



Community Advisory Council Meeting Minutes

Virtual Meeting August 13, 2025

<https://zoom.us/j/99964943335>

Meeting ID: 999 6494 3335

Attendees:

EOCCO CAC Member Roll Call

Wheeler County: Elaine “Ellie” Bray, **Wallowa County:** Ted Thorne, **Union County:** Commissioner Matt Scarfo, Diana Elledge, Winnie Andrews, **Umatilla County:** Morgan Linder, Kelly Condie, **Confederated Tribes of the Umatilla Indian Reservation (CTUIR):** Maurice Bronson, **Malheur County:** Rebecca Stricker, **Morrow County:** Yvonne Morter **Sherman County:** **Lake County:** Commissioner James Williams, **Harney County:** Jennifer Williams, Vinney Hartvisen **Burns Paiute Tribe:** , **Grant County:** Liz Pace, **Gilliam County:** Chanel Kelly, Bonnie Kraxberger, Lisa (Helms) Bettencourt **Baker County:** Albert Rowley, Kristina Gueli,

EOCCO: Marci McMurphy, Lourdes Reyna, Rosalie Kelly, Britney Garcia, Norman Valdez, John Lucero, Summer Prantl, Yami Gonzalez, Mikayla Briare, Julian Gutierrez, Megan Lopez, Sara Crowell, Kalie Paine, Alison Hecht, Tasha Robinson, Sofia Aiello

Guests: Carina Garcia, Kimberly Adams, Paige Farris, Eliana Gray, Domonic Veran, Lary Mop, Amy’s iPhone, James Phillips, Sampson Smith, Malley Chouinard

TOPIC	DISCUSSION	ACTION ITEM
Welcome	Marci McMurphy, GOBHI	
Roll Call & Introductions	<p>Maurice Bronson, CAC Vice Chair Please put your name in the chat and your county.</p> <p>Norman Valdez (EOCCO) to Everyone 11:30 AM Welcome everyone...We are getting started</p> <p>Jennifer Williams to Everyone 11:31 AM Hi everyone!</p> <p>V. Hartvisen to Everyone 11:31 AM good to be here</p> <p>Lisa Bettencourt (name change from Helms) to Everyone 11:31 AM I don't have a camera on my desktop! Sorry!!</p> <p>Jennifer Williams to Everyone 11:31 AM My internet is wonky.</p>	

You to Everyone 11:32 AM
Rose Kelly, GOBHI

Alison Hecht, EOCCO (she/her) to Everyone 11:32 AM
Alison Hecht, EOCCO

V. Hartvisen to Everyone 11:32 AM
Vianney Hartvisen Harney. Husband is an EOCCO Member

Yvonne Morter Morrow Co Public Health to Everyone 11:32 AM
Yvonne Morter Morrow County Public Health

Mikayla Briare, she/her EOCCO to Everyone 11:32 AM
Hi everyone! Mikayla Briare with EOCCO!

Lisa Bettencourt (name change from Helms) to Everyone 11:32 AM
Lisa Bettencourt (formerly Lisa Helms), South Gilliam Health Center in Condon,
Gilliam Co!

Tasha Robinson (she/her) - EOCCO to Everyone 11:32 AM
Tasha Robinson, EOCCO :)

MCHD to Everyone 11:32 AM
Rebecca Stricker, Director--Malheur County Health Department

Albert R to Everyone 11:32 AM
Albert Rowley from Baker county Consumer

Liz Pace to Everyone 11:32 AM
Elizabeth Pace (Liz) EOCCO Member

Jennifer Williams to Everyone 11:32 AM
Jennifer Williams, Harney County, Crossroads Ranch of Harney County and member
rep

Kelly to Everyone 11:33 AM
Kelly Condie - EOCCO member

Summer Prantl, EOCCO to Everyone 11:33 AM
Hello! Summer Prantl, EOCCO.

