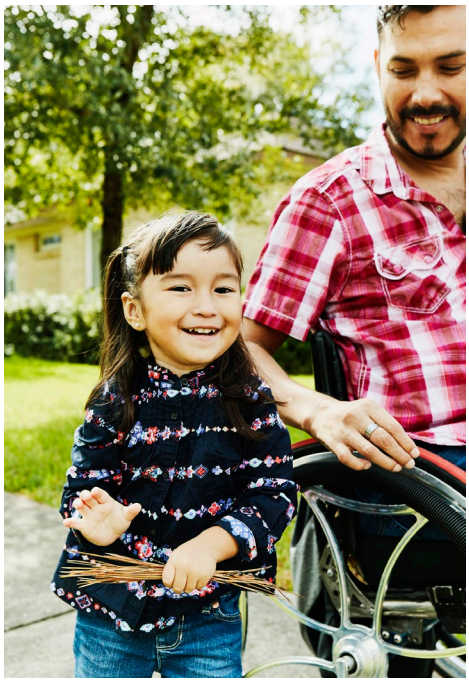
OREGON HEALTH AUTHORITY

External Relations Division
Ombuds Program

2024

OHA Ombuds Year End Report

Community Centered Improvements to Durable Medical Equipment (DME) Policy and Practice



Acknowledgments

The Oregon Health Authority Ombuds Program prepared this publication based on wisdom learned from working with Oregon Health Plan members. These members shared their experiences accessing OHP services in hopes that OHA would listen, learn and take action to make systems improvements. The entire Ombuds team – Cate Drinan, Colin Sanders, Ellen Pinney, Jaime Niño, Kiara Wehrenberg, Libbie Rascon, Matthew Bottiglieri, Mina Sugawara, Rusty Shorey, Sarah Dobra, Sue Kergil and Thao Pham worked in 2024 to listen and learn from OHP members and contributed to this report. The Program worked in collaboration with the OHA Medicaid Division for response.

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Table of Contents

Executive Summary

Ombuds Findings and Recommendations

Oregon Revised Statute (ORS) 414.712 directs the Oregon Health Authority (OHA) to provide ombuds services for people who receive publicly funded health services. The OHA Ombuds Program prepares quarterly and annual reports. This report focuses on the transformative way in which hearing directly from Oregon Health Plan (OHP) member and community improved durable Medical Equipment (DME) access for OHP members. Ombuds DME cases indicated a need to review and improve DME access and led to a Durable Medical Equipment "Think Tank" with DME users and advocates. The Think Tank identified areas for improvement including:

- DME denials that were confusing, denials of essential mobility devices, and "chair-side" denials of DME.
- Delays in receiving approved DME.
- DME Medicaid rule limitations.
- Need for greater OHA oversight of DME denials by CCOs.

As a result of learning from Ombuds DME cases and hearing directly from community, the following occurred:

- Policy was clarified. The purpose of DME is to maximize the ability of Oregon Health Plan members to live as independently as possible.
- Community and Medicaid member voice was centered in the work.
- Policy change was made accessible to community.
- DME rules were revised.
- OHA Medicaid Division began increased oversight of CCO DME denials.
- Prior authorization and denial tracking improved.

To continue improving DME to advance equity and center community in Medicaid policy, rules and operations, the OHA Ombuds Program recommends:

- Prioritize ongoing feedback from DME users and community.

- Formalize OHP member and client advocate forum for DME improvements.
- Implement a universal policy and rule improvement tracker.
- Formative a collaborative agency and community engagement to review CCO and open card grievance system information.
- Conduct assessment of Medicaid policies and rules to identify opportunities to advance OHA's health equity and anti-racism goals.

Ombuds Program Data

In 2024, the OHA Ombuds Program addresses 2,085 Medicaid concerns and received 2,622 total concerns. The top OHP services for which OHP members sought Ombuds Assistance were:

- 202 Behavioral Health, Mental Health and Substance Use Disorder, concerns (21%)
- 178 Specialty Care concerns (19%)
- 149 Dental concerns (16%)
- 108 Concerns related to CCO or Plans (12%)
- 88 Pharmacy concerns (9%)
- 84 Durable Medical Equipment concerns (9%)
- 67 Health Related Social Needs concerns (7%)
- 66 Non-Emergency Medical Transportation (NEMT) concerns (7%)

Thirty seven percent (762) of all concerns were about issues accessing OHP services including eligibility for OHP, lack of providers for needed care, being unable to schedule an appointment in a timely manner and verbal denials of services.

Background

Purpose of OHA Ombuds Program

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

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

The Ombuds Program supports each member to get the care they need and make sure that member voice is front and center in OHA understanding and decision making. This helps OHA to be responsive, transparent and accountable. Member concerns addressed by the Ombuds Program represent challenges experienced by others. One member's experience gives voice to many others. To advance health equity with community OHA must:

- Listen and learn from each concern.
- Recognize each concern as an opportunity to identify systems improvements.
- Prioritize system improvements needed from concerns impacting health equity.

