

Ombuds Program Overview

Oregon Revised Statute (ORS) 414.712 directs the Oregon Health Authority (OHA) to provide ombuds services for people who receive publicly funded health services. To do this, OHA's Ombuds Program advocates on behalf of Oregon Health Plan (OHP) members for:

- Access to care,
- Quality of care, and
- Channeling member experience into recommendations for systems, policy, and program improvement.

OHA must prioritize concerns impacting health equity. The Ombuds Program's member-centered advocacy helps Oregon be responsive, transparent, accountable and center equity. Member concerns addressed by the Ombuds Program represent challenges experienced by others. One member's experience gives voice to others. To advance health equity with community, OHA must:

- Listen and learn from each concern.
- Recognize each concern as an opportunity to identify system improvements.
- Treat concerns impacting health equity as systems concerns until proven otherwise.



Ombuds listen and learn from OHP members. Ombuds then make recommendations that focus on health equity.

OHA health equity definition

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

- The equitable distribution or redistribution of resources and power; and
- Recognizing, reconciling, and rectifying historical and contemporary injustices.

Implementing Health Equity within Ombuds Program and Agency Action

- To advance health equity, the Ombuds Program commits to:
- Identify opportunities to address social and structural racism.
 - Advocate for Oregon to reprioritize resources and power to address health inequities.

The Ombuds Program centers recommendations to improve access to care or quality of care on populations impacted by health inequities. They also address Medicaid policy areas directly impacting health equity. OHA has acted on some Ombuds Program recommendations. Other recommendations need further support and prioritization. Several are essential for OHA to operationalize its commitment to eliminating health inequities.

Member Story

"Using a surgeon who works on pediatric hearts but does not handle coronary arteries is unacceptable to us. These arteries will supply our son's heart the blood it needs to stay strong and healthy and allow him to live to the old age he deserves." - Member's mother

The Ombuds Program advocated for a seven-year-old who needed heart surgery that no Oregon surgeons performed. Days before the family was scheduled to travel out of state for this surgery, the child's CCO denied the surgery, saying the surgery could be performed in state. The Ombuds team worked with OHA and CCO staff. The Ombuds team found that the CCO failed to recognize that no Oregon providers could perform the surgery. The CCO reversed their decision. This child received their scheduled surgery.

"This last week was extremely hard but knowing that you can correct an injustice with the information and individuals who actually care to read through the case is what gives us hope for the future."
Member's mother