Albert R to Everyone 11:33 AM
I motion

Ted Thorne to Everyone 11:33 AM
Ted Thorne - Wallowa County

Sara Crowell (she/her) to Everyone 11:33 AM
Good morning! Sara Crowell with EOCCO

V. Hartvisen to Everyone 11:33 AM
I second

Ted Thorne to Everyone 11:33 AM
second

Carina Garcia, she/her, OHSU COE to Everyone 11:33 AM
Carina Garcia, Umatilla County & greater EO Region, Knight Cancer Institute

V. Hartvisen to Everyone 11:33 AM
Ted

Kristina Gueli to Everyone 11:33 AM
Kristina Gueli, Baker County EOCCO member

V. Hartvisen to Everyone 11:33 AM
👉

Malley Chouinard to Everyone 11:34 AM
Malley Chouinard Wallowa county

Morgan Linder (she/her), Umatilla County to Everyone 11:35 AM
Morgan Linder, Umatilla County Public Health

Joseph Banes to Everyone 11:37 AM
Good morning

Lary Mop to Everyone 11:38 AM
wallowa county Lary Mop

Bonnie Kraxberger 11:38 AM
Bonnie Kraxberger, Gilliam Co

Kimberley 11:39 AM
Attending. KIMBERLEY ADAMS

Diana 11:40 AM
Diana Elledge consumer, member of various other boards and committee.

Eliane (Ellie) 11:44 AM
Eliane "Ellie" Bray, Wheeler County LCHP

Norman Valdez (EOCCO) 11:45 AM
Would folks attending kindly list what organization you are with if you haven't done so already. Thank you!

Matt Scarfo, Union County 11:45 AM
Matt Scarfo Union County

Kimberley 11:46 AM
Norma, for me im community consumer not with an agency

Cynthia Levesque 11:46 AM
Cynthia Levesque, EOCCO

Paige Farris (she/her) 11:49 AM
Paige Farris, Redmond, OR, Knight Cancer Institute's Community Outreach & Engagement (speaker guest)

Diana 11:54 AM
Diana Elledge. Union County consumer, LCHP, NEOHA commissioner.

Joseph Banes to Everyone 11:54 AM
Joseph Banes, Harney county
Public health

	<p>James Phillips to Everyone 11:57 AM James Philips, Wallowa county Behavioral health</p> <p>Dominic Veran to Everyone 11:57 AM Dominic Veran</p> <p>Gift Albert 12:02 PM Gift Albert Member</p>	
<p>Approval of June Minutes</p>	<p>Jennifer Williams motioned to approve the June Minutes. Vianney Hartvisen seconded the motion. The motion passed.</p>	<p>Motion: Williams / Hartvisen motion to approve the minutes as written. The motion passed.</p>
<p>Incentive Measure Update</p>	<p>Mikayla Briare, EOCCO</p> <p>Incentive Measures Mikayla gave an update on the incentive measures. She reviewed the 2025 EOCCO Incentive measures and the Year-to-Date Performance through the end of June. The data she shared included where we are at currently, the target goal, and compared it to where we were at at the end of June in 2024. There are a total of thirteen Incentive Measures for EOCCO. Eight Claim based measures.</p> <ul style="list-style-type: none"> ● Childhood Immunization Status ● Health Assessments for Children in DHS custody ● Immunizations for Adolescents ● Initiation and Engagement of SUD Treatment ● Oral Evaluation for Adults with Diabeters ● Preventive Dental Services, ages 1-14 <p>Two Clinical Quality Measures.</p> <ul style="list-style-type: none"> ● Depression Screening and Follow-up ● Diabetes HbA1c Poor Control <p>Three Chart Review/Hybrid Measures.</p> <ul style="list-style-type: none"> ● Timeliness of Postpartum Care ● Meaningful Language Access to Culturally Responsive Health Care Services ● SDOH: Social Needs Screening & Referral. <p>All the measures except one were incentive measures in 2024. The new one for 2025 is the Child-level Social Emotional Health Incentive Measure.</p>	

Paige Farris (she/her) 11:44 AM

What do assessments for children in DHS custody entail? (e.g., is this a healthcare assessment that tells you what care - like immunizations - they've missed and need to catch up on?) And then who ensures healthcare catch up takes place if this is the case?

Mikayla: The health assessment includes physical and behavioral health assessments. Medical, dental, and mental health.