Centering equity in Ombuds Program Work

To advance health equity the Ombuds Program

- Identifies opportunities to address social and structural racism
- Advocates 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.

Centering member experience

OHP members who come to the Ombuds program are ‘engaged’. They are advocating for themselves or their loved ones. Each client who reaches out also elevates the experience of others exhausted with efforts to get the care they need from a system that feels overwhelming, is confusing and speaks in technical language they often do not understand. The OHA Ombuds Program will never hear from all who need help and support, but OHA can act to improve for many what we learn from a few.

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

Community Engagement Improves Durable Medical Equipment Access

My name is Freddy. I am 80. I have not been able to walk for years. I have six pinched nerves in my back and no strength in my arms or shoulders. My son and I are both living in my car. People on the block help us out a lot. I can get around OK if I have a motorized chair but my old chair no longer works. Oregon says I can’t have a new power chair because I’m homeless. Well, I’ve been homeless the whole time.

The Ombuds program learned that Freddy had both Medicaid and Medicare. The company that provides wheelchairs informed him that his wheelchair was denied but had never submitted a ‘prior authorization’ request for a power wheelchair to the CCO. The company

assumed that because Medicare would not cover a chair for Freddy neither would Medicaid. The company was wrong. In addition, no provider should deny a member a service without submitting a prior authorization request to the CCO. If the CCO denies, the member can utilize appeal and hearing rights.

The Oregon Health Authority (OHA) 2024 Ombuds Year-end report explores how centering Oregon Health Plan (OHP) member voice and experience in Medicaid policy and operation is essential for ensuring equity. During 2023 and 2024, Ombuds case work with OHP members experiencing barriers to accessing medically necessary Durable Medical Equipment (DME) identified unacceptable challenges for members. OHA leadership and OHA Medicaid rule developers committed to hearing and responding to DME needs identified by and with community. OHP members receiving the services, consumer advocacy groups, providers and professionals who work directly with members to identify the most appropriate DME for their needs collaborated to identify issues and solutions. Their individual and collective wisdom was captured by the 'DME Think Tank' co-hosted by the OHA Ombuds Program and the Oregon Disabilities Commission.

Durable Medical Equipment (DME) Think Tank Work Group

In July of 2022, Ombuds opened a case for an OHP member who uses a wheelchair. The member's wheelchair was four years old and had become unreliable. It would suddenly stop working as the individual went to his work helping people get connected with housing. The OHP member shared that the DME vendor said it could not get him a replacement chair while his was being repaired unless it was the exact same model. The member paid out of pocket to rent a working chair for $150 a month. Ombuds engaged the member with the vendor for better understanding. Ultimately, the DME supplier did find a workable replacement chair so that the member could get around at home and in community while his chair was taken to the shop for necessary repairs.

This client referenced above connected other OHP members experiencing challenges getting necessary DME to the Ombuds program for advocacy. In addition to working directly with OHP members coming to the Ombuds program for assistance, the Ombuds team worked with Oregon Department of Human Services (ODHS) staff, the

Oregon Disabilities Commission, Disability Services Advisory Council participants and community organizations advocating for people with disabilities to host two listening sessions. OHA Medicaid policy and program staff attended to learn. The first session focused exclusively on listening to the experiences shared by 12 OHP members using DME.

A young man at the DME "Think Tank" shared that an accident had resulted in his quadriplegia. He shared that he felt dehumanized by the year-long struggle to get a mobility device that enabled him to do something as simple as navigate from his bed to the bathroom.

Attendees from both listening sessions were invited to continue participating in a monthly informal and iterative "Think Tank Work Group" to identify ongoing improvements for timely access to appropriate Medicaid covered DME. OHP members using DME, family, care givers and providers who work with clients who need mobility devices, Oregon Law Center, Disability Rights Oregon, Aging and People with Disabilities and Medicaid policy and program leads attended regularly.

Listening and learning directly from members transformed how OHA staff approached this work. After the first listening session, OHA staff in attendance reached out to the Ombuds program in dismay, some in tears, to say that they had no idea how difficult it was for OHP members to access essential DME. Staff committed to identifying and acting on change needed to improve member experience.

These individual member experiences shared with the Ombuds Program and in the "Think Tank" pointed to systemic health inequities for OHP members with disabilities and a need to improve Medicaid DME processes, policies and oversight.

