

OHA Ombuds six-month report 2025

January 1, 2025 - June 30, 2025

Total people served

1,386

This report is provided in response to Oregon Revised Statute (ORS) 414.712 that directs the Oregon Health Authority (OHA) to provide ombuds services for people who receive publicly funded health services. The Ombuds Program reports to the Governor, Oregon Health Policy Board and OHA Director to channel member experience into recommendations for systems, policy and program improvement.

Medicaid concerns

1,018

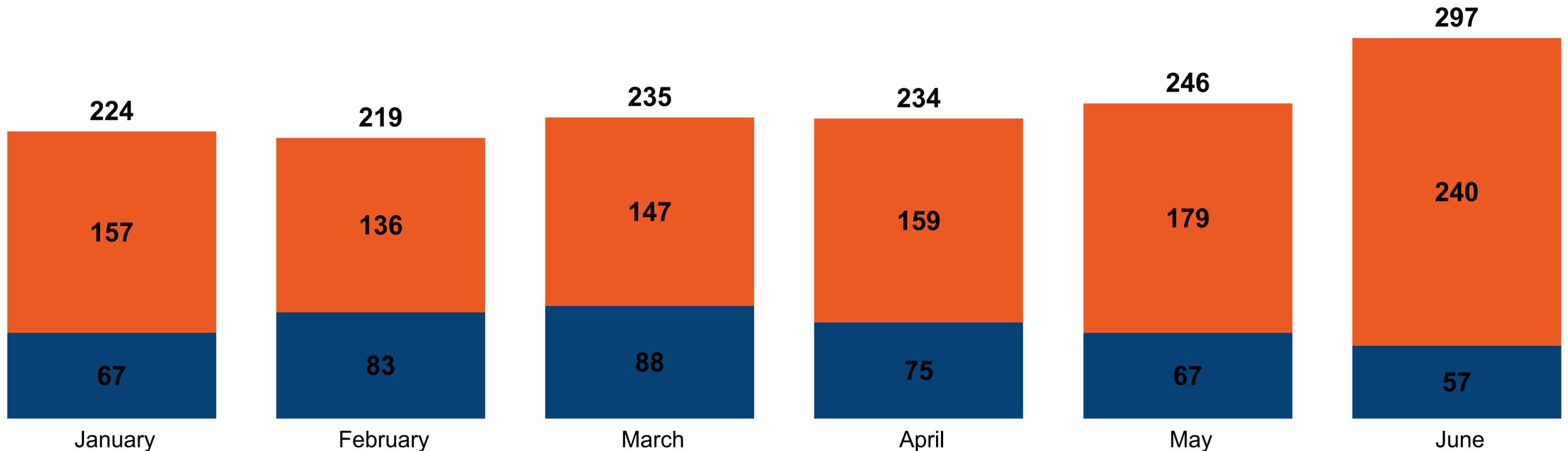
Total concerns

1,455

70% of all concerns were about Medicaid

OHA Ombuds total concerns by month

Orange indicates Medicaid concerns; Blue indicates other OHA or non-OHA concerns



OHA Ombuds Program six-month report

Ombuds help improve the Oregon Health Plan (OHP) by turning what they learn from members into recommendations for better systems, policies, and programs. They do this by working directly with OHP members, coordinating with Medicaid and other OHA staff, collaborating with Coordinated Care Organizations (CCOs) and looking closely at member needs and system issues. Ombuds try to make it easier for OHP members to get quality care.

Report summary

In the first half of 2025, the OHA Ombuds Program saw a rise in member concerns about a new Medicaid benefit called Health Related Social Needs (HRSN) Housing Benefit. This benefit started on November 1, 2024.

This report focuses on Ombuds HRSN housing data from members who came with concerns about the HRSN housing benefit. **140** of the 265 people (53% percent) who contacted the Ombuds Program for HRSN housing assistance had been approved for the benefit but had not receive services in a timely* way. **Many members faced serious consequences, including eviction, because of these delays.**

In addition to HRSN concerns, the report provides additional data and details about OHP benefits.

- **Specialty Care** and
- **Mental/Behavioral Health.**
- The most common types of concern about OHP benefits:
- **Access to care** and
- **Issues with providers or health plans.**

- HRSN housing rules require services to be delivered within 28 days of approval.