Bonnie Kraxberger 11:48 AM

Does the recent news about behavioral health closures affect EOCCO? I know they mentioned Care Oregon in the news.

Cynthia Levesque 11:57 AM

I believe Mikayla addressed this question, but no closures currently.

Mikayla: At EOCCO we haven't heard any.

EOCCO Summit

Thursday, September 18th EOCCO's annual conference will be held at Wildhorse Resort and Casino in Pendleton from 8:30 a.m. to 4:00 p.m. The conference is free and open to all dedicated professionals serving EOCCO members (providers, office staff, public health workers, traditional health workers, and community-based organizations). Here is the link to register:

[13th Annual 2025 EOCCO Summit](#)

[EOCCO Community Resource Guide](#)

EOCCO has a Community Resource Guide that contains a list of organizations by county that provide housing, food, and transportation resources. Each organization lists its location/address, contact info, hours of operation, the core services they provide, other critical services provided and lists the eligibility requirements. If you have updates for the guide please email us at EOCCOmetrics@modahealth.com

Diana to Everyone 11:54 AM
when was the EOCCO summit?

Liz Pace to Everyone 11:54 AM
Sept 18

Norman Valdez (EOCCO) 11:54 AM
EOCCO Summit: September 18th

Mikayla Briare, she/her EOCCO 11:56 AM

Sharing some links I mentioned during my presentation:

EOCCO Grants webpage: <https://www.eocco.com/providers/grants>

EOCCO Summit (Conference) Registration: tinyurl.com/EOCCO-Summit25

EOCCO Community Resource Guide:

<https://www.eocco.com/-/media/EOCCO/PDFs/providers/EOCCO-Community-Reso>

	<p>urce-Guide-2023.pdf</p> <p>Diana to Everyone 11:58 AM Thank you for the info.</p>	
<p>OHSU Presentation - Knight Cancer Institute Carina Garcia Paige Farris</p>	<p>OHSU Knight Cancer Institute Carin Garcia and Paige Farris, MSW</p> <p>Paige presented a report on Comprehensive Cancer Control Plans that was funded by the Center for Disease Control (CDC). They were tasked with describing the cancer burden in the state, territory, or Tribal Nation(s) by:</p> <ul style="list-style-type: none"> ❖ Identifying populations experiencing unequal effects of cancer incidence and mortality rates. ❖ Identifying geographical areas of the state where disparities exist. ❖ Create measurable, evidence-bound recommendations for reducing incidence and mortality rates. <p>Paige noted that a next step is to create an in-person Community Cancer Conversation. If any of her presentations speaks to you or if you have ideas about how to address cancer risk in support of the populations you serve, please reach out. They are interested in partnering regionally to create actionable, measurable cancer prevention or screening impacts.</p> <p>There are five cancer priorities in Oregon. These are in order by the highest need based on incidence and mortality rates looking at trends over 25 years. These cancers are either increasing or not decreasing as quickly as national rates. These also have best practices or current opportunities that can be used to improve prevention, screening, or early detections.</p> <ol style="list-style-type: none"> 1. Liver Cancer 2. Breast Cancer 3. Colorectal Cancer 4. Lung Cancer 5. HPV Vaccination <p>Definitions:</p> <p>Modifiable - things or factors we can control. This would be quitting smoking, reducing or eliminating alcohol use, dietary intake, increasing physical activity and UV (sunlight) exposure.</p> <p>Non-Modifiable - things or factors out of our control. Examples are aging, your family history of cancer or inherited genetics, air and water quality.</p> <p>Bonnie Kraxberger 12:01 PM I'm curious that you mention that environmental factors are out of our control, but if we're looking at regional solutions isn't that an element that we can modify as a</p>	

region?

Paige : Let's figure out how to make that an actionable item that is responsive to the region's culture and needs.

1. Liver Cancer

Risks and causes of liver cancer include long-term hepatitis B or C virus infection, excessive alcohol consumption, cirrhosis or scarring of the liver, tobacco use, and being overweight or diabetes.

In Oregon, both Malheur and Wasco Counties (along with seven other counties) had a 10% higher incidence rate of liver cancer.

Men experience over 70% of all new liver cancer diagnoses.