OHA Ombuds 2024 - 6 month Report

Data Overview

Total Concerns Received

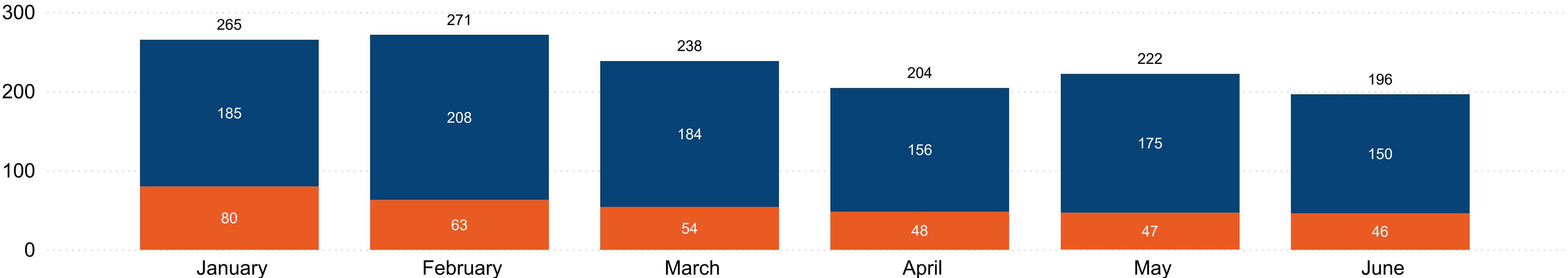
1396

Total Individuals Served

1345

Total Concerns by Month

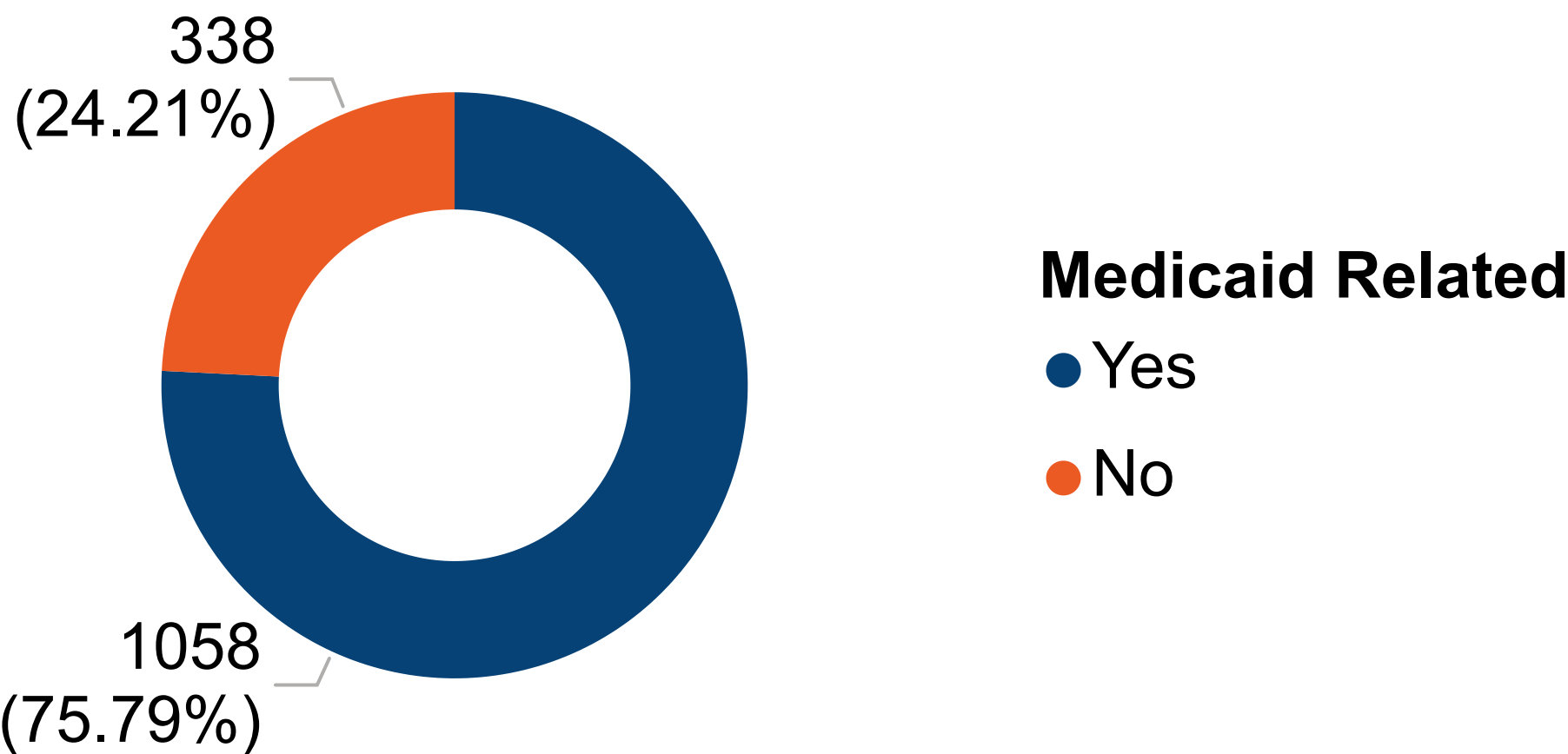
Medicaid Related ● No ● Yes



Member Story

I submitted a health-related services (HRS) (flex funds) request to my CCO. Eight weeks later I was told the paperwork was wrong. I resubmitted and am still waiting 20 weeks later for a response.

Medicaid Vs Non-Medicaid Concerns



Member Story

My provider requested health-related services (HRS) (flex funds) for me but my CCO said that they are not currently accepting new requests.

OHA Ombuds 2024 - 6 month Report

Medicaid Concerns by Service Type and Category

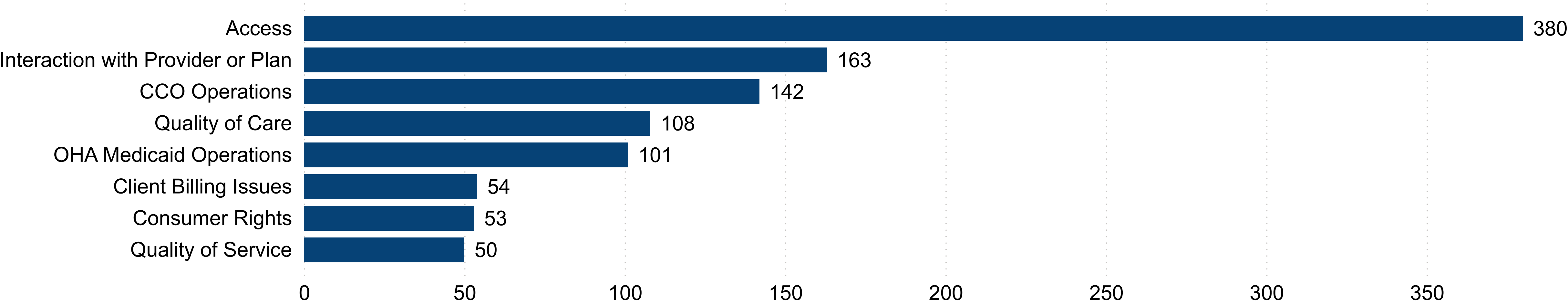
Total Concerns Received

1058

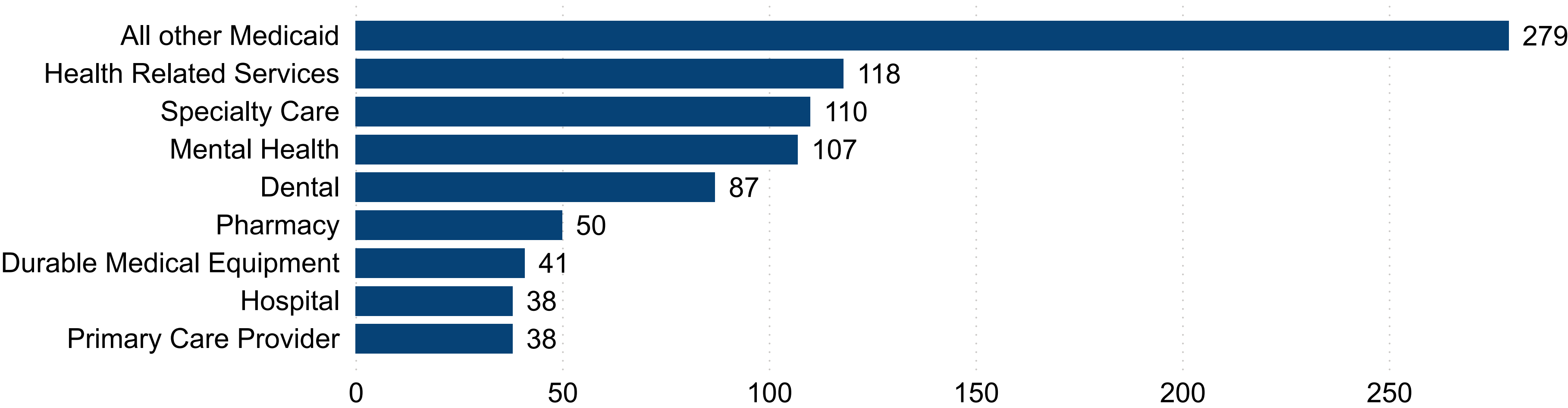
Total Individuals Served

1020

Medicaid Feedback by Category



Medicaid Concerns by Service Type (Top 9)



