



EXTERNAL RELATIONS DIVISION

Kate Brown, Governor

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September 12, 2016

The Honorable Kate Brown
Office of the Governor
160 State Capitol
900 Court Street
Salem, OR 97301

Zeke Smith, Chair
Oregon Health Policy Board
500 Summer Street NE
Salem, Oregon 97301

RE: Oregon Health Authority April to June 2016 Quarterly Ombudsperson Report

Dear Governor Brown and Chair Smith:

Pursuant to Oregon Revised Statutes (ORS) 414.712, the Oregon Health Authority (OHA) provides ombudsperson services to individuals who receive medical assistance. The ombudsperson is directed to serve as the medical assistance recipient's ("Member") advocate on issues concerning access to and quality of care received by Members.

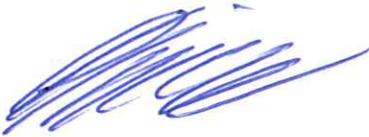
The OHA Ombudsperson position is a formal, internal voice for process and system improvements responsive to identified trends impacting services for the over 1 million people served by the Oregon Health Plan / Medicaid.

Per ORS 182.500, the OHA ombudsperson provides a quarterly report to both the Governor and the Oregon Health Policy Board (OHPB). The report is required to include:

1. A summary of the services that the ombudsperson provided during the quarter; and
2. Recommendations for improving access to or quality of care provided to Oregon Health Plan (OHP) eligible persons by health care providers and coordinated care organizations (CCOs) as well as improvement to Ombudsperson's services.

Please find the Oregon Health Authority's Ombudsperson report for the second quarter of 2016 attached. We look forward to continuing service to our members and welcome any feedback, comments or questions you may have.

Sincerely,



Ellen Pinney
Ombudsperson



BethAnne Darby
Director, External Relations

CC: Lynne Saxton, Director, Oregon Health Authority
Jeremy Vandehey, Health Care Policy Advisor, Governor's Office
Dr. Varsha Chauhan, Chief Health Systems Officer, Oregon Health Authority



Summary of Direct Client Services Provided by OHA Ombudsperson

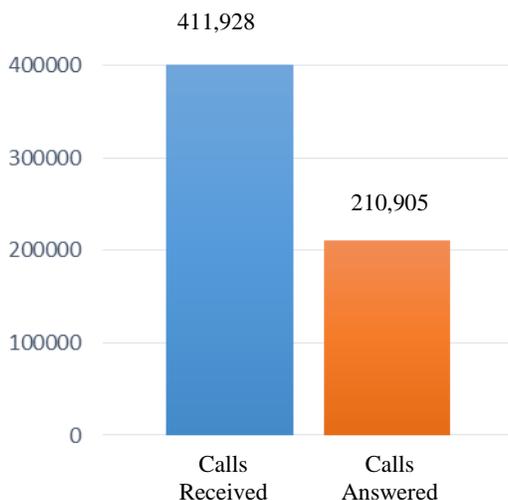
Issues	April, 2016	May, 2016	June, 2016
Enrollment/Renewal	15	33	30
Health Services	8	18	17
Dental	3	1	10
Pain Management	5	6	9
Non-Emergency Medical Transportation (NEMT)	3	2	3
Behavioral Health	4	4	3
Request for Open Card.	1	3	4
Medicaid – Medicare transition challenges	4	2	3
Billing	1	0	0
OHP Related Call Total	44	68	79
Other Calls	12	18	26

April to June 2016 Summary of OHP Member Access and Quality Concerns.

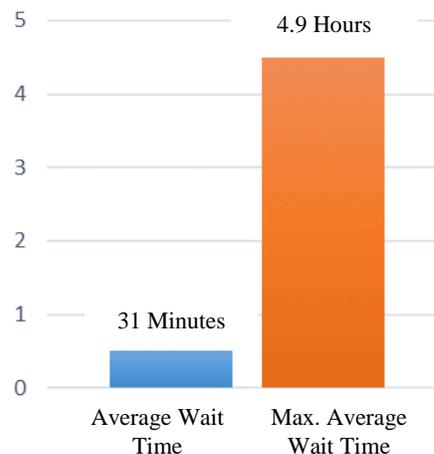
Oregon Health Plan (OHP) client calls to the Ombudsperson reflect enrollment and renewal problems as the biggest challenge. When renewals are not completed on-time, OHP members experience breaks in coverage, breaks in ongoing treatment and breaks in established provider-patient relationships. OHP enrollment and renewals information is reported to stakeholders during monthly webinars and [is posted on the agency’s website](#). Quarterly information on major themes is included in the charts below.

The biggest areas of OHP member concern that are non-application related are Non-Emergency Medical Transportation (NEMT) and Access to services.

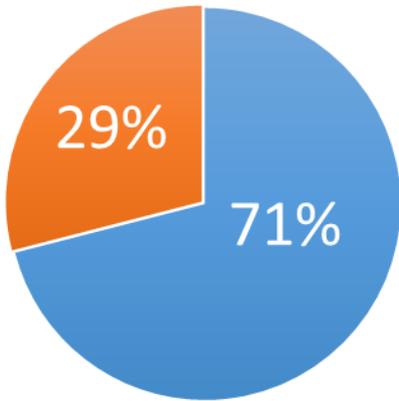
1 51% of the calls to the OHP Call Center were answered.