Populations of color (American Indian/Alaska Native, African American, Asian or Pacific Islander, and Hispanic) have higher incidence rate compared to the state rate. Deaths were highest in African Americans, American Indians, Pacific Islanders and Hispanics. People living in rural areas die from liver cancer at a higher rate than people living in cities.

Screening and prevention actions:

- Increase Hepatitis B vaccination rates
- Increase Hepatitis B and C screening rates by screening everyone once in their lifetime
- Decrease rates of binge drinking and heavy drinking.
- Training on Immunizations (Cancer prevention and covered by insurance)
- Training community Traditional Health Workers (THW) and Peer Support Specialist on liver cancer.

Call to action: Are there ways to align with your community's most pressing public health need with cancer education, awareness, prevention, and screening?

Sampson Smith to Everyone 12:08 PM

I have a friend suffering from lung cancer, but have been addicted to smoking. Are there more efficient approaches from the EOCCO to assist in the situation?

Kristina Gueli to Everyone 12:09 PM

Wouldn't educating farmers about the carcinogenic nature of the commercial pesticides they use and how it affects their health and the health of the community help with environmental factors? Educating the communities in an effort to put pressure on the local agricultural industry could also help as their chemicals affect the water, air and ground.

Eliane (Ellie) to Everyone 12:10 PM

What about testing for water, molds, air quality?

Bonnie Kraxberger to Everyone 12:10 PM

Kristina, that is one of the elements I was considering. Umatilla has had some water quality concerns in wells due to farm water. I'm personally located near many wheat farms and see all the spraying and wonder how much my kids are being exposed.

Kristina Gueli 12:14 PM

It's hard to get away from it. They have the right to spray but we don't have the right to avoid exposure to it. I live in town and there is farmland that is sprayed via plane right in town. The entire town of Baker City is subjected to this with no warning

several times a year.

2. Breast Cancer

Risk Factors include lack of physical activity, being overweight or being obese after menopause, excessive alcohol consumption, using some kinds of hormone replacement therapy during menopause. Breast cancer commonly occurs in people 55 years of age or older. 5-10% occur due to genetic mutations or familial heredity. You are more likely to get breast cancer if you begin menstruation before age 12 and menopause after age 55, if you have dense breast tissue, if you've had radiation to the chest or breast before age 30 from a previous cancer, and if you receive the drug diethylstilbestrol (DES) between 1940 and 1970 (in pregnant people).

Rural women experience a higher rate of late stage diagnoses. The incidence in women under 40 is rising and the disease is also more likely to be late-stage. Pacific Islander women die more often than white or African American women. Morrow County is listed among the higher mortality rates by county in Oregon.

Screening and prevention actions:

- Increase access to breast cancer screening.
- Increase breast cancer screening rates for women ages 40-74 at average risk.
- Focus on reaching communities where the lowest screening rates are found.

OHSU offers activities to prevent breast cancer. Breast cancer 101, Zumba on breast cancer awareness day, mammogram and education / awareness partnerships, and THW training. They are looking into packaging health self-care, childcare, one-stop-shop opportunities where you could get a mammogram, HPV self-collection, CRC FIT kit and immunizations.

Dominic Veran 12:14 PM

What are the latest guidelines on initiating mammograms at age 40, especially for average-risk women?

Eliana Gray 12:17 PM

Does breast cancer only occur in women from 40 years up?

Carina Garcia, she/her, OHSU COE to Everyone 12:18 PM

Smoke free

Marci McMurphy, EOCCO 12:18 PM

No, it can occur in women of all ages.

V. Hartvisen 12:18 PM

And men can get breast cancer if I am not mistaken

Marci McMurphy, EOCCO 12:19 PM

That is correct, Vianney

Paige Farris (she/her) 12:44 PM

Correct, Marcie. The main non-modifiable risk factor is 'getting older'. Breast cancer

is typically found in women ages 55 years and older. And yes, men can also develop breast cancer. Sometimes men have inherited a genetic predisposition like BRCA1 or BRCA2, which increases their risk of developing this cancer.

Bonnie Kraxberger 12:21 PM

Yes wouldn't everyone prefer less painful mammograms!

