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





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.oneightclinics.org

Código de Acceso: 79992411

Niños y adultos preseleccionados

Ya que haya recibido su numero de confirmación por favor llame a Salud Pública del Condado de Jefferson para programar su cita.

541-475-4456

ONESIGHT

EssilorLuxottica Foundation

Jefferson County



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



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

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

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.



COHC Community Advisory Council Held virtually via Zoom February 16, 2023

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:
 - 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 grantfunded 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.
- 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
 - We had about 74 applicants
 - o Folks could review more than 10 applications
 - o Reimbursed for members time reviewing
 - The review took about 2-3 months
 - We had buffy reviewing native application and provided much help
 - We started out with the LOI process and then shorten it.
- The CAC named what they liked about the process.
 - Enjoyed reading and learning about the work in the community
 - The spreadsheet with summaries were helpful and being able to add notes
 - 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.
 - How do you manage your personal beliefs/biases when scoring what they're trying to do for the community.
 - Scorecard and consistent process
 - Hard to keep track the different requirement and purposes of the grants
 - Hard to compare applications with different topics
 - o Reviewing 74 grants with limited capacity and wanting to do a good job
 - LOI approach feels like a complete proposal (maybe just use one step)
 - 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.

2020 \$950,032.31

2021 \$748,766.50

2022 \$2,685,417.40

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.





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.

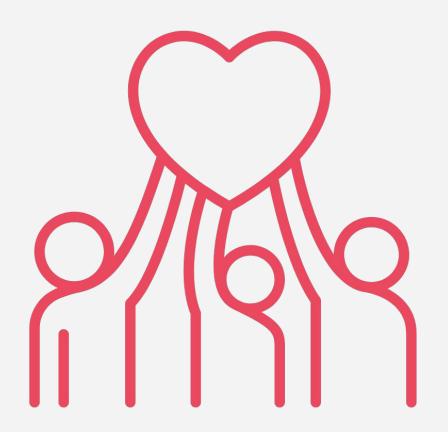
2024 Regional Health Assessment (RHA)

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



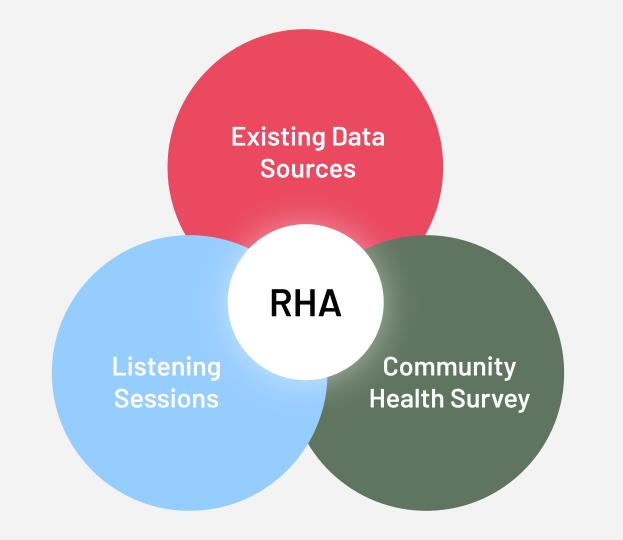
MAPP Framework

IRS Requirements

Guiding Framework

CCO Legislative Requirements

Public Health Accreditation Requirements



Work Plan Timeline

Jan '23	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan '24
Р	Preparation & Pla											
					Lister	ning Ses	ssions					
			Co	ommun	ity Heal	th Surv	ey					
				Seco	ndary [Data Ana	alysis					
								S	ynthesiz	ze & Dra	aft	
												Finalize

Activity: Who Are Our Neighbors?

2

Our question

Who should we listen to?

Who Should We Listen to?

Context

- 20 Listening Sessions
- 8-10 people per group
- Focused on:
 - CommunityStrengths
 - Community Gaps
 - Health Strengths
 - Health Challenges

Criteria

- Demographics
- Social factors
- Health Status
- Connection to Community-based organizations

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



Group 1

Who should we listen to?