Many concerns about access and interactions with the CCO or provider are resolved by the Ombuds Program working with the CCO to provide appropriate care coordination. Others could be resolved through improved CCO mental health, substance use disorder, dental and specialty care network adequacy.

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Access to Care Service Type and Sub-Category

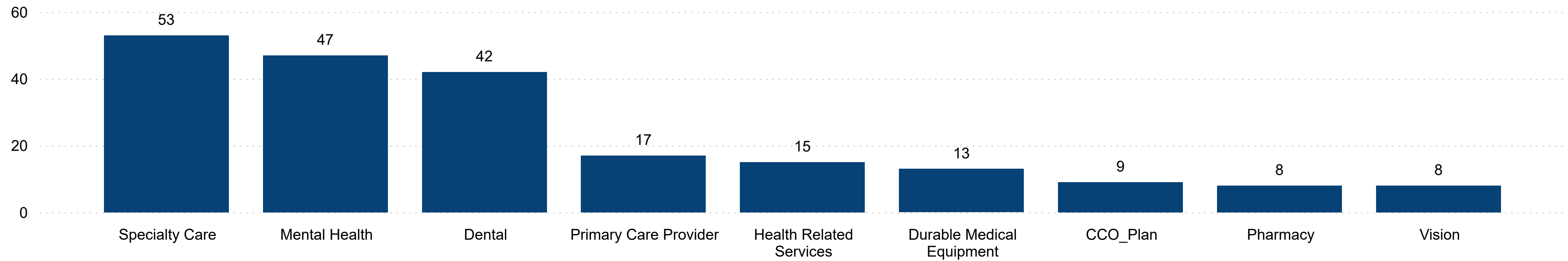
Total Concerns Received

380

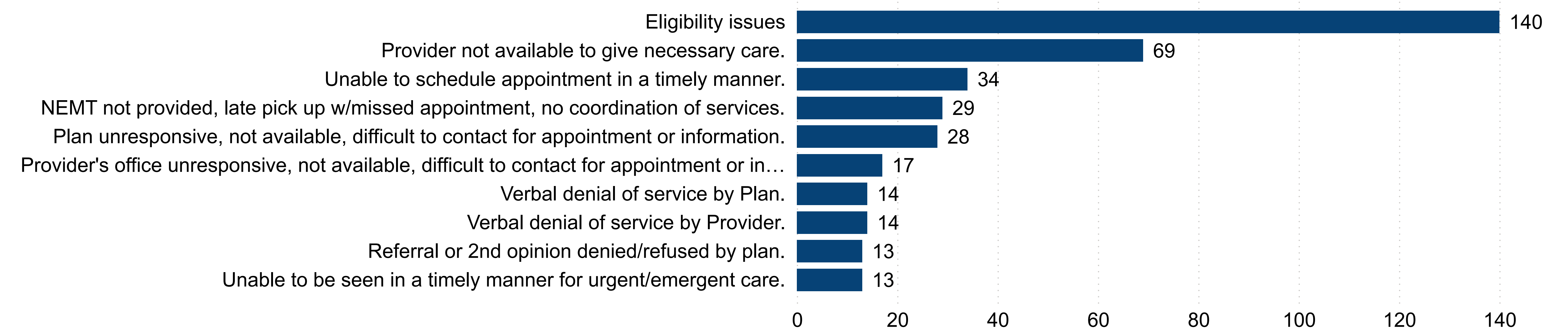
Total Individuals Served

377

Access to Care Concerns by Service Type (Top 9)



Access to Care Complaints by Sub-Category (Top 10)



OHA Ombuds 2024 - 6 month Report

Behavioral Health Concerns by Age and Category

Total Concerns Received

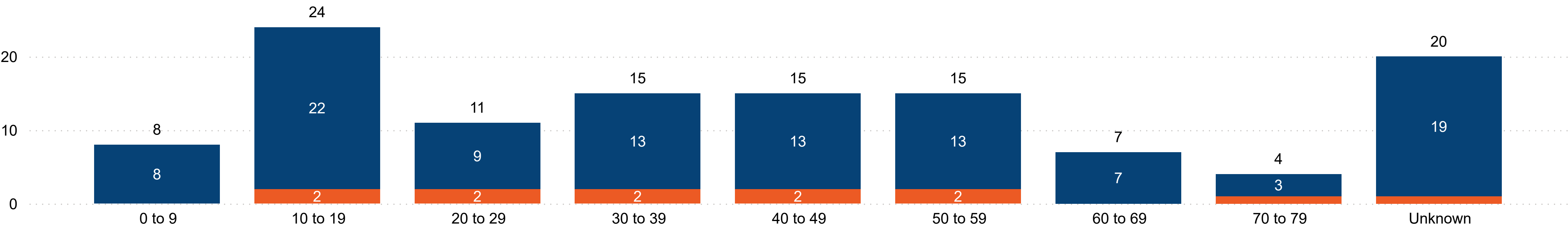
119

Total Youth Served (0-19)