Kimberley to Everyone 12:22 PM

Ultrasound could be alternative to mammogram

Bonnie Kraxberger 12:22 PM

Kimberly my mom just had the ultrasound alternative and said it was more painful - very deep pressure

Eliane (Ellie) 12:24 PM

My daughter just had a 3D mammogram and said it was painless, no squeezing.

There was a question regarding other options than a mammogram? Paige will get back to Norm with information on that.

Dominic Veran to Everyone 12:14 PM

What are the latest guidelines on initiating mammograms at age 40, especially for average-risk women?

Paige Farris (she/her) 12:43 PM

I just want to answer questions that I can, for documentation.

Average risk women, ages 40 and up should get mammograms every other year. Conversations with your clinical providers are imperative to ensure women are average risk and there isn't another risk to consider.

3. Colorectal Cancer

Risk factors are being overweight, diabetes, lack of regular physical activity, not eating enough fiber, fruits, and vegetables, smoking, and alcohol consumption. Most colorectal cancer diagnoses occur after ages 50. Some people have genetic factors that increase the risk of developing colorectal cancer. You are at a higher risk if your family has a history of colon polyps or colorectal cancer, if you have inflammatory bowel disease such as Crohn's or ulcerative colitis or if you've had radiation therapy to the abdomen or pelvis area. Having type 2 diabetes is also a risk factor. Umatilla, Morrow, and Union counties along with three other counties in Oregon have the highest rates of colorectal cancer. Men, rural residents and African Americans are more likely to be diagnosed with late-stage colorectal cancer. Pacific Islander populations, people living in rural areas, and men have higher mortality rates in Oregon.

Screening and prevention actions:

- Screening starting at age 50. If you are at risk, start screening at age 45.
- Decrease the stigma around colorectal cancer screening. OHSU has a program "Get Your Rear in Gear", and also has population-specific approaches.
- Focus on the communities where the lowest screening rates

are.

The Knight Cancer Institute offers THW training opportunities around the state on Colorectal Cancer Screening navigation. They also have a Community Outreach & engagement mobile van which has a Gut Hut and distributes FITkits. They want to engage with communities to create awareness partnerships and education.

4. Lung cancer

Risk factors are tobacco usage, including exposure and secondhand smoke, and radon exposure. Other risks are exposure to toxins, air pollution, a familial history of lung cancer, and radiation treatment to the chest to treat other cancers.

Wasco County is one of the counties with the highest lung cancer incidence rates. Women in Harney county, regardless of demographic group, experience lung cancer incidence rates double that of other demographics.

The Knight Cancer institute has developed an evidence-based approach to lung cancer prevention with four components.

- Identify eligible patients
- Conduct and document a shared decision-making conversation between the provider and the patient
- Refer to radiology to schedule a Low Dose Computed Tomography (LDCT) scan also known as a low dose CT scan. This should be done annually.
- Refer patient to tobacco cessation counseling

People living in rural areas have a higher mortality rate than their counterparts in urban areas. Pacific Islanders and males consistently have higher lung cancer mortality than females.

Prevention actions are reducing tobacco use in adults. Increase the number of eligible adults who are screened for lung cancer, particularly in rural areas. Increase radon testing and awareness about radon in rural areas. The Knight Cancer Institute offers THW training opportunities around the state. They are developing a LDCT screening program.

Carina Garcia, she/her, OHSU COE 12:19 PM

Smoke free Oregon has resources but EOCCO can chime in with more information <https://smokefreeoregon.com/>

James Phillips to Everyone 12:22 PM

What are the major environmental, lifestyle, and genetic factors that contribute to the risk of developing lung cancer, and how do they interact to influence disease occurrence?

Paige Farris (she/her) 12:48 PM

James, this is a great question. Commercial tobacco use is the one risk factor that has a throughline of increasing risk for any cancer.

We have a great flier that describes what happens to your body when you stop using commercial tobacco. I'll ask Carina to share that with EOCCO.

Paige Farris (she/her) 12:52 PM

The other point you raise, James, is that of compounding disease, infections, or risk factors. And I think this is a deeper question than me as a non-clinician can answer. AND, as you indicate, a concern! Unfortunately, our bodies and how all of our 'parts' and systems work are complicated!