12'

Type Group Idea 1 Here Type Group Idea 2
Here

Type Group Idea 3
Here

Instructions

- 1. Each share only our underlined ideas
- 2. Merge ideas as you share
- 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
- Staff Member drags your 3 clearest ideas to the green box

Type Group Idea 4
Here

Type Group Idea 5 Here Type Group Idea 6 Here

ONE idea

3-7 words MAX DRAG YOUR GROUP'S IDEA'S HERE

(PLEASE DON'T RESIZE IDEA CARDS)

Group 2

Who should we listen to?

12'

Type Group Idea 1 Here Type Group Idea 2
Here

Type Group Idea 3
Here

Instructions

- 1. Each share only our underlined ideas
- 2. Merge ideas as you share
- 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
- Staff Member drags your 3 clearest ideas to the green box

Type Group Idea 4
Here

Type Group Idea 5 Here Type Group Idea 6 Here

ONE idea

3-7 words MAX DRAG YOUR GROUP'S IDEA'S HERE

(PLEASE DON'T RESIZE IDEA CARDS)

Group 3

Who should we listen to?

12'

Type Group Idea 1 Here

Type Group Idea 2
Here

Type Group Idea 3
Here

Instructions

- 1. Each share only our **underlined** ideas
- 2. Merge ideas as you share
- 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
- Staff Member drags your 3 clearest ideas to the green box

Type Group Idea 4
Here

Type Group Idea 5 Here Type Group Idea 6 Here

ONE idea

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!