Key areas the Think Tank identified for improvement included:

- **DME Denials** including
  - Repeated and sometimes lengthy and confusing denials of DME essential for mobility such as wheelchairs,

    - Assistive Technology Professionals (ATP) who are called on to fit a client for the right chair shared their experience related to an increased frequency of DME denials particularly from some CCOs, and
    - "Chair-side" denials in which the DME supplier did not submit a prior authorization request for a chair an ATP felt was necessary because the supplier reported the CCO would deny the DME.
- **Delays in receiving approved DME:** This included delays in obtaining approved continuous glucose monitors and delays of over one year to get the wheelchair needed.
- **Rule barriers:** Oregon Administrative Rules for Medicaid DME had not been revised for 12 years. Participants in the Think Tank Work Group shared that in some cases it seemed like the rules were being used as weapons for denial. An example of how CCOs and CCO consultants called to review DME Prior Authorization (PA) requests leaned on these outdated rules is a formal Notice of Adverse Benefits Determination (NOABDs) that cited over 20 reasons for denial of the replacement of a power chair that no longer worked. Both client and Ombuds found the NOABD incomprehensible. Notably, this denial was for a client whose condition had not changed and was simply needing her old, no longer safely functional chair replaced.
- **Oversight barriers:** Individual CCOs were interpreting rules differently and the OHA Quality Assurance Program did not have the tools necessary to provide focused oversight. For example, mobility devices are a category of DME known as Complex Rehabilitative Technology. Although OHA required CCOs to report prior authorization (PA) requests and denials for DME, all DME PA requests and denials were lumped together. This meant that power wheelchairs were included with other DME such as incontinence supplies, continuous glucose monitors, and catheters. The agency had very limited ability to understand the health inequities for OHP members needing wheelchairs and other DME specific to an individual's disabilities.

Acting on Community Wisdom

Community engagement is more than just listening. It must include taking action that addresses the concerns community brings to the table. As it centered and engage member voice and experience in this work, OHA acted to improve not only DME policy and rules but the construct of community engagement as a strength for improving Medicaid rules, policy and practice for all Medicaid benefits.

Related to DME, Ombuds partnership with Medicated to be responsive to OHP member concerns and act on community wisdom led to the following:

- Clarified DME Policy. The Medicaid Division clarified that that denying a power wheelchair because someone lives in a group home was inappropriate. The memo clarified that the purpose of DME in OHP is to maximize the ability of OHP members to live as independently as possible.
- **Community voice was centered in the work**. OHA Medicaid policy and program staff ensured that all participants in the Think Tank Work group heard clearly that rules were going to change because of what staff were learning and that they, members of the Think Tank, were part of making the change necessary. OHA Medicaid staff addressed how new processes like the Think Tank were going to be used as tools to identify needed changes before a more formal Rules Advisory Committee (RAC) was presented with final proposed new rules for consideration.
- **Policy change was made accessible.** Medicaid Policy staff asked for input from the Think Tank on specific rule changes needed. Staff took time to explain the intent and impact of the rules and to learn from what the Think Tank shared in response. All Think Tank members were invited to apply to serve on the RAC. Those not selected were given information about ways to suggest additional rule changes in writing.
- **Rules changed**. Revised DME Medicaid rules were put in place along with a statement that rules improvement process can never stop, it is iterative, and it must be informed by client experience. Work continues to update and center these rules to advance health equity and support access to medically necessary DME.

- **Denial review.** The think tank requested a deep dive into what is called 'Complex Rehabilitative Technology' denials. The compliance team pulled 20 examples of both pre-service and post-service DME denials from each CCO for review and discussion with each CCO.
- **Prior authorization and denial tracking improved.** The Health Systems Division Quality Assurance Team is requiring Healthcare Common Procedure Coding System (HCPCS) codes connected to DME Prior Authorization requests and denials. This will ensure that staff can pay particular attention to areas all are aware are more problematic for clients than others.

2024 Year End Recommendations

To continue improving DME to advance equity and center community in Medicaid policy, rules and operations, the OHA Ombuds Program recommends:

- **Prioritize ongoing feedback from community:** Medicaid policy and operational teams should create forums for ongoing engagement and collaboration with individuals who use DME. This engagement should be used to monitor and support continual improvement process to ensure that all OHP members who need DME, regardless of CCO or Open Card, can maximize independence and improve or maintain health.

In December 2024, several Think Tank participants returned to the Ombuds program to request a re-launch of this collaborative, inclusive process. Working with lead staff from the Oregon Disabilities Commission and the Disability Services Advisory Councils, the Ombuds Program hosted three meetings over the first five months of 2025 to learn about new or continued challenges and make recommendations about next steps.

- **Formalize OHP member and client advocate forum for DME improvements**: The agency has an established forum for engagement in DME conversation -- the DME Prosthetics, Orthotics and Supplies (DME POS) workgroup. However, this group does not have regular participation of OHP members or client advocates nor is there an OHP member focused advisory or

steering committee for it. There is opportunity to build from the work of the Think Tank to integrate OHP members using DME into this already established body.