Lourdes Reyna, EOCCO 12:25 PM

EOCCO Tobacco Cessation Flyer:

<https://www.eocco.com/-/media/EOCCO/PDFs/Member/Resources/Quit-smoking-brochure.pdf>

Lourdes Reyna, EOCCO 12:25 PM

We can connect EOCCO members to our health care services/case management team for health coaching support.

Please reach out

5. HPV Facts

The Human Papillomavirus (HPV) is the most common sexually transmitted infection in the world. There are over 200 HPV strains. Some cause warts, others can cause cancer.

Most people who have had a sexual experience will be exposed to and possibly infected with HPV at some point in their lives.

The FDA approved a vaccine to combat this virus in 2006. Local, national, and international cervical cancer rates have declined as a result of the vaccine. Incidence rates in Oregon are higher than the national rates. Eliminating HPV-related cancer rates in young men is critical.

Rural Youth vaccination rates are lower in rural populations than in the urban areas. Boys have lower vaccination rates than girls. Young adults, ages 18-26, have the lowest HPV vaccination rates, and there is very little being done to increase vaccination in young adults.

Up to 90% of HPV-related cancers can be prevented by the HPV vaccine. We need to increase HPV vaccination initiation and completion rates in boys, young adults, and youth in rural areas. We can do this by using non-traditional healthcare providers, community paramedics, and mobile units.

Carina Garcia, she/her, OHSU COE 12:30 PM

Survey link: https://ohsu.ca1.qualtrics.com/jfe/form/SV_6ETzGtGHvSZO6Me

Bonnie Kraxberger 12:30 PM

What a great presentation Paige, thank you! Also in the name of rural voices, I wanted to ask why my county of Gilliam is greyed out in multiple pictures you showed. Is our population too low for data or is there another reason?

Greyed out areas on the map are because we don't have enough data for those counties.

V. Hartvisen 12:31 PM

Some very interesting statistics

The Knight institute has resources they are ready to share. Please

	<p>reach out to them. Shared Resources for Cancer</p> <p>Paige Farris email: farrisp@ohsu.edu</p> <p>Community Outreach and Engagement</p>	
<p>NEMT Info & Updates - Megan Lopez</p>	<p>Megan Lopez presented. She is the NEMT Operations Manager with GOBHI.</p> <p>What is NEMT? Free Non-Emergent Medical Transportation (NEMT) for EOCCO and fee-for-service (FFS) or Open Card Oregon Health Plan members. This includes transportation to medical, dental and behavioral health appointments. Transportation options include rides provided by transportation companies, NEMT volunteer drivers, rural public transportation and member reimbursement when a member (or representative) drives themselves to the appointment.</p> <p>GOBHI service areas include the 12 EOCCO counties and FFS in Wasco and Hood River counties.</p> <p>Scheduling Rides</p> <p>Contact GOBHI at 877-875-4657 at least two working days if possible before your appointment to schedule a ride. We need the following information to schedule:</p> <ol style="list-style-type: none"> 1. Full name, street address, and phone number 2. The physician/facility name, their street address, and phone number 3. The date and time of the appointment 4. The medical reason/purpose of the appointment 5. Any special needs, such as using a wheelchair, or if an attendant or parent will be riding with the member. <p>Member Reimbursement Members or their representative must call GOBHI ahead of time to let us know about the appointment and request reimbursement. Once we have received the reimbursement request and it has been approved, our NEMT Reimbursement Specialist will work with the member on the reimbursement process. Members have 45 days from the date of the appointment to turn in the following documents for approved requests:</p> <ul style="list-style-type: none"> ❖ Proof of Healthcare Visit Form English Proof of Healthcare Visit Form Spanish ❖ Receipt(s) for Lodging ❖ Reimbursement Payee Form if someone other than the parent or guardian drives the member to the appointment. <p>An attendant is someone over the age of 18 who travels with the member, such as a parent traveling with their child.</p>	

Lodging and meals can be reimbursed for one parent traveling with a minor child (age 18 and under).