Categ	iry	Description	Jan	Feb	Mar	1st QTR Total	1st QTR Average	% of Total	Apr	May	Jun	2nd QTR Total	2nd QTR Average	% of Total	Jul	Aug	Sep	3rd QTR Total	3rd QTR Average	% of Total	Oct	Nov	Dec	4th QTR Total	4th QTR Average	% of Total	YTD
bers	Members Served	Number of unique members utilizing transportation	1,004	1,016	1,138	3,158	1,053		1,100	1,055	1,105	3,260	1,087		1,059	1,153	1,075	3,287	1,096		1,149	1,118	1,090	3,357	1,119		1,089
Mem	Enrollment	Total number of eligible members	69,850	70,941	72,725		71,172		72,264	68,823	69,118		70,068		68,945	68,821	72,089		69,952		69,170	70,334	73,739		71,081		
Advanc	Same Day Trips	Trips scheduled with less than 24 hr notice	380	512	699	1591	530	6.5%	500	482	520	1502	501	5.9%	534	596	429	1559	520	6.1%	504	419	561	1484	495	5.7%	6.0%
Excessi	Trips over 75 miles	Trips scheduled exceeding 75 miles	130	266	269	665	222	2.7%	146	147	236	529	176	2.1%	205	175	189	569	190	2.2%	197	145	171	513	171	2.0%	2.2%
Denials	Refusals	Number of Refused trips	10	9	14	33	11	0.1%	7	14	16	37	12	0.1%	23	14	13	50	17	0.2%	18	12	9	39	13	0.1%	0.1%
	Gross Reservations	All Reservations taken including cancelled trips	9,681	9,314		30,539	10,180	100.0%	10,544	10,318	10,283	31,145	10,382		9,494	10,988	10,148	30,630	10.210	100.0%	10,824	10,646	10,861	32,331	10,777	100.0%	124,645
	Cancellations	Number of cancelled trips	2,216	1,572	2,210	5,998	1,999	19.6%	1,813	1,838	1,866	5,517	1,839	17.7%	1,589	1,797	1,644	5,030	1,677	16.4%	2,008	2,386	2,025	6,419	2,140	19.9%	18.4%
	Completed Trips	Number of completed trips (see Trip Mode)	7,465	7,742		24,541	8,180	80.4%	8,731	8,480	8,417	25,628	8,543	82.3%	7,905	9,191	8,504	25,600	8,533	83.6%	8,816	8,260	8,836	25,912	8,637	80.1%	101,681
	Dedicated Provider	Trips completed by dedicated/in-network provider	6,652	7,938		24,439	8,146	80.0%	7,424	7,247	8,797	23,468	7,823	75.4%	8,179	9,446	7,168	24,793	8,264	80.9%	7,395	7,039	9,271	23,705	7,902	73.3%	96,405
	Volunteer Driver	Trips completed by Volunteer Driver	48	67	79	194	65	0.6%	55	60	73	188	63	0.6%	60	9,440	57	181	60	0.6%	61	62	5,271	177	59	0.5%	740
Utilization	After Hours	Trips completed outside routine business hours (8am-5pm Pacific Time)	471	723		2,060		6.7%	750	746	802	2,298	766		730	851	752	2,333	778	7.6%	778	683		2,208		6.8%	8,899
5	ALS Rides	Trips completed using Advanced Life Support equipped vehicle	4/1	123	800	2,060	0	0.0%	750	746	002	2,290	766	0.0%	730	651	752	2,333	776	0.0%	776	663	747	2,206	736	0.0%	0,099
	BLS Rides	Trips completed using Basic Life Support equipped vehicle		-		- 1	0	0.0%		-						,	-	-	-	0.0%	-	-	-	-	,	0.0%	
	Average Cost	Average cost per month for completed trips	\$ 44.52	\$ 43.76	6 42 92	\$ 132.10		0.4%	\$ 45.53	\$ 44.36	\$ 44.50	\$ 134.39	0		\$ 41.03	\$ 46.29	e 45 27	\$ 132.69	e 44.22	0.0%	\$ 44.03	\$ 45.30	\$ 44.36	\$ 133.69	£ 44 E6	0.0%	\$ 532.87
	Average Miles	Average Miles per month for completed trips (Excludes Travel type levels of service)	17	17		17	17	0.4%	18	17	17	17	17		18	17	19	17		0.4%	18	16	15	17		0.4%	17
	Utilization Rate	Transportation utilization rate	10.7%	10.9%	12.8%	17	11.6%	0.1%	12.1%	12.3%	12.2%	17	12.2%	0.1%	11.5%	13.3%	11.8%	17	18	0.1%	12.7%	11.7%	12.0%	17	12.2%	0.1%	12.0%
	Ambulatory	Trips provided by sedan																		21.00/						84.1%	
	Wheelchair	Trips provided by vehicle equipped to transport wheelchair	6,107	6,414		20,296		82.7%	7,155	7,047	6,990	21,192	7,064		6,761	7,681	7,208	21,650	-								83.5%
Trip Mode	Mass Transit	Trips provided by Public Transportation	1,322	1,285	1,496	4,103	1,368	16.7%	1,514	1,394	1,360	4,268	1,423		1,095	1,452	1,214	3,761	1,254	14.7%	1,348	1,268	1,250	3,866	1,289	14.9%	15.7%
Ē	Stretcher	Trips provided by vehicle equipped to transport stretcher	-	-	-	-	-	0.0%	-	-	-	-		0.0%	-	-	-	-	-	0.0%	-	-	-	-	-	0.0%	0.0%
	Travel	Trips booked for Lodging/Meals	26	33	40	99		0.4%	49	38	54	141	47		35	25	55	123	41	0.5%	62	78	78	218	73	0.8%	0.6%
	Calls Received	Measures number of Reservations calls received	10	10	23			0.2%	13	1		27	9	0.1%	14		27			0.3%	23	4.7/2	50/2	29	10	U.1%	0.2%
	English	Calls received in English queue	5,226	4,491	4,965	14,682	4,894		4,669	5,150	4,678	14,497	4,832		4,490	5,049	5,014	14,553	4,851		5,875	4,719	5,248	15,842	5,281		59,574
	Spanish	Calls received in Spanish queue	5,025	4,369	4,902	14,296	4,765		4,477	4,984	4,507	13,968	4,656		4,280	4,811	4,771	13,862	4,621		5,571	4,595	5,082	15,248	5,083		57,374
		1	144	122	166	432	144		174	166	171	511	170		210	238	243	691	230		304	124	166	594	198		2,228