- **Implement a universal policy and rule improvement tracker**: OHA should create a universally understood and accessible 'policy and rule improvement' tracker for OHP member and equity-centered Medicaid policies so that issues that surface between rules revisions are tracked and maintained even as policy leads change positions and retire. This will also serve to ensure OHA can center and act on community input and share what they have already been told and what they are doing about it before soliciting new feedback.
- **Formative a collaborative agency and community engagement to review CCO and open card grievance system information.** Clients who call their CCO or OHA to share what is not working for them are engaged. Their concerns are tracked as complaints. Clients who choose to appeal a denial are engaged. Denials, appeals and complaints are all part of the 'Grievance System'. CCOs are required to report grievance system data to OHA but OHA is currently underutilizing the critical member voice this data reveals. The Ombuds Program recommends collaborative agency and community engagement in review of grievance system data.
- **Conduct assessment of Medicaid policies and rules to identify opportunities to advance OHA's health equity and anti-racism goals.** Medicaid updated DME rules when they learned through the Think Tank and Ombuds Program that the disability community using power wheelchairs was being harmed by interpretation of existing rules. OHA's Strategic Plan identifies that OHA will Conduct an institutional assessment to determine alignment of administrative and programmatic policies, rules and practices with OHA's health equity and anti-racism goals; build the structural capacity for ongoing and iterative assessment and improvement action. OHA should allocate resources to advance this strategic plan action. Medicaid policies and rules like DME should be prioritized in this assessment.

Conclusion

Each person who seeks Ombuds Program advocacy deserves nurturing and support. Their stories often illustrate challenges many others experience. Each case, each client story, highlights ways to:

- Improve the OHP delivery system and
- Understand the impact of health inequities on OHP members.

The Ombuds Program is honored to work in an agency that embraces OHP member experience. Responding to member experience is essential for successful transformation.

Program Data: Appendix A

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Oregon Health Authority Ombuds Program at OHA.OmbudsOffice@odhsoha.oregon.gov or 1-877-642-0450 (message line only). We accept all relay calls.

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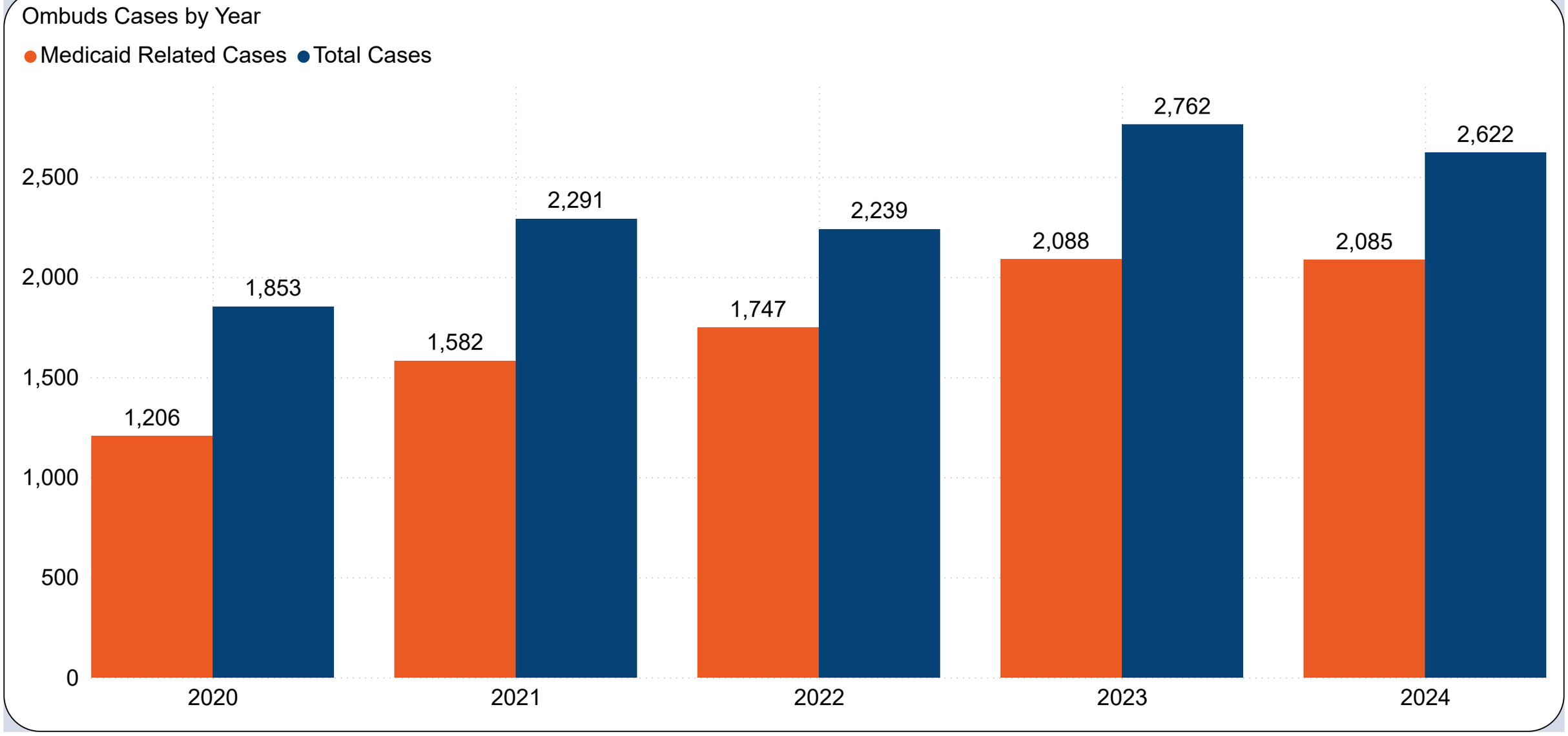
Prvious reports can be found on the program website:
https://www.oregon.gov/oha/erd/pages/ombuds-program.aspx