Nearly **1 in 5** people who came to the Ombuds Program during the first six months of 2025 had HRSN Housing concerns.

OHP Member voices

"Hi Ombuds Program, I'm hoping you could help me out. I spent all day yesterday and the day before on hold trying to get ahold of my CCO. I wanted to find out when I can expect to get my HRSN housing benefit. I have an approval letter from several months ago, but my landlord hasn't gotten any payment. The letter I got didn't tell me next steps or how to find out updates. I just found out that I'm being evicted and have court next week. **Yesterday after waiting on hold with my CCO for six hours the phone line finally disconnected on me at the end of the day.**"

- OHP member coming to the Ombuds Program (emphasis added)

OHA Ombuds Health-related Social Needs (HRSN) Housing concerns by month

January 1, 2025 - June 30, 2025

HRSN housing provides up to six months of rent and utility services to qualifying members. Additional tenancy support services are also available.

HRSN housing concerns

In the first months of the HRSN housing program, members had questions about how to apply.

By April 2025, six months into the program, Ombuds saw increased concerns from OHP members that had been approved for the benefit. Members were still waiting for this benefit, and many could not reach their CCO and were facing eviction. Ombuds found that **landlords often waited the full six months but began eviction when expected payments did not arrive.**

The HRSN benefit also includes nutrition and climate services. HRSN data presented in this report is specific to HRSN Housing.