GOBHI can provide reimbursement for:

- Mileage driven to and from an appointment -\$0.46 per mile
- Lodging, if you need to stay overnight before the appointment because the appointment is out of town or will require you to be out of town for an extended period of time. \$110.00 per day
- Meals, if you are going to appointments out of town (4 hours or more away from home). Up to \$34.00 per day (for all meals)

Megan reviewed some of the statistics of NEMT such as the different types of appointments NEMT has driven members to this year. NEMT has made some positive changes in 2025. They have hired Megan Lopez as operations manager. Amanda Archer has been promoted to NEMT supervisor. In March they hired two more staff for the call center, for a total of 10. 9 of these are bilingual Spanish and English speakers. Lastly GOBHI has hired a bilingual Spanish/English Grievance Specialist.

From January to June 27th, 2025 NEMT has handled 54,366 calls. They continue to improve the speed to answer and the percent of calls handled.

NEMT toll free Phone number 1-877-875-4657
Hours: Monday to Friday, 8:00 a.m. to 5:00 p.m., Pacific Time
Language interpreter services are available and free.
Bilingual Spanish speaking staff
GOBHI NEMT Website: <https://www.gobhi.org/nemt>
English and Spanish NEMT Rider Guides are available on the website.

Isaac Blacks 12:36 PM
thanks so much for the knowledge

MCHD to Everyone 12:38 PM
Is this for any visit reimbursement? What if they went into a walk-in clinic or ER and did not notify GOBHI ahead of time because it was not scheduled do they have 45 days to get reimbursed?

Megan: Usually with things like that we will do it as long as we get notified shortly after. ER next would get approved.

Lourdes Reyna, EOCCO to Everyone 12:38 PM
These are great questions. We will get to them shortly.

Yvonne Morter Morrow Co Public Health to Everyone 12:39 PM
Does the after visit summary qualify as verification of appointment?

Megan: Yes
Diana 12:39 PM
Yes

Eliane (Ellie) 12:41 PM

I have been basically homeless since January, I have a cognitive disability that makes completing the steps to obtain the signatures and submit forms challenging. Because of being homeless I lack the technology to print and scan the forms to return them or the funds to mail in hard copies. So I have a year of reimbursement. I asked for reasonable accommodation to help me complete the process and was told "everyone else manages to get them submitted."
I need help.

Bonnie Kraxberger 12:41 PM

wait times on the phone are MUCH better than they were, thank you!

Liz Pace 12:42 PM

Just want to say this is a Service that is so much appreciated by a member from Grant County that has to travel to Bend for all specialist visits. I would not be as healthy as I am without the help with cost because I wouldn't be able to go. Checks for reimbursement come within two weeks and direct deposit is about a week after paperwork is submitted. First phone call is so easy . Thank You!!!!

V. Hartvisen 12:43 PM

My providers fax the completed form to NEMT right after the appt. You might ask if they can do that for you

Diana 12:43 PM

Ellie you can take pictures of them along with your member # and email them via your phone to them.

Eliane (Ellie) 12:45 PM

While I appreciate the suggestions, it shows an apparent lack of understanding of cognitive disabilities. You can just... doesn't cut it. 😞

Eliane (Ellie) to Everyone 12:45 PM

And now I'm way past the 45 day limit.

Bonnie Kraxberger 12:46 PM

I understand Ellie, I support my husband who has cognitive impairment. Have you considered working with an EOCCO case manager? They can help with details!

Britney will connect with Megan and get back to Ellie.

V. Hartvisen 12:37 PM

Is NEMT still planning on an online way to request services as opposed to calling in?
Reimbursement
Items Needed for Reimbursement
Utilization

Do you have an app or ability to schedule online?

Megan: Right now we don't have that functionality. That might be in the works later. Currently we are working on an app for our drivers. We want to get it up and running. Then we can work on getting the online scheduling.

Diana: Glad it is working better. What if you don't have money to get to the appt. Can you get money ahead of time?

Megan: We don't usually do that. You would need to work with Case Management through GOBHI or EOCCO on that. It isn't a no, but we would have to take a look and see.

Eliane (Ellie) 12:46 PM

I have asked for help for the past 12 months.

Diana to Everyone 12:48 PM

I have a question.

