

Instructions

OHA is requesting the data in the following tabs to inform its two-year follow up review, as directed by ORS 415.501(19). Instructions for calculating metrics are listed in each tab. If you are unable to provide the requested data or calculate metrics as instructed, please use the notes field in each tab to explain why you are unable to provide the data and/or how your calculations deviate from the instructions. If you have any questions, please email hcmo.info@oha.oregon.gov. Data are requested related to:

- Payments and financial assistance
- Patient zip codes
- Staffing

Time periods

Each tab has columns for years representing the year in which services were rendered. If a service for a patient spanned multiple years, please count the patient by the year of the service start date.

Locations

Each tab has columns for One Medical locations in Oregon and the Oregon service area overall. Please add columns for any additional practices that are affiliated with One Medical in Oregon and provide the requested data for the requested time periods.

If the submitting entity considers any portion of the responses in this two year follow-up data template to be confidential or exempt from disclosure under ORS 705.137 or Oregon Public Records Law, ORS 192.311 to 192.478, in order to seek protection from disclosure the entity shall, at the time of submission, comply with the requirements of OAR 409-070-0070 which requires that entities (1) designate that portion as confidential by providing a second redacted copy of the report; and (2) include a redaction log that provides a reasonably detailed statement of the grounds on which confidentiality is claimed, citing the applicable statutory basis for confidentiality of each portion.

Pursuant to ORS 415.501(13)(c), OHA shall maintain the confidentiality of all confidential information and documents that are not publicly available that are obtained in relation to a material change transaction and may not disclose the information or documents to any person without the consent of the person who provided the information or document.

Interpretation of the Oregon Public Records Law, as determined by OHA upon advice of the Oregon Department of Justice, shall determine if the confidential information claimed to be exempt under ORS 192.311 to 192.478 is in fact exempt from disclosure. OHA will not be liable to applicant or any other person for release of information applicant claims to be confidential under ORS 192.311 to 192.478 if determined not to be exempt. Information protected under ORS 415.501(13)(c) is exempt from disclosure under ORS 192.311 to 192.478.

To the extent the information and data from this template is publicly available and not exempt from disclosure under ORS 415.501(13)(b) or (c), the Oregon Health Authority (OHA) may include such information and data in OHA's public reporting, including but not limited to the statutorily required follow-up reviews of this transaction one, two, and five years after closing.

Payments

Provide payment amounts in dollars. For charity care/ financial aid, provide the amount of free, subsidized, or reduced price care provided to patients for the time period.

| | North Williams | Pearl | Downtown Portland | Cedar Hills | Tigard | All Oregon Service Area |
|--|----------------|-------|-------------------|-------------|--------|-------------------------|
| | 2024 | 2024 | 2024 | 2024 | 2024 | 2024 |
| Total membership payments | | | | | | |
| Enterprise membership payments | | | | | | |
| Individual membership payments | | | | | | |
| | | | | | | |
| Median payment per visit | | | | | | |
| Median member paid amount per visit | | | | | | |
| Median service payment per member | | | | | | |
| Total services payments | | | | | | |
| Total Member Paid Payments | | | | | | |
| Total Medicare Payments | | | | | | |
| Total Medicaid Payments | | | | | | |
| Total Commercial Payments | | | | | | |
| Total Other Payments | | | | | | |
| | | | | | | |
| Total charity care/ financial assistance amounts | | | | | | |
| Median member charity care/ financial assistance amounts | | | | | | |

