigüe que cobertura y ahorros puede obtener en CuidadoDeSalud.Oregon.gov

• Asistencia financiera está disponible a través del Mercado por los costos mensuales y los gastos del bolsillo

• Puede haber cobertura gratis disponible para los niños, adolescentes, y adultos a través del Plan de Salud de Oregon en OHP.Oregon.gov

• Encuentre ayuda gratis local en CuidadoDeSalud.Oregon.gov

CuidadoDeSalud.Oregon.gov | 855-268-3767 (gratis)
440-5495s (8/22)
It doesn’t matter where you were born or how long you’ve lived here. Many immigrants in the U.S. qualify for free or low-cost health coverage to cover doctor visits, prescriptions and more!

Find out what coverage and savings you can get at OregonHealthCare.gov/WindowShop.

Financial help is available through the Marketplace for both monthly and other out-of-pocket costs.

Free coverage may be available to kids, teens, and adults through the Oregon Health Plan at OHP.Oregon.gov.

Find free, local help at OregonHealthCare.gov/GetHelp.

OregonHealthCare.gov | 855-268-3767 (toll-free)
No importa dónde nacido o cuánto tiempo ha vivido en los Estados Unidos. ¡Muchos inmigrantes en los Estados Unidos son elegibles para un seguro de salud gratuito o de bajo costo para cubrir visitas al médico, recetas y más!

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Asistencia financiera está disponible a través del Mercado por los costos mensuales y los gastos del bolsillo

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CuidadoDeSalud.Oregon.gov | 855-268-3767 (gratis)
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Oregon Health Authority