OHA Ombuds 2024 - Year End Report

Ombuds Cases by Year

Total Concerns Received	Total Medicaid Concerns
11,767	8,708



OHA Ombuds 2024 - Year End Report

Data Overview

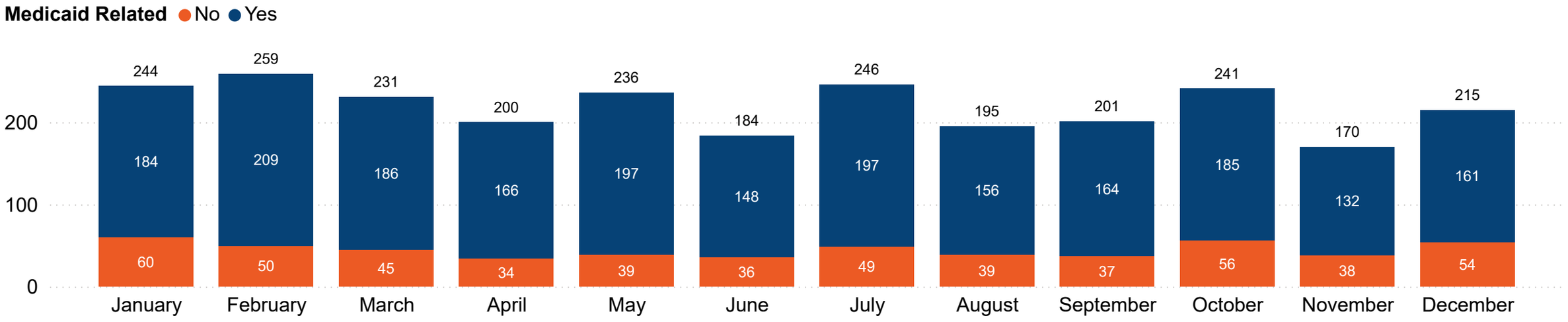
Total Concerns Received

2622

Total Individuals Served

2444

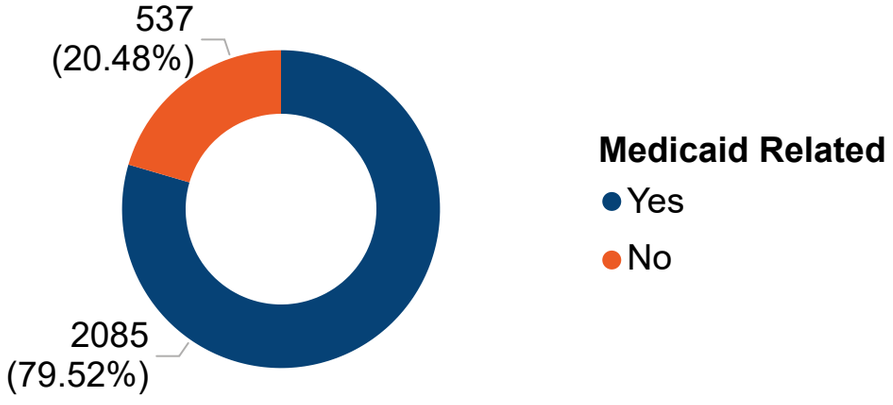
Total Concerns by Month



Provider Story

My patient is a young girl with a very rare condition. Creatin has allowed her to live without seizures and communicate. The CCO denies because you can buy Creatin over the counter. The family does not speak English. The CCO sent denials in English.