2 Average reported wait time was **31 minutes** with a reported maximum of **4.9 hours**.

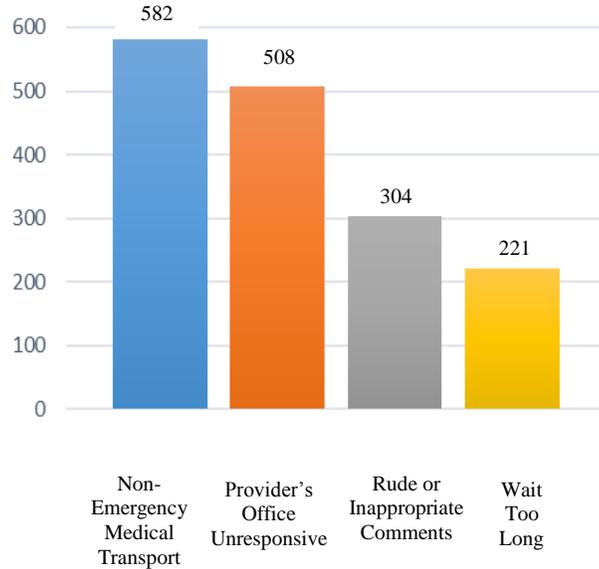


3 71% of client calls answered related to OHP application and renewal process.



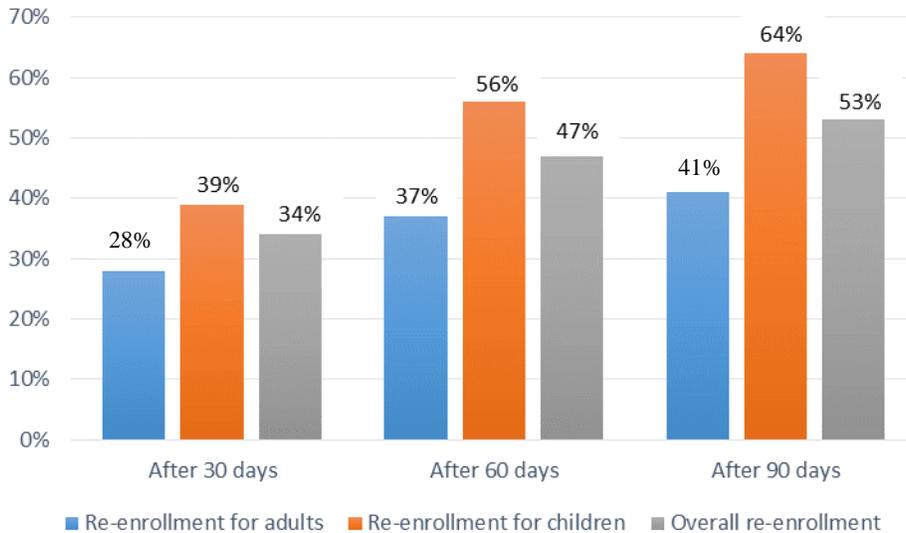
Non-application related calls include: plan change, adding or removing private insurance, billing, and requests for general information.

4 CCOS reported **582** Non-Emergency Medical Transportation related complaints from January-March, the single biggest reason for CCO reported complaints.



CCO reported complaint data for March through June will be compiled and reported to CMS in September.

5 **75,229** OHP enrollees experienced a break in OHP coverage during January, February, and March. Within 90 days **14,069** adults and **21,895** children had renewed coverage.



OHP members lose coverage for a variety of reasons, including: moving out of state, qualifying for private market coverage, failing to send in their application or additional requested information on-time, as well as delayed processing of applications and other information. This data reflects how many individuals experienced a break in coverage during the second quarter of 2016 for any reason and how many of them were reinstated within 30, 60, and 90 days.

Quarterly Highlights

- Changes in OHA's ability to monitor and utilize a consistent, data-driven agency-wide complaint system effectively are underway.
- OHA leadership is working on an agency-wide complaint escalation system which includes a cross agency IT solution.
- The OHA Health Systems Division is working to improve CCO and internal agency implementation of complaint and grievance system requirements and expectations.¹

OHA Ombudsperson Recommendations

- Establish a formal internal team to analyze and provide recommendations for resolving identified trends in OHP provider and client complaints.
- Clarify the confidentiality of information provided to the OHA Ombudsperson, consistent with similarly situated roles in other agencies. Complaints made to an Ombudsperson should not be subject to FOIA unless the action or inaction of the Ombudsperson is in question.
- Formally clarify the relationship between the OHA ombudsperson, Governor's Advocacy Office (GAO) and other state agency ombuds staff;
- Enhance information technology (IT) ability and capacity to allow for improved communication of Member complaints and grievances received throughout the systems that support Oregon's administration of medical assistance.
- Expand access to full time, certified application assistance to support quality, accuracy and consistency. Opportunities include improved collaboration between DHS and OHA and exploring options for allowing CCOs to offer application assistance to their members.
- Clarify complaint process and systems:
 - Members
 - When and how to communicate regarding a complaint with CCOs, OHA's Client Services Unit; and OHA Ombudsperson
 - Availability of intensive care case managers to help high needs clients navigate care.
 - Significance and understanding of Notices of Action.
 - CCOs
 - Distinction between 'member call' and 'complaint'.
 - Uniform reporting of member 'expressions of dissatisfaction'.

¹ CMS considers complaints, denials and hearing process part of the 'grievance' system.