



## Member Survey FAQs

### **Q: What is Yamhill WellRide?**

A: WellRide is our non-emergent medical transportation (NEMT) program. “Non-emergent” means not emergency. It is the Oregon Health Plan (OHP) benefit that helps connect you to transportation, based on your needs, to covered health care visits. The help with transportation includes bus fare, mileage reimbursement or a ride in a vehicle, driven by an NEMT driver.

### **Q: What health care visits are included in the NEMT service?**

A: Physical, dental and mental health care, and substance use treatments. We can also take you to the pharmacy for medication that cannot be delivered. The appointments must be for services that the Oregon Health Plan (OHP) covers.

### **Q: I saw on the survey that there are different options for transportation services to/from my medical appointments. How can I get more information about that?**

A: We are happy to talk with you about your transportation needs. You can visit our website at [transdevhealthsolutions.com/oregon](http://transdevhealthsolutions.com/oregon) or give us a call at 855-256-8841.

### **Q: I need this survey translated. Can you help me with that?**

A: Yes. Give us a call at 855-256-8841 and we can mail a translated version to the address we have on file.

### **Q: Why did I get this survey?**

A: You were identified as a member who used the NEMT program.

### **Q: What is the purpose of this survey?**

A: We want to find out what is going well with our transportation benefit, and what can be better. The goal is to improve your experience when you and other members use the NEMT program.

### **Q: Who will have access to this information?**

A: We share the survey results with leadership at the Oregon Health Authority, Yamhill CCO and WellRide employees and drivers/owners. We also share results from the survey on the Yamhill CCO website. You will not be identified by your name or address.

### **Q: Do I have to do this survey?**

A: We would really like you to do the survey, but you do not have to do it. You will still get the same transportation benefits. However, we very much want to hear from you.

**Q: Is this survey anonymous?**

A: Yes. Even if you choose to share personal information, it will be protected and kept confidential.

**Q: Will this survey affect my current NEMT/transportation service?**

A: No. This survey will only be used to make improvements to the NEMT program.

**Q: Does this survey have a deadline?**

A: Yes. Please mail back your completed survey by September 20, 2025.

**Q: Do I have to pay postage to mail the completed survey?**

A: No. We included a special return envelope with the survey. The envelope has pre-paid postage.

**Q: How do I submit my survey?**

A: Please use the postage-paid envelope provided to mail back the survey. Do not include your name or address. This is to keep your survey anonymous.

**Q: Do I need to put my name on the survey?**

A: No. We do not ask for your name.

**Q: I don't want to mail the survey. Can I fax or email it?**

A: Fax: (800) 862-3014 | Email: [us.transdevhealthsolutions@transdev.com](mailto:us.transdevhealthsolutions@transdev.com)

## English

You can get this letter in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 855-722-8205 or TTY 711. We accept relay calls.

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You can get help from a certified and qualified health care interpreter.

## Spanish

Puede obtener este documento en otros idiomas, en letra grande, braille o en un formato que usted prefiera. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente 855-722-8205 o TTY 711.

Aceptamos todas las llamadas de retransmisión.

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Usted puede obtener ayuda de un intérprete certificado y calificado en atención de salud.

## Russian

Вы можете получить это документ на другом языке, напечатанное крупным шрифтом, шрифтом Брайля или в предпочтаемом вами формате. Вы также можете запросить услуги переводчика. Эта помощь предоставляется бесплатно. Звоните по тел. 855-722-8205 или TTY 711. Мы принимаем звонки по линии трансляционной связи.

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Вы можете получить помощь от аккредитованного и квалифицированного медицинского переводчика.

## Vietnamese

Quý vị có thể nhận tài liệu này bằng một ngôn ngữ khác, theo định dạng chữ in lớn, chữ nổi Braille hoặc một định dạng khác theo ý muốn. Quý vị cũng có thể yêu cầu được thông dịch viên hỗ trợ. Sự trợ giúp này là miễn phí. Gọi 855-722-8205 hoặc TTY (Đường dây Dành cho Người Khiếm thính hoặc Khuyết tật về Phát âm) 711. Chúng tôi chấp nhận các cuộc gọi chuyển tiếp.

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Quý vị có thể nhận được sự giúp đỡ từ một thông dịch viên có chứng nhật và đủ tiêu chuẩn chuyên về chăm sóc sức khỏe.

## Arabic

يمكنكم الحصول على هذاوثيقة بلغات أخرى، أو مطبوعة بخط كبير، أو مطبوعة على طريقة برايل أو حسب الصيغة المفضلة لديكم. كما يمكنكم طلب مترجم شفهي. إن هذه المساعدة مجانية. اتصلو على 855-722-8205 أو المبرقة الكاتبة 711. نستقبل المكالمات المحولة.

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يمكنكم الحصول على المساعدة من مترجم معتمد ومؤهل في مجال الرعاية الصحية.

## Somali

Waxaad heli kartaa warqadan oo ku qoran luqaddo kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee Braille ama qaabka aad doorbidayso. Waxaad sidoo kale codsan kartaa turjubaan. Taageeradani waa lacag la'aan. Wac 855-722-8205 ama TTY 711. Waa aqbalnaa wicitaanada gudbinta.