32

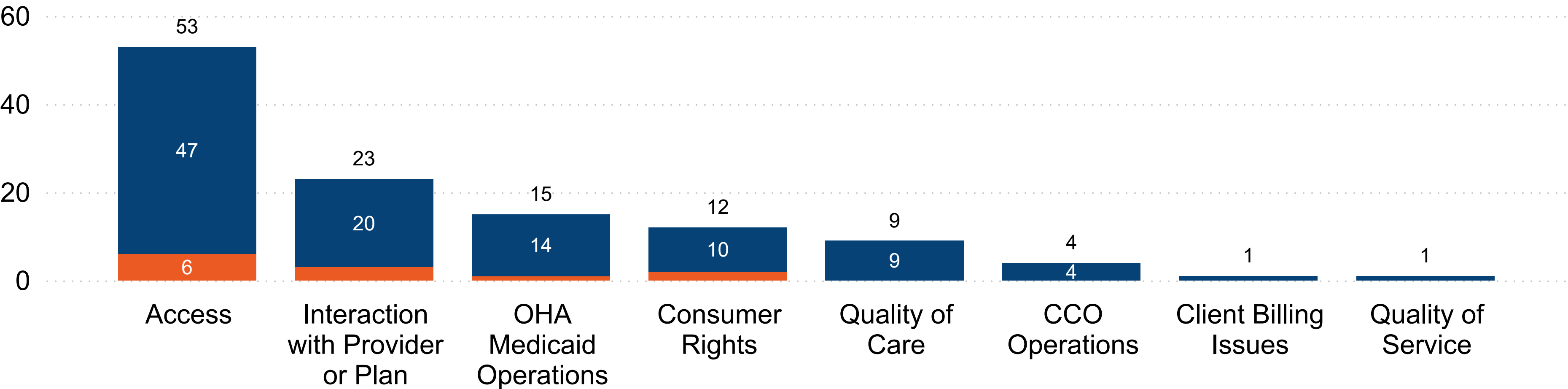
Behavioral Health Concerns by Age

Service Type ● Alcohol & Drug/Substance Use Disorder ● Mental Health



Behavioral Health Concerns by Category

Service Type ● Alcohol & Drug/Substance Use Disorder ● Mental Health



Member story

A homeless teen OHP member had a history of substance overdoses. The teen's mother sought help finding a treatment facility. The Ombuds Program and CCO worked together to find a facility and coordinate an admissions plan. After months of life on the streets, trafficking and substance use, the youth entered residential treatment to receive appropriate care in a safe place.

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Dental Concerns by Age and Category