HRSN housing concerns

265

Medicaid concerns

1,018

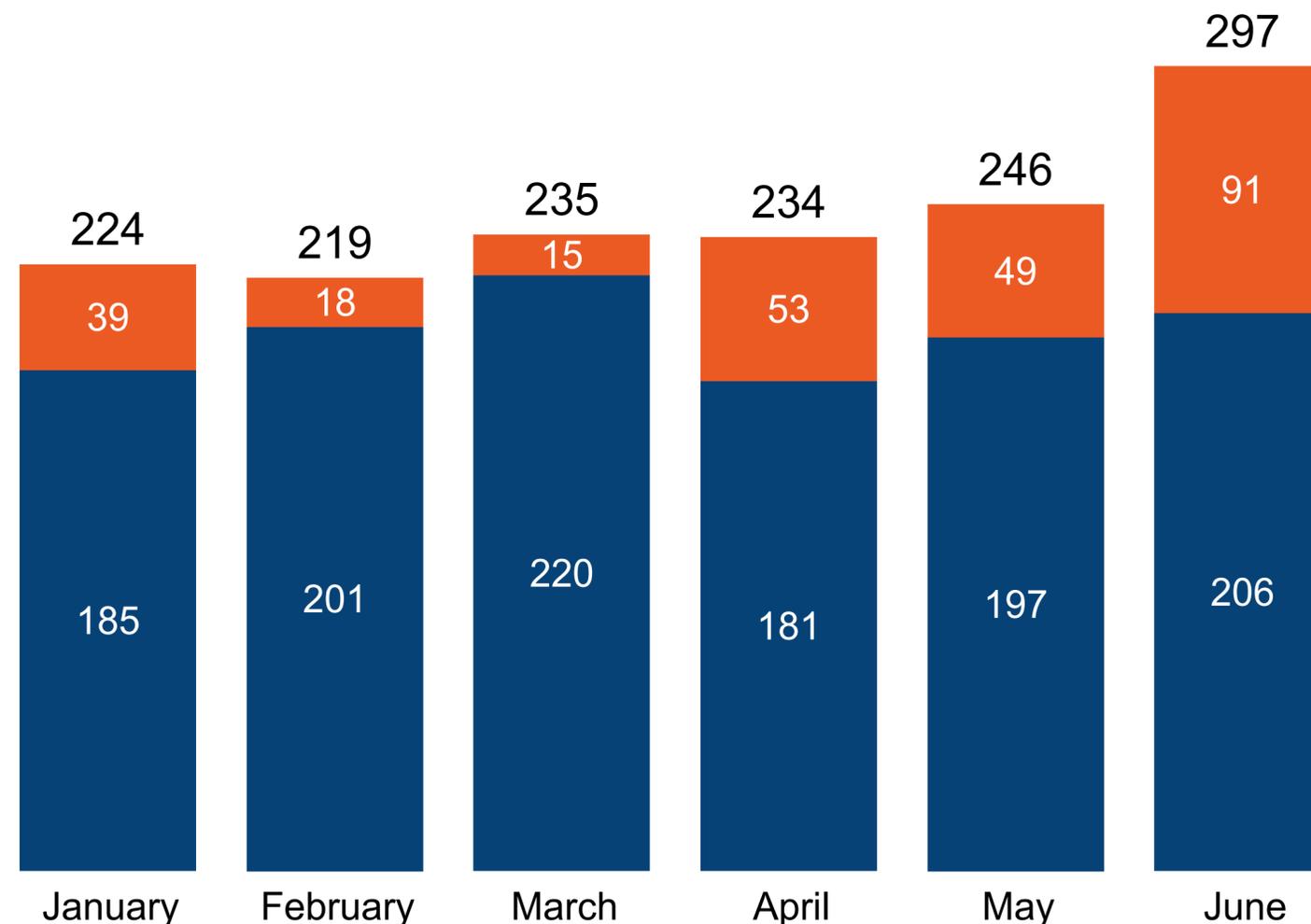
OHP member voices

"For people entering housing after prolonged instability, the margin for error is extremely small. Delays, clerical errors, or unclear procedures can quickly escalate into housing risk, even when tenants are acting in good faith and actively working toward self-sufficiency. I am reaching out not only for my own situation, but because **these issues appear structural and predictable, and therefore correctable.**"

- OHP member coming to the Ombuds Program (emphasis added)

Total HRSN housing concerns by month

Orange indicates HRSN housing concerns. Blue indicates other OHP concerns.



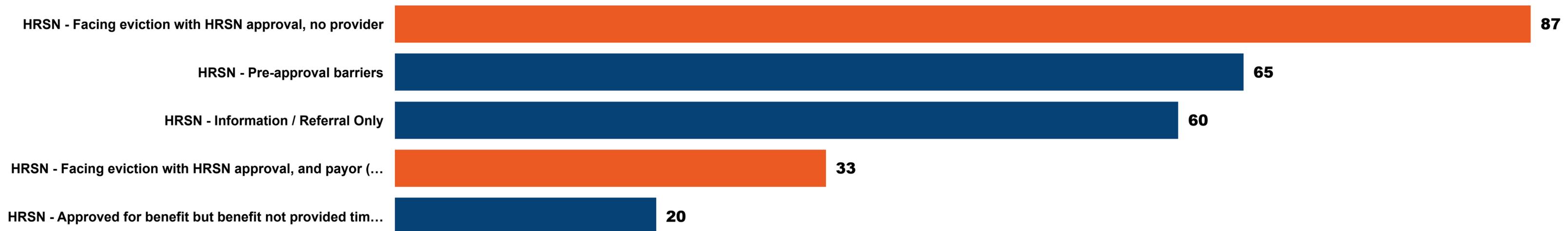
Member barriers accessing Health Related Social Needs (HRSN) housing benefit

January 1, 2025 - June 30, 2025

The OHA Ombuds Program tracked *why* members reached out with HRSN concerns. This helped to support both OHA and CCOs to provide timely access to this new service. All HRSN concerns were immediately shared with OHA leadership and individual CCOs. **120 of the 265 people with HRSN housing approval (45% percent) self-reported they were facing eviction when they came to the Ombuds Program.** The Ombuds program heard from members that they began facing eviction during the time they were waiting for their approved HRSN housing benefit to be implemented (often waiting six months or more). 102 of the members facing eviction were from one CCO.

- **87 individuals had already had the HRSN benefit approved and were facing eviction** but not yet connected to a payor (provider) when they came to the Ombuds Program. This group is indicated by orange in chart below.
- **65 individuals came with pre-approval barriers.** These included members who submitted application but faced preapproval barriers including lost application, no response from CCO to confirm application, members denied HRSN benefit seeking appeal info, etc.
- **60 individuals needed information or a referral** to CCO for HRSN benefits. This was often about how to apply or what the benefit was about. The majority of these cases were in the early months of program implementation.
- **20 individuals had already had the HRSN benefit approved but had not received within required time period** when they came to the Ombuds Program. These members were not facing eviction when coming to the Ombuds Program.
- **33 individuals had already had the HRSN benefit approved and had been connected to the housing payor (provider) but had not had their rent (or utilities, etc.) paid and were facing eviction** when they came to the Ombuds Program. This group is indicated by orange in chart below.