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Waxaad caawimaad ka heli kartaa turjubaanka daryeelka caafimaadka oo xirfad leh isla markaana la aqoonsan yahay.

## Simplified Chinese

您可获取本文件的其他语言版、大字版、盲文版或您偏好的格式版本。您还可要求提供口译员服务。本帮助免费。致电855-722-8205 或TTY 711。我们会接听所有的转接来电。

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您可以从经过认证且合格的医疗口语翻译人员那里获得帮助。

## Traditional Chinese

您可獲得本信息函的其他語言版本、大字版、盲文版或您偏好的格式。您也可申請口譯員。以上協助均為免費。請致電855-722-8205或聽障專線 711。我們接受所有傳譯電話。

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您可透過經認證的合格醫療保健口譯員取得協助。

## Korean

이문서은 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아보실 수 있습니다. 통역사를 요청하실 수도 있습니다. 무료 지원해 드립니다. 855-722-8205 또는 TTY 711에 전화하십시오. 저희는 중계 전화를 받습니다.

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공인 및 자격을 갖춘 의료서비스 전문 통역사의 도움을 받으실 수 있습니다.

## Chuukese

En mi tongeni angei ei taropwe non pwan ew fosun fenu, mese watte mak, Braille ika pwan ew format ke mwochen. En mi tongeni pwan tingor emon chon chiaku Ei aninis ese fokkun pwan kamo. Kokori 855-722-8205 ika TTY 711. Kich mi etiwa ekkewe keken relay.

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En mi tongeni kopwe angei aninis seni emon mi certified ika qualified ren chon chiaku ren health care.

## Ukrainian

Ви можете отримати цей довідник іншими мовами, крупним шрифтом, шрифтом Брайля або у форматі, якому ви надаєте перевагу. Ви також можете попросити надати послуги перекладача. Ця допомога є безкоштовною. Дзвоніть по номеру телефону 855-722-8205 або телетайпу 711. Ми приймаємо всі дзвінки, які на нас переводять.

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Ви можете отримати допомогу від сертифікованого та кваліфікованого медичного перекладача.

## Farsi

می‌توانید این نامه را به زبان‌های دیگر، درشت‌خط، بریل یا قالب ترجیحی دیگری دریافت کنید. می‌توانید مترجم شفاهی نیز درخواست کنید. این کمک رایگان است. با 722-855-8205 یا TTY 711 تماس بگیرید. تماس‌های رله را می‌پذیریم.

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می‌توانید از یک مترجم شفاهی دارای گواهی و باکفایت در زمینه بهداشت و

## Swahili

Unaweza kupata herufi hii kwa lugha zingine, kwa herufi kubwa, kwa lugha ya maandishi kwa vipofu au namna yeyote unayopendelea. Unaweza pia kuomba mkalimani. Msaada huu ni wa bure. Piga 855-722-8205 au TTY 711. Tunakubali simu za kupitisha ujumbe.

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Unaweza pata usaidizi kutoka kwa mkalimani wa huduma ya afya aliyeidhinishwa na aliyehitimu.

# Burmese

ကြိစကို အချေားဘသာစကားများ၊ ပုံးစွဲပွဲလုံးယူကိုး၊ မ်က္ခာမင်းအတွက့  
ဘေရုံးလုံး၊ မဟုတု၊ သင့်မှိုးထိနေသည့် ပုံစံဂျဖင့်၊ ရယူနိုင်သည့်၊ သင့်သွေး  
စကားပျော်စွဲးလည့်၊ ဝေတာင်းဆိုနိုင်သည့်၊ ကြိအကူအညီသည့်  
အခမဲ့ဂျဖစွဲသည့်။ 855-722-8205 သို့မဟုတု 711 ကို ဖုန်းဆက်။  
ထပ်ငွေ့ခေါင်ဆိုများကို ကြော်လုပ်သည့်။

သင့်သင့်နောက်တွင် အရည်ခံပို့သည့် ကိန်းမာရေး  
ဝေဆာင်ရေးကုန်း၊ စကားပြပန်းမလည့် အကူအညီရယူနိုင်သည်။

## Amharic

ይህንን የብኩበ በሌሎች ቅንቃዎች፣ በትልቅ ሁኔታዎች፣ በብረዱል ወይም እርስ በማመሪያት  
መለከት ማግኘት ይቻላሉ:: በተጨማሪም አስተርጓሚ መጠየቅም ይቻላሉ:: ይህ ድንብ  
የሚሰጣው በነፃ ነው:: ወደ 855-722-8205 ወይም TTY 711 ይደውሉ:: የጊዜ  
ጥረቃቶችን እንቀበላለን::

ፍቃድ ከለው እና በቋት ከለው የጤና እንከበካቤ አስተርጓሚ ፍርማ ማግኘት ይችላል::

## Romanian

Puteți obține această scrisoare în alte limbi, cu scris cu litere majuscule, în Braille sau într-un format preferat. De asemenea, puteți solicita un interpret. Aceste servicii de asistență sunt gratuite. Sunați la 855-722-8205 sau TTY 711. Acceptăm apeluri adaptate persoanelor surdomute.

- Puteți obține ajutor din partea unui interpret de îngrijire medicală certificat și calificat