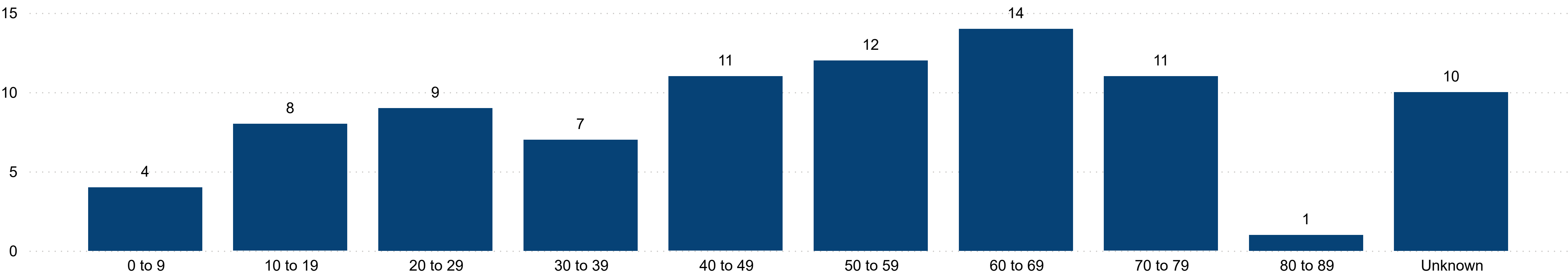
Total Concerns Received

87

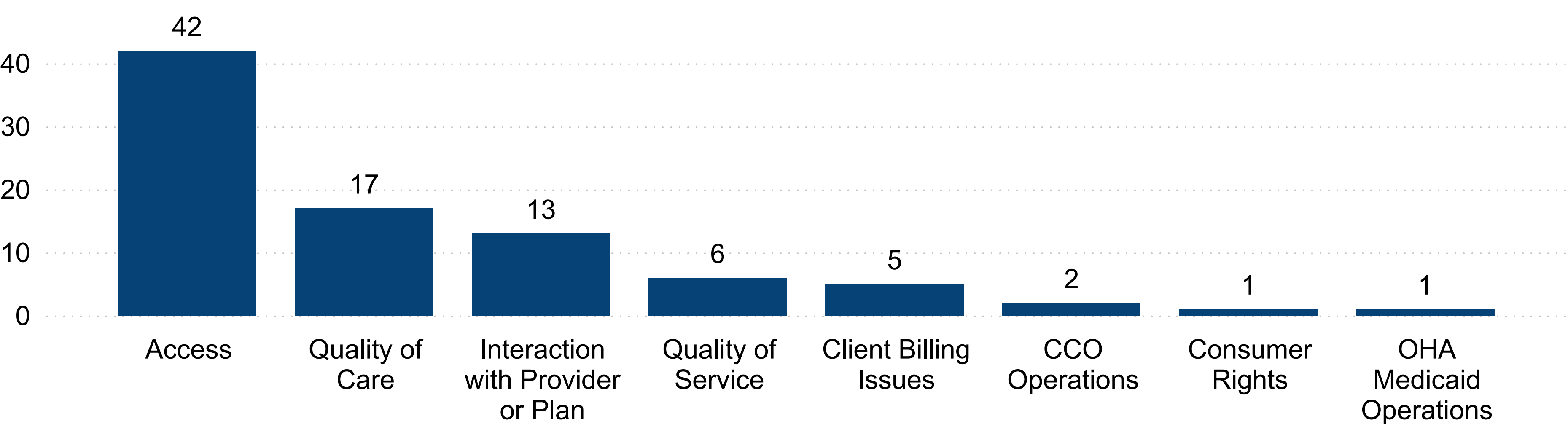
Total Individuals Served

86

Dental Concerns by Age



Dental Concerns by Category



Access to dental services was the top reason OHP members sought Ombuds advocacy for dental concerns. Denture quality was also a frequent need. OHP members with disabilities faced challenges in accessing anesthesia and other specialty dental services. These challenges sometimes resulted in delayed care, emergency department visits and other health complications.

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NEMT Concerns by Service Type and Category

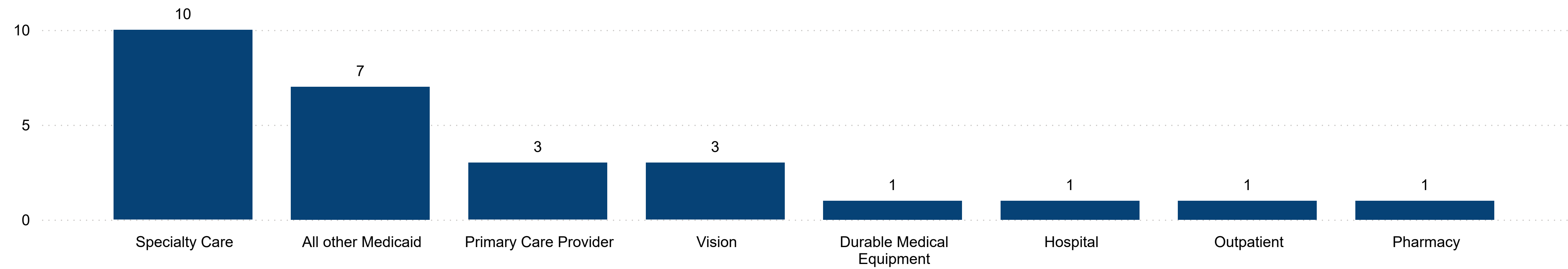
NEMT Access Concerns

29

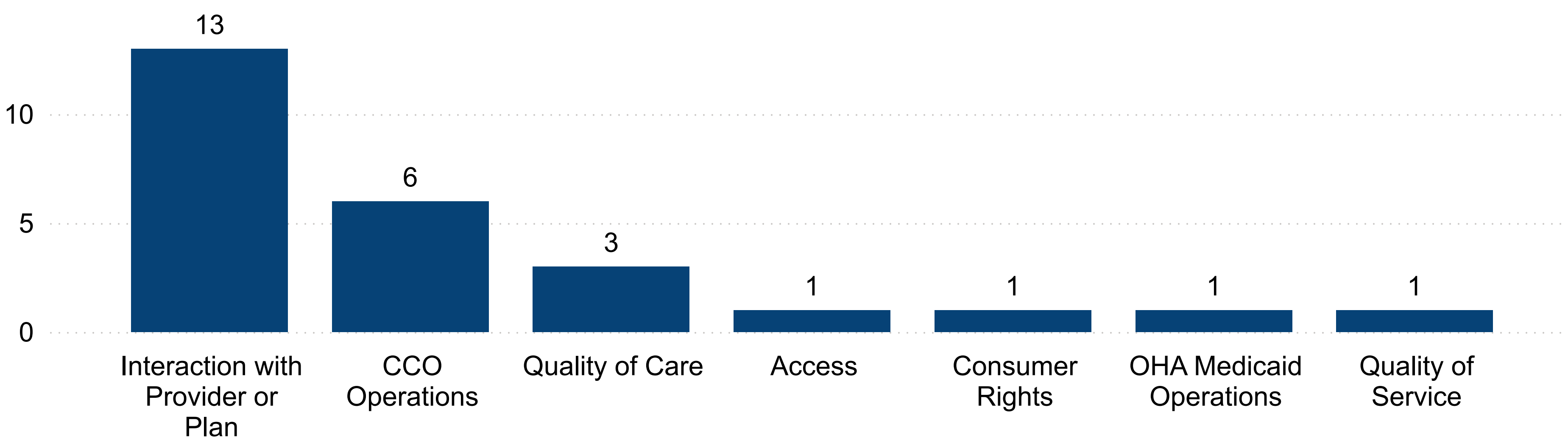
NEMT Quality Concerns

26

Access to Services Negatively Impacted by Non-Emergency Medical Transportation



Non-Emergency Medical Transportation Concerns by Category



Member story

In just one care facility, several residents had delayed, missed or canceled Non-Emergency Medical Transportation (NEMT) rides. These failures prevented them from getting critical care. One member later needed hospital care. Members with wheelchairs frequently do not receive adequate NEMT services, raising health equity and disability discrimination concerns.