MCHD to Everyone 12:48 PM

I have had clients be denied for not reporting it until 3 or 4 days later

James Williams - Lake Co to Everyone 12:51 PM

I have to step out for another meeting, but appreciate the meeting today. Good discussion and questions.

Lourdes Reyna, EOCCO 12:51 PM

Thank you, James!

Liz Pace 12:53 PM

I'm John Day, just a member if anyone needs help with the medical transportation process I am willing to help from our side.

Diana 12:57 PM

When member comments/questions come up I would like to ask about a program not discussed today.

Isaac Blacks 12:58 PM

no
thank you very much
I appreciate y'all

Kelly to Everyone 12:58 PM

Thank you
Have a good rest of the day

Bonnie Kraxberger to Everyone 12:59 PM

I don't need a response due to lack of time, but wanted to comment about access to dentistry. Gilliam Co does not have an Advantage Dental dentist, though Amy Bell visits the school for hygiene. Boardman is the nearest Advantage Dental and they just lost their fourth dentist in four years. Lack of dentists are a concern here.

Kristina Gueli 1:00 PM

i have to go

Yami Gonzalez, OHA 1:01 PM

It looks like Oregon Health Plan does not currently "cover" 3D mammograms via the prioritized list of services--however, we can potentially cover this if determined medically necessary and this would be determined on a case by case basis

V. Hartvisen 1:03 PM

Can flex funds be used for the HRSN

Carina Garcia, she/her, OHSU COE to Everyone 1:07 PM

	<p>Thanks everyone!</p> <p>Jennifer Williams to Everyone 1:07 PM Thank you all!</p> <p>Yami Gonzalez, OHA to Everyone 1:07 PM bye everyone!</p> <p>V. Hartvisen to Everyone 1:07 PM Thank you</p> <p>Lourdes Reyna, EOCCO to Everyone 1:07 PM Thank you everyone!</p> <p>Gift Albert 1:07 PM Thank you</p>	
<p>OHA Updates</p>	<p>Yami Gonzalez, OHA</p> <p>Yami shared eligibility for individuals with DACA (Deferred Action for Childhood Arrivals) or individuals brought to the US as children. Last year this population could enroll in Medicaid, but this rule has been reversed. Individuals with DACA status won't be able to enroll in Medicaid or purchase marketplace insurance plans or qualify for the Supplemental Nutrition Assistance Program (SNAP). Healthier Oregon allows individuals to enroll in Oregon Medicaid regardless of their status (state funded) so DACA individuals are covered if they qualify and meet the standards they can still enroll in Healthier Oregon. If they have a slightly higher income they won't be eligible for Medicaid or to purchase marketplace insurance plans. There is information on our website as it relates to Medicaid, or SNAP so folks can get all their questions answered as questions arise around the Federal Bill, the timelines and impacts.</p> <p>Monitoring Federal Changes and any Impacts on Oregon</p>	
<p>CAC Member Comment & Feedback</p>	<p>Diana Elledge: Program that she applied for and was denied. Medically tailored meals definition was asked about. They gave her a number, and she read the definition. There is a whole list above it, where she would qualify. She wondered why?</p> <p>Lourdes: Thank you for the questions OHA is the one that sets these standards.</p> <p>Diana: Wanted to bring it to everyone's attention, and it might be a good discussion.</p> <p>Yami appreciated the feedback and will call Diana offline. Glad that she pointed it out, as the HRSN population that qualifies is small and we need to convey that. OHA determined the qualifications based on OHA priority goals and strategic plan. Chosen based on evidence based metrics to target the population that could benefit the most and didn't have resources available.</p>	

	OHP HRSN medically tailored meals clinical eligibility guide	
Public Comment	<p>Paige: Does EOCCO cover the 3D mammograms/ultrasounds? A question needs to be answered for the members?</p> <p>Yami Gonzalez, OHA 1:01 PM</p> <p>It looks like Oregon Health Plan does not currently "cover" 3D mammograms via the prioritized list of services--however, we can potentially cover this if determined medically necessary and this would be determined on a case by case basis</p>	
Next Meeting	October 8, 2025	
Adjourn	The meeting minutes submitted by Rosalie Kelly	

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