Member barriers accessing HRSN housing benefit



OHA Ombuds Health-related Social Needs (HRSN) Housing concerns by plan names

During the first six months of 2025, the Ombuds Program received HRSN housing concerns from members enrolled in 13 of Oregon's 16 CCOs and from OHA's Open Card/ Fee for Service (FFS) program. CCOs without HRSN housing complaint data are not included in the chart below. Upon investigation, Ombuds found that members had come to the OHA Ombuds Program raising early awareness of a significant operational and structural issue mainly occurring in one region. They found that over 2,000 individuals in the Portland Metro area had been approved for the HRSN housing benefit but were still waiting for the benefit to be provided. They were in a "backlog" waiting to be connected with a payor.

The Ombuds Program does not generally identify individual CCOs in reports but rather calls out overall structural issues impacting members across CCOs and Open Card. Because HRSN housing concerns were primarily in the Portland Metro area, this report does provide Ombuds data by CCO.

- Seventy three percent (73%) of all HRSN housing concerns to the Ombuds Program were from Health Share of Oregon (HSO) members. This CCO has approximately 31% of total OHP member enrollment (varying slightly over the course of a year.)

Plan Name	Number of concerns	Percent of total
HEALTH SHARE OF OREGON	193	73.1%
INTERCOMMUNITY HEALTH NETWORK	18	6.8%
TRILLIUM NORTH	11	4.2%
PACIFIC SOURCE LANE	8	3.0%
TRILLIUM SOUTH	8	3.0%
PACIFIC SOURCE MARION POLK	6	2.3%
COLUMBIA PACIFIC	5	1.9%
JACKSON CARE CONNECT	5	1.9%
FFS_FEE FOR SERVICE	3	1.1%
EASTERN OREGON CCO	2	0.8%
UMPQUA HEALTH ALLIANCE	2	0.8%
ADVANCED HEALTH	1	0.4%
PACIFICSOURCE CENTRAL OR	1	0.4%
YAMHILL COMMUNITY CARE	1	0.4%
Total	264	100.0%

Member story

In February 2026, just before the release of this report, an OHP member returned to the OHA Ombuds Program for help. The program had been working with this member since April 2025 to investigate their CCO's failure to provide approved HRSN housing services.

The Ombuds Program found the following:

- The member was approved for six months of HRSN housing benefits on February 15, 2025. No payments were ever issued at any point in 2025.
- In late 2025, the member requested an administrative hearing due to the CCO's failure to provide an OHP-covered service.
- On January 21, 2026, an administrative law judge ruled that the CCO had "failed to timely provide payment of the HRSN benefit" and ordered the CCO to provide the full approved benefit. Under rule, this must occur within 72 hours.
- As of March 1, 2026—more than five weeks after the order—the benefit still had not been provided.

The member described the impact of the failure to provide services: "I am so upset, I feel like I'm drowning. I've done everything I can. We've faced eviction and have been trying to keep up with payment plans for months, but we've accumulated about \$1,000 in late fees—fees that only happened because HRSN was never paid out. Now we're facing eviction again."

- OHP member coming to the Ombuds Program

Call to action

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.

Centering member voice for HRSN improvements

Ombuds, in talking to each member bringing an HRSN concern have seen significant areas for operational improvement by OHA and CCOs in HRSN housing benefit delivery. A member quote at the beginning of this report best articulates how OHA can improve HRSN housing implementation through operational excellence, "Delays, clerical errors, or unclear procedures can quickly escalate into housing risk, even when tenants are acting in good faith and actively working toward self-sufficiency. **these issues appear structural and predictable, and therefore correctable.**"

Ombuds found that many **of the HRSN barriers experienced by members were in fact structural and preventable or had missed opportunities for timely remediation by OHA and by CCOs.**