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Health-Related Services and Social Needs Concerns

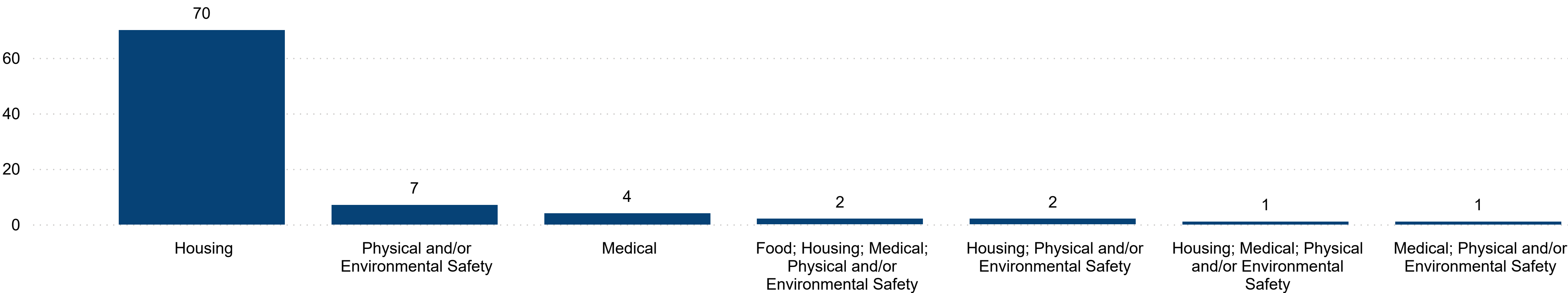
HRS Concerns

118

HRSN Concerns

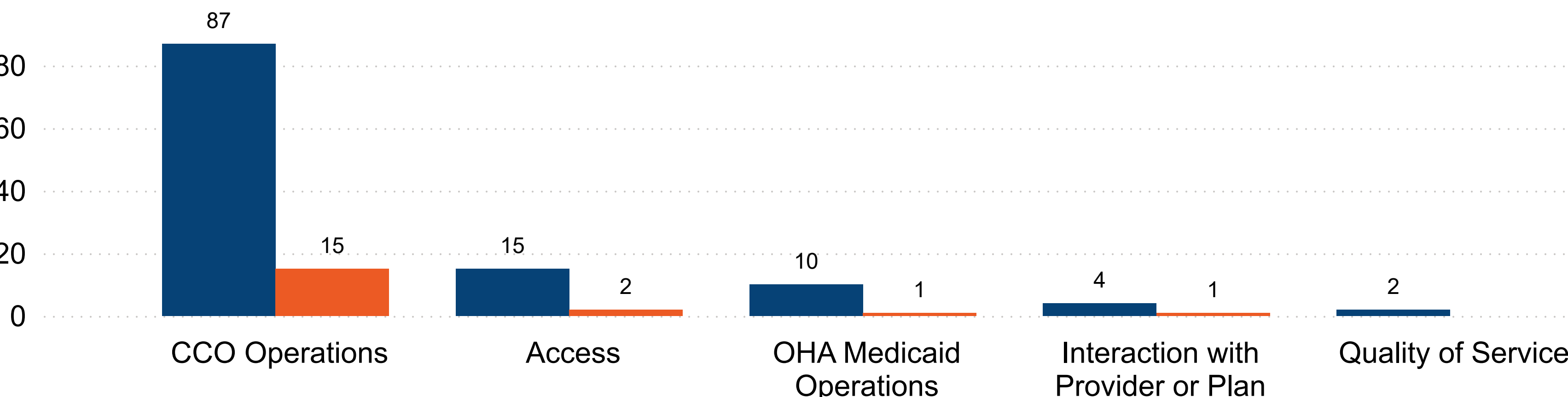
19

Identified Social Determinants of Health Needs



Health Related Services and Social Needs Concerns by Category

Service Type ● Health Related Services ● Health Related Social Needs



The Ombuds Program identifies health-related social needs for clients coming to the Ombuds Program. CCO Health Related Services or Health Related Social Needs benefits may address these needs. OHP members often have health-related needs including:

- Housing, food and nutrition.
- Needs due to climate change including smoke and extreme weather.