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Member Zip Code

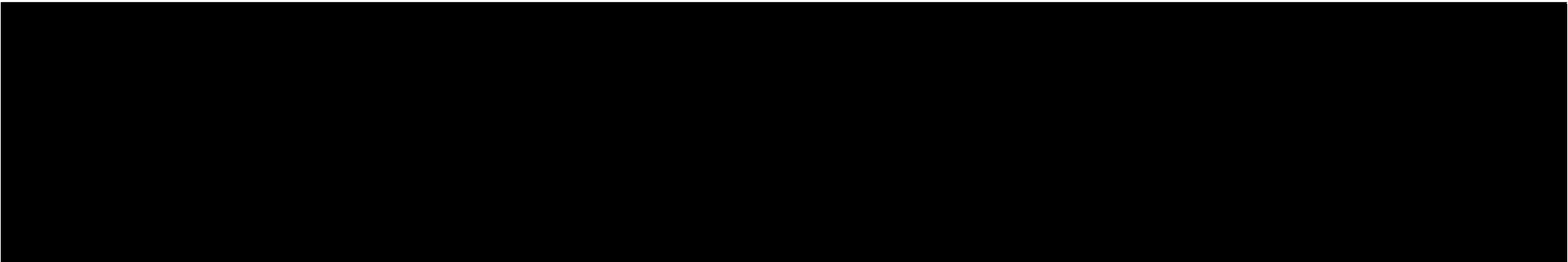
Provide a unique count of members by location and for the Oregon service area overall. Members should be counted once per year per location. Members who received services at multiple locations should be counted for each location, but should only be counted once in the "All OR Specialty Dental" columns.

| | North Williams | Pearl | Downtown Portland | Cedar Hills | Tigard | All Oregon Service Area |
|-------|----------------|-------|-------------------|-------------|--------|-------------------------|
| | 2024 | 2024 | 2024 | 2024 | 2024 | 2024 |
| 97209 | | | | | | |
| 97211 | | | | | | |
| 97229 | | | | | | |
| 97217 | | | | | | |
| 97202 | | | | | | |
| 97214 | | | | | | |
| 97212 | | | | | | |
| 97219 | | | | | | |
| 97206 | | | | | | |
| 97007 | | | | | | |
| 97223 | | | | | | |
| 97006 | | | | | | |
| 97213 | | | | | | |
| 97210 | | | | | | |
| 97203 | | | | | | |
| 97201 | | | | | | |
| 97124 | | | | | | |
| 97232 | | | | | | |
| 97225 | | | | | | |
| 97239 | | | | | | |
| 97215 | | | | | | |
| 97008 | | | | | | |
| 97034 | | | | | | |
| 97123 | | | | | | |
| 97035 | | | | | | |
| 97205 | | | | | | |
| 97221 | | | | | | |
| 97224 | | | | | | |
| 97227 | | | | | | |
| 97005 | | | | | | |
| 97068 | | | | | | |
| 97045 | | | | | | |
| 97062 | | | | | | |
| 97220 | | | | | | |
| 97222 | | | | | | |
| 97218 | | | | | | |
| 97086 | | | | | | |
| 97266 | | | | | | |
| 97140 | | | | | | |
| 97070 | | | | | | |
| 97267 | | | | | | |
| 97236 | | | | | | |
| 97702 | | | | | | |
| 97230 | | | | | | |
| 97701 | | | | | | |
| 97116 | | | | | | |
| 97703 | | | | | | |
| 97216 | | | | | | |
| 97080 | | | | | | |
| 97003 | | | | | | |
| 97405 | | | | | | |
| 97401 | | | | | | |
| 97031 | | | | | | |
| 97030 | | | | | | |
| 97132 | | | | | | |
| 97233 | | | | | | |
| 97058 | | | | | | |
| 97128 | | | | | | |
| 97302 | | | | | | |
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| 97089 | | | | | | |
| 97015 | | | | | | |
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| 97231 | | | | | | |
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| 97060 | | | | | | |
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| 97402 | | | | | | |