Medicaid Vs Non-Medicaid Concerns



Member Story

My glasses broke. I cannot see without glasses. OHP will cover my exam but would not pay for my glasses. I lost my job because I cannot see. I cannot fill out a job application or read a rental contract without glasses. This policy is absurd.

OHA Ombuds 2024 - Year End Report

Medicaid Concerns by Service Type and Category

Total Concerns Received	Total Individuals Served
2085	1939

Category	Number of Concerns	Percent of Total
Access	762	37.1%
CCO Operations	338	16.5%
Interaction with Provider or Plan	299	14.6%
OHA Medicaid Operations	206	10.0%
Quality of Care	184	9.0%
Client Billing Issues	96	4.7%
Consumer Rights	92	4.5%
Quality of Service	77	3.7%
Total	**2054**	**100.0%**

Service Type	Number of Concerns	Percent of Total
Mental/Behavioral Health	202	21.4%
Specialty Care	178	18.9%
Dental	149	15.8%
CCO/Plan	108	11.5%
Pharmacy	88	9.3%
Durable Medical Equipment & Supplies	84	8.9%
Health Related Social Needs	67	7.1%
Non-Emergent Medical Transportation (NEMT)	66	7.0%
Total	**942**	**100.0%**

Ombuds uses the same complaint identifiers that CCOs are required to use. “All other Medicaid’ service type and ‘Access’ category concerns include eligibility related requests – for people struggling with Medicare and Medicaid eligibility, for people not sure of their OHP status or wanting help with applications and for people seeking flex services.

OHA Ombuds 2024 - Year End Report

Access to Care Service Type

Total Concerns Received	Total Individuals Served
762	742

Service Type	Number of Concerns	Percent of Total
All other Medicaid	296	39.4%
Mental/Behavioral Health	92	12.3%
Specialty Care	91	12.1%
Dental	74	9.9%
Durable Medical Equipment & Supplies	37	4.9%
Non-Emergent Medical Transportation (NEMT)	24	3.2%
Pharmacy	23	3.1%
Primary Care Provider (PCP)	20	2.7%
Chiropractic	19	2.5%
CCO/Plan	14	1.9%
Alcohol & Drug/Substance Use Disorder (SUD)	11	1.5%
Other	11	1.5%
Vision	10	1.3%
Long Term Care (LTC)	9	1.2%
Health Related Social Needs (HRSN) - Housing	6	0.8%
Health Related Social Needs	4	0.5%
Pain Management	4	0.5%
Hospital- General Inpatient	3	0.4%
Lab	3	0.4%
Total	**751**	**100.0%**

OHA Ombuds 2024 - Year End Report

Access to Care Sub-Category

Total Concerns Received: 762

Total Individuals Served: 742

Sub-Category	Number of Concerns	Percent of Total
Eligibility issues	277	36.5%
Not available to give necessary care	92	12.1%
Unable to schedule appointment in a timely manner.	72	9.5%
Verbal denial of service by Plan.	66	8.7%
Plan unresponsive, not available, difficult to contact for appointment or information.	47	6.2%
Unresponsive, not available, difficult to contact for appointment or information.	43	5.7%
NEMT not provided, late pick up w/missed appointment, no coordination of services.	39	5.1%
Verbal denial of service	34	4.5%
Unable to be seen in a timely manner for urgent/emergent care.	26	3.4%
Discrimination/Civil Rights/Protected Status	17	2.2%
Referral or 2nd opinion denied/refused by plan.	16	2.1%
Referral or 2nd opinion denied/refused	11	1.5%
Closed to new patients	6	0.8%
Office far away, not convenient	6	0.8%
Transportation scheduled incorrectly by the call-center (e.g. wrong day/time, wrong address, missing information).	6	0.8%
Total	**758**	**100.0%**

OHA Ombuds 2024 - Year End Report

Durable Medical Equipment (DME) Concerns

Total Concerns Received	Total Individuals Served
84	80

Category	Number of Concerns	Percent of Total
Access	37	44.0%
Quality of Service	34	40.5%
Client Billing Issues	4	4.8%
Consumer Rights	3	3.6%
Interaction with Provider or Plan	3	3.6%
CCO Operations	2	2.4%
Quality of Care	1	1.2%
Total	**84**	**100.0%**

Age at Intake Bucket	Number of Concerns	Percent of Total
0 to 19	37	44.0%
20 to 26	2	2.4%
27 to 64	23	27.4%
65 or Older	11	13.1%
Unknown	11	13.1%
Total	**84**	**100.0%**

Durable Medical Equipment (DME) includes items such as wheelchairs, continuous glucose monitors, incontinence supplies, catheters and shower chairs. Because of the overlay between some types of medical formula and feeding tubes (for example), challenges with access to medically necessary formula also shows up in the DME topic. Almost by definition DME is an essential Medicaid service for many people with disabilities and can maximize health and the ability to live independently. Ombuds received calls from both clients and providers about delays in getting wheelchairs, replacement chairs while repairs are being made, sensory items for clients with autism, continuity of incontinence supplies that work best for the client and access to medically necessary formula.