OHA Ombuds 2024 - 6 month Report

OHP Members Served by Age and Dual Eligible

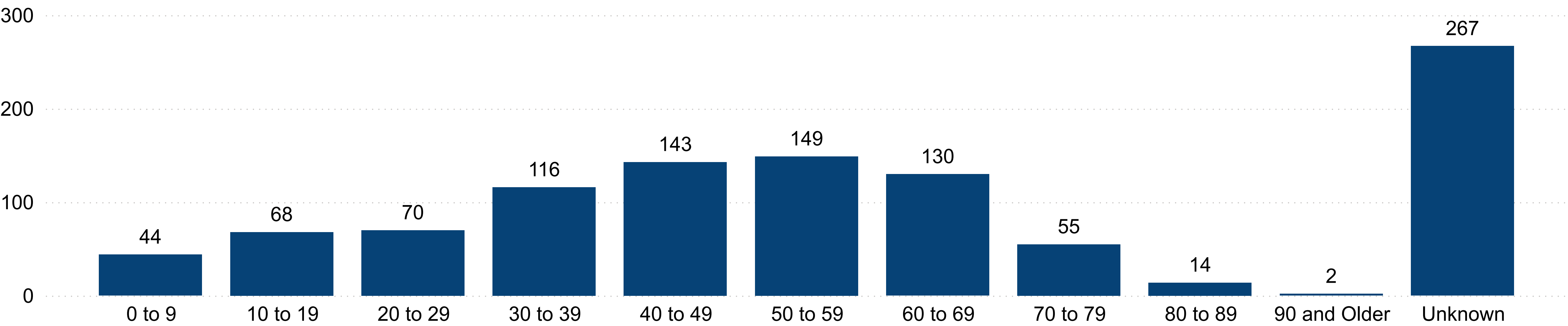
Total Concerns Received

1058

Total Youth Served

112

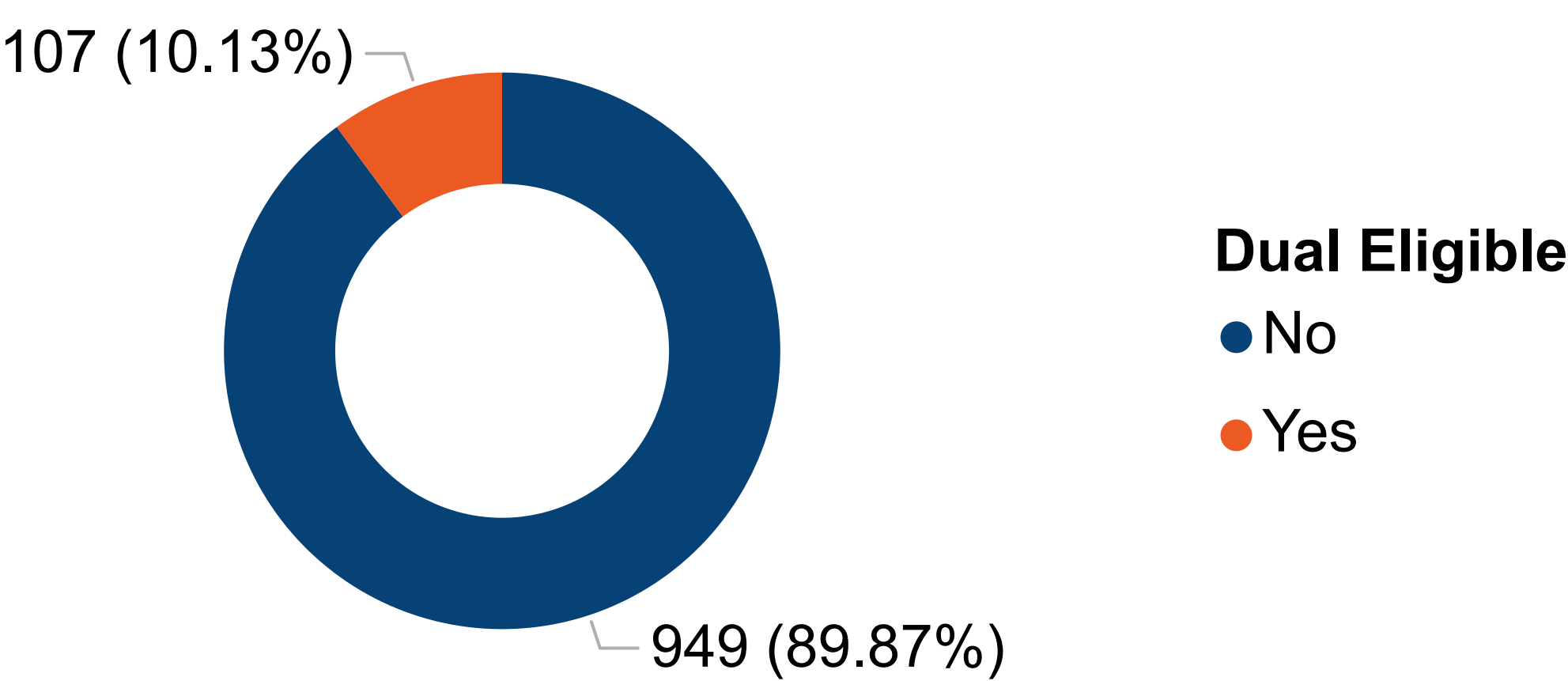
Medicaid Concerns by Age



Member Voice

I'm disabled, I live in a care facility and just turned 65. I was told I have to re-show that I am eligible for OHP. I don't understand, but I'm scared I won't be able to stay in my care facility.

Medicaid Concerns by Dual Eligibility (Medicare)



The Ombuds Program often finds that OHP members with disabilities face disruptions in OHP services once they become eligible for Medicare. Service disruption sometimes occurs while OHP eligibility is re-established.

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OHP Members Served by Language and Race