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| | 97306 | |
| | 97113 | |
| | 97304 | |
| | 97756 | |
| | 97055 | |
| | 97051 | |
| | 97133 | |
| | 97056 | |
| | 97477 | |
| | 97322 | |
| | 97305 | |
| | 97404 | |
| | 97520 | |
| | 97501 | |
| | 97403 | |
| | 97478 | |
| | 97023 | |
| | 97009 | |
| | 97365 | |
| | 97333 | |
| | 97071 | |
| | 97004 | |
| | 97024 | |
| | 97601 | |
| | 97103 | |
| | 97381 | |
| | 97027 | |
| | 97502 | |
| | 97038 | |
| | 97355 | |
| | 97838 | |
| | 97317 | |
| | 97119 | |
| | 97603 | |
| | 97424 | |
| | 97111 | |
| | 97338 | |
| | 97526 | |
| | 97053 | |
| | 97115 | |
| | 97321 | |
| | 97378 | |
| | 97204 | |
| | 97408 | |
| | 97394 | |
| | 97367 | |
| | 97002 | |
| | 97138 | |
| | 97471 | |
| | 97527 | |
| | 97146 | |
| | 97141 | |
| | 97470 | |
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| | 97325 | |
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| | 97042 | |
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| | 97370 | |
| | 97850 | |
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| | 97448 | |
| | 97385 | |
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| | 97130 | |
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| | 97327 | |
| | 97503 | |
| | 97127 | |
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| | 97870 | |
| | 97075 | |
| | 97760 | |
| | 97707 | |
| | 97067 | |
| | 97032 | |
| | 97054 | |
| | 97530 | |
| | 97446 | |
| | 97535 | |
| | 97914 | |
| | 97208 | |
| | 97018 | |
| | 97862 | |
| | 97734 | |
| | 97462 | |
| | 97753 | |
| | 97101 | |
| | 97022 | |
| | 97341 | |
| | 97352 | |
| | 97136 | |
| | 97026 | |
| | 97496 | |
| | 97131 | |
| | 97347 | |
| | 97882 | |
| | 97524 | |
| | 97487 | |
| | 97383 | |
| | 97741 | |
| | 97049 | |
| | 97396 | |
| | 97754 | |
| | 97388 | |
| | 97361 | |
| | 97368 | |
| | 97624 | |
| | 97122 | |
| | 97386 | |
| | 97064 | |
| | 97532 | |
| | 97540 | |
| | 97149 | |
| | 97423 | |
| | 97107 | |
| | 97358 | |
| | 97366 | |
| | 97360 | |
| | 97348 | |
| | 97525 | |
| | 97343 | |
| | 97463 | |
| | 97828 | |
| | 97641 | |
| | 97118 | |
| | 97017 | |
| | 97419 | |
| | 97733 | |
| | 97461 | |
| | 97351 | |
| | 97452 | |
| | 97033 | |
| | 97498 | |
| | 97523 | |
| | 97135 | |
| | 97497 | |
| | 97014 | |
| | 97622 | |
| | 97444 | |
| | 97465 | |
| | 97824 | |
| | 97537 | |
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| | 97856 | |
| | 97479 | |
| | 97469 | |
| | 97307 | |
| | 97431 | |
| | 97110 | |
| | 97877 | |
| | 97489 | |
| | 97362 | |
| | 97242 | |
| | 97413 | |
| | 97638 | |
| | 97346 | |
| | 97373 | |
| | 97442 | |
| | 97331 | |
| | 97050 | |
| | 97010 | |
| | 97417 | |
| | 97438 | |
| | 97455 | |
| | 97708 | |
| | Total | |



Staffing

Provide the number of staff and full time equivalent (FTE) for each location for the month listed. If staff positions are not represented on the list, please add or modify positions as needed.

| | North Williams | Pearl | Downtown Portland | Cedar Hills | Tigard | All Oregon Service Area |
|-----------------------------|----------------|-------|-------------------|-------------|--------|-------------------------|
| | 2024 | 2024 | 2024 | 2024 | 2024 | 2024 |
| Total number of staff | | | | | | |
| Employed staff (count) | | | | | | |
| Contracted staff (count) | | | | | | |
| | | | | | | |
| Total FTE | | | | | | |
| Employed staff FTE | | | | | | |
| Contracted staff FTE | | | | | | |
| | | | | | | |
| FTE by position/ profession | | | | | | |
| Physician | | | | | | |
| Nurse Practitioner | | | | | | |
| Physician Assistant | | | | | | |
| Nurse | | | | | | |
| Medical Assistant | | | | | | |
| Other clinical staff | | | | | | |
| Administrative staff | | | | | | |
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