OHA Ombuds 2024 - Year End Report

Behavioral Health Concerns by Age and Category

Total Concerns Received	Youth Served (0-19)
235	50

Category	Number of Concerns	Percent of Total
Access	103	47.47%
Interaction with Provider or Plan	37	17.05%
OHA Medicaid Operations	32	14.75%
Consumer Rights	21	9.68%
Quality of Care	17	7.83%
CCO Operations	5	2.30%
Client Billing Issues	1	0.46%
Quality of Service	1	0.46%
Total	**217**	**100.00%**

Age at Intake	Number of Concerns	Percent of Total
0 to 19	50	21.28%
20 to 26	10	4.26%
27 to 64	105	44.68%
65 or Older	12	5.11%
Unknown	58	24.68%
Total	**235**	**100.00%**

Behavioral Health includes both Mental Health and Substance Use Disorder (SUD) Treatment.

Member story

An OHP member called her local Community Mental Health Program (CMHP) to ask about options for getting mental health care. The person who answered the call did not inquire about symptoms or severity of need.

The CMHP instead suggested the member google Psychology Today to find a provider. This case was elevated to both the CCO and licensing within OHA.

OHA Ombuds 2024 - Year End Report

Dental Concerns by Age and Category

Total Concerns Received	Total Individuals Served
149	143

Category	Number of Concerns	Percent of Total
Access	74	50.0%
Quality of Care	30	20.3%
Interaction with Provider or Plan	20	13.5%
Quality of Service	10	6.8%
Client Billing Issues	7	4.7%
Consumer Rights	3	2.0%
CCO Operations	2	1.4%
OHA Medicaid Operations	2	1.4%
Total	**148**	**100.0%**

Age at Intake	Number of Concerns	Percent of Total
0 to 19	19	12.8%
20 to 26	7	4.7%
27 to 64	83	55.7%
65 or Older	29	19.5%
Unknown	11	7.4%
Total	**149**	**100.0%**

Access to dental services remains the top reason OHP members with dental needs contacted Ombuds. Wait times of up to a year for first time appointments have been reported. Clients not able to get timely dental care turn to ER for tooth infections and pain. Dentures remain high as a ‘quality of care’ issues because ‘they don’t fit’, or ‘they hurt’. OHP dental policy does not allow for root canals so tooth extraction is the treatment to which many clients must turn even when saving a tooth might be the better option. County public health nurses shared stories about Mam speaking clients who showed up for long awaited dental visits to be turned away because they did not bring an interpreter. Those clients will likely not be returning to a dentist.

OHA Ombuds 2024 - Year End Report

NEMT Concerns by Service Type and Category

NEMT Access Concerns	NEMT Quality Concerns
46	67

Category	Number of Concerns	Percent of Total
Access	24	35.8%
Interaction with Provider or Plan	23	34.3%
CCO Operations	8	11.9%
OHA Medicaid Operations	4	6.0%
Quality of Care	3	4.5%
Consumer Rights	2	3.0%
Quality of Service	2	3.0%
Client Billing Issues	1	1.5%
Total	**67**	**100.0%**

Service Type	Count of Feedback ID	Percent of Total
Specialty Care	10	38.5%
All other Medicaid	7	26.9%
Vision	3	11.5%
Primary Care Provider (PCP)	2	7.7%
Durable Medical Equipment & Supplies	1	3.8%
Hospital- General Inpatient	1	3.8%
Outpatient	1	3.8%
Pharmacy	1	3.8%
Total	**26**	**100.0%**

Member story

'I'm calling about Medicaid. I can't get transportation. They don't call and let me know they're coming or they don't come at all. Medicaid's not doing me no good because I can't get transportation. I need some help with that."

OHA Ombuds 2024 - Year End Report
Health-Related Services and Social Needs Concerns

All HRS/N Concerns	HRSN Housing Concerns
79	10

Category	Number of Concerns	Percent of Total
CCO Operations	59	75.6%
Access	10	12.8%
OHA Medicaid Operations	6	7.7%
Interaction with Provider or Plan	3	3.8%
Total	**78**	**100.0%**

Social Determinants of Health	Number of Concerns	Percent of Total
Housing	168	71.5%
Physical and/or Environmental Safety	30	12.8%
Housing; Physical and/or Environmental Safety	9	3.8%
Medical	9	3.8%
Food; Housing; Medical; Physical and/or Environmental Safety	7	3.0%
Medical; Physical and/or Environmental Safety	4	1.7%
Housing; Medical; Physical and/or Environmental Safety	3	1.3%
Food; Housing; Physical and/or Environmental Safety	2	0.9%
Food	1	0.4%
Food; Housing; Medical	1	0.4%
Food; Physical and/or Environmental Safety	1	0.4%
Total	**235**	**100.0%**

In 2024, the Ombuds Program (and CCOs) began tracking HRSN and HRS separately.