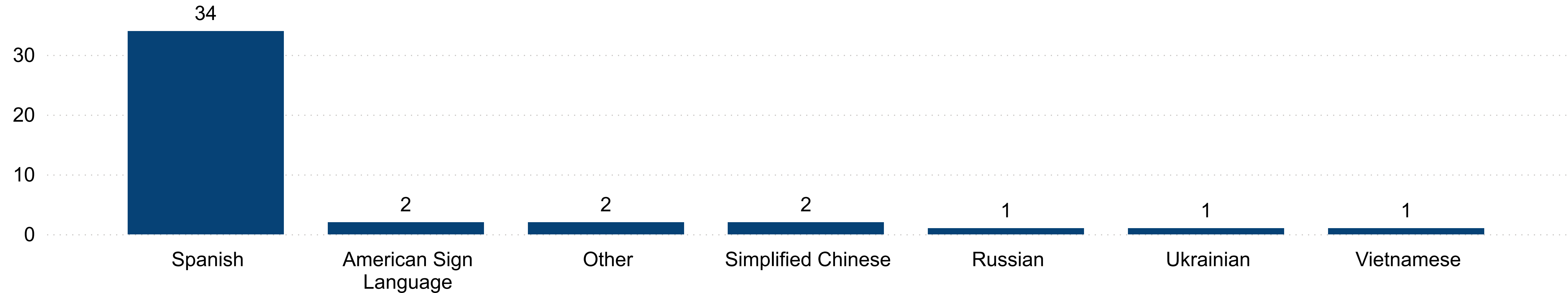
Non-English Concerns

43

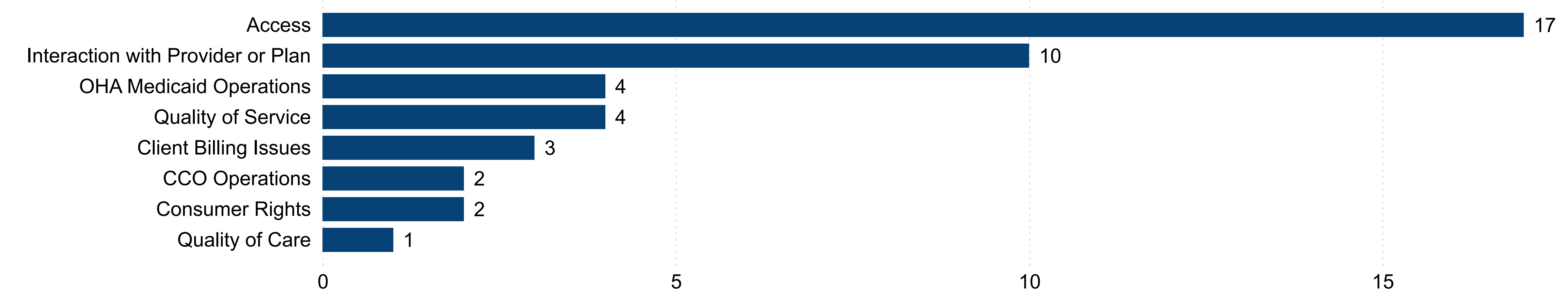
% of Medicaid Concerns

0.04%

Top Languages for Members who Prefer a Language other than English



Concerns Brought by Members who Prefer a Language other than English



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Non-Medicaid Concerns

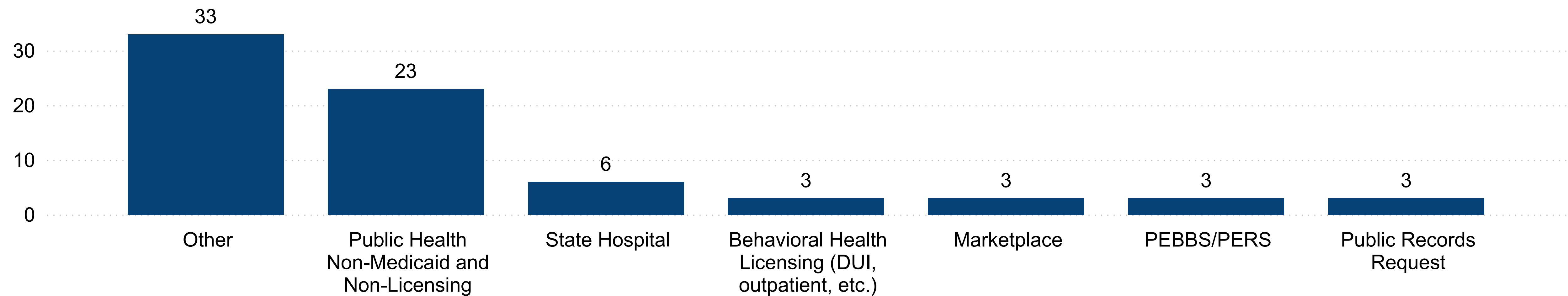
Other OHA Concerns

78

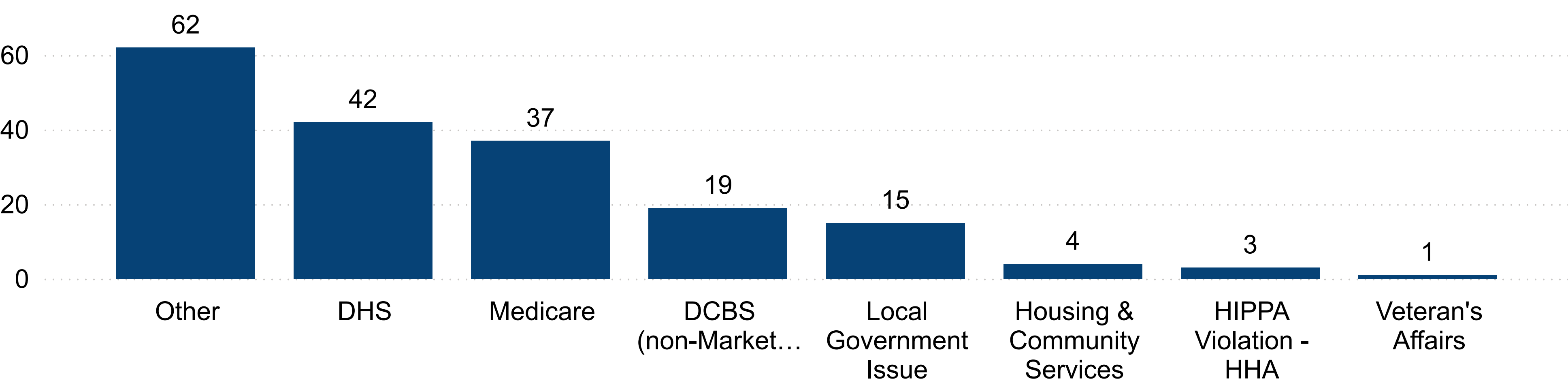
Non-OHA Concerns

183

Non-Medicaid OHA Concerns (Top 7)



Non-OHA Concerns



For non-Medicaid related cases, the Ombuds Program ensures a person-centered approach and serves as the right door to the right program. Other OHA concerns coming to the Ombuds Program were most frequently about Public Health Division run programs such as health facilities licensing.