	Calls Answered	Total Calls Answered																									
Call Center	Calls Abandoned	Total Calls Abandoned	5,169	4,392	4,902	14,463	4,821		4,651	5,139	4,667	14,457	4,819		4,473	5,038	4,994	14,505	4,835		5,821	4,699	5,230	15,750	5,250		59,175
0	Avg Speed to Answe	Measures average time to answer	00:10	00:20	00:12		00:14		0:00:09	0:00:06	0:00:06		00:07		0:00:06	0:00:11	0:00:14		00:10		0:00:27	0:00:18	0:00:09		00:18		00:12
	Average Talk Time	Measures average amount of talk time per call	00:26	00:29			00:26		05:43		06:18		05:58		06:25	06:10	06:21		06:19		06:23		05:53		06:09		04:43
	Service Level	Percentage of calls answered within 30 seconds; Goal: 85%	93.1%	87.2%	87.2%		89.2%		91.0%	95.1%	93.7%		93.3%		94.7%	90.1%	84.9%		89.9%		70.0%	83.2%			81.0%		88.3%
	Abandonment Rate	Goal: ≤ 5% monthly	0.3%	0.3%	0.3%		0.3%		0.0%	0.0%	0.0%		0.0%		0.2%	0.0%	0.1%		0.1%		0.2%	0.2%	0.1%		0.2%		0.14%
	Complaints - Total	Measures the number of valid complaints Goal: 1% or less Complaint Free Percentage	9	4	10	23	8		3	11	5	19			8	5.0%	4	17	6		4	5.2%	4	13	4		72
	All Complaints	Total of all complaints Valid or Invalid.	10	10	18	38	13		17	21	11	49			25	11	12	48	16		12		13				184
	Complaint Percentag	Total complaint percentage based on gross reservations	0.09%			36	0.08%		0.03%		0.03%	45	0.06%		0.08%	0.04%		40	0.06%		0.04%			49	0.04%		0.06%
ment	Provider Late	Transportation Provider arrived more than 15 minutes after scheduled pickup	0.09%	0.0376	0.09%	5	2	21.7%	0.0376	2	0.03%	4		21.1%	0.00%	0.0476	0.0476	4	0.00%	23.5%	0.0476	0.03%	0.0476	1	0.0476	7.7%	19.4%
Manageı	Provider No Show	Provider failed to show for scheduled pickup	-					0.0%		0				0.0%		-	_	4	0	5.9%		2		2	1		4.2%
Quality	Rider	Issue with Rider						0.0%		U				0.0%		- 1		- 1		5.9%	_					15.4%	4.2%
	Provider Issue	Member issue with Transporation Provider	2	-	-			04.70/		2	-	3		45.000		-	-	7		44.00/	2	-				20.5%	07.0%
	Other	Other		1	6	13	2		-		3	12	1	63.2%	3	3	-	,	2	41.2%	2	2	2	5	2	38.5%	27.8%
	No Vehicle Available	Trip cancellations due to No Vehicle Available	14	2			4		14	7					5	1	1	5	2		2	-	2	4	1		47.2%
Utilizati on Manage	Member No Shows	MemberNo Show as Cancellation Reason	125	176	176	477	159		88		106	301		1.00%	135	147	28 127	38 409	136	0.1%	89	69	141	299	100	0.0%	0.1%

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-ofpocket 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)

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





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

Lost coverage?



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



 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





¿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





Health coverage in Oregon



 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 lowcost 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-ofpocket 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)

Cobertura médica en Oregon



 No importa dónde nació o cuánto tiempo ha vivido en los Estado 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!



 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)

500 Summer Street NE E56 Salem, OR 97301

Carolyn Black

Senior Outreach & Education Coordinator OREGON HEALTH INSURANCE MARKETPLACE

Health Policy & Analytics Carolyn.Black@oha.oregon.gov

OregonHealthcare.gov

Cell: 971-707-0292