Complaints about access to both health related social needs (HRSN, now a Medicaid benefit) and Health Related Services (HRS or flex funds which CCOs are asked to consider but not required to provide) increased at the end of 2024. Clients report waiting months for a response to requests for things like support with utilities or a hotel stay post surgery.

Separate from HRSN specific concerns, Ombuds also track any Social Determinants of Health needs a member shares.

OHA Ombuds 2024 - Year End Report

OHP Members Served by Age and Dual Eligible

Total Concerns Received

2085

Youth Served (0-19)

185

Age at Intake	Number of Concerns	Percent of Total
0 to 19	190	9.1%
20 to 26	79	3.8%
27 to 64	1133	54.3%
65 or Older	257	12.3%
Unknown	426	20.4%
Total	**2085**	**100.0%**

Dual Eligible	Number of Concerns	Percent of Total
No	1879	90.3%
Yes	202	9.7%
Total	**2081**	**100.0%**

Disruptions in treatment plans, prescription access and provider patient relationships are among the challenges for Oregonians with disabilities who become eligible for Medicare.

Member Voice

‘My name is Bee and I’m having a problem getting my catheters paid for. Ever since I got Medicare, the company does not seem to want to bill Medicare or OHP and they are taking me to collections for $4600. I don't understand why they can’t get paid. I need help and I need my catheters.’

OHA Ombuds 2024 - Year End Report

OHP Members Served by Language

English Preferred	Non-English Preferred
1568	67

Language	Number of Members	Percent of Total
English	1568	95.9%
Spanish	40	2.4%
Mandarin (Chinese)	3	0.2%
Russian	3	0.2%
Undetermined	3	0.2%
Hindi	2	0.1%
Korean	2	0.1%
Other	2	0.1%
Vietnamese	2	0.1%
	1	0.1%
Amharic	1	0.1%
Arabic	1	0.1%
Central Pashto	1	0.1%
Chuukese	1	0.1%
Dari	1	0.1%
Mandingo	1	0.1%
Marshallese	1	0.1%
North American Indian	1	0.1%
Ukrainian	1	0.1%
Total	**1635**	**100.0%**

OHA Ombuds 2024 - Year End Report

OHP Members Served by Disability and Race

Disabled OHP Members	Non-Disabled OHP Members
795	588

Disabled Code Description	Number of Members	Percent of Total
Yes	795	49.1%
No	588	36.3%
Did Not Answer	149	9.2%
Not Asked	41	2.5%
Do not Know	30	1.9%
Decline to Answer	16	1.0%
Total	**1619**	**100.0%**

Race Rollup	Number of Members	Percent of Total
White	1011	61.8%
Unknown	308	18.8%
Hispanic and Latino/a/x	92	5.6%
Black and African American	64	3.9%
Multiple	57	3.5%
American Indian and Alaska Native	51	3.1%
Asian	24	1.5%
Native Hawaiian and Pacific Islander	14	0.9%
Other	8	0.5%
Middle Eastern / North African	5	0.3%
	1	0.1%
Total	**1635**	**100.0%**

OHA Ombuds 2024 - Year End Report

Non-Medicaid Concerns

Non-OHA Concerns	Other OHA Concerns
369	168

Non-OHA Concerns	Number of Concerns	Percent of Total
Other	118	32.0%
DHS	100	27.1%
Medicare	81	22.0%
DCBS (non-Marketplace)	30	8.1%
Local Government Issue	23	6.2%
Housing & Community Services	9	2.4%
HIPPA Violation - HHA	4	1.1%
Veteran's Affairs	4	1.1%
Total	**369**	**100.0%**

Other OHA Concerns	Number of Concerns	Percent of Total
Other	72	43.4%
Public Health Non-Medicaid and Non-Licensing	55	33.1%
State Hospital	20	12.0%
Behavioral Health Licensing (DUI, outpatient, etc.)	4	2.4%
Marketplace	4	2.4%
Public Records Request	4	2.4%
PEBBS/PERS	3	1.8%
HR	2	1.2%
Public Health Licensing (air, water, food, pool, lodging, etc.)	2	1.2%
Total	**166**	**100.0%**

Ombuds get concerns or questions that are not about OHP but do fall within OHA control. These concerns include queries about food safety and vital records. Ombuds also gets concerns over which OHA has no control such as Medicare. In all cases, Ombuds makes sure the concerns get to the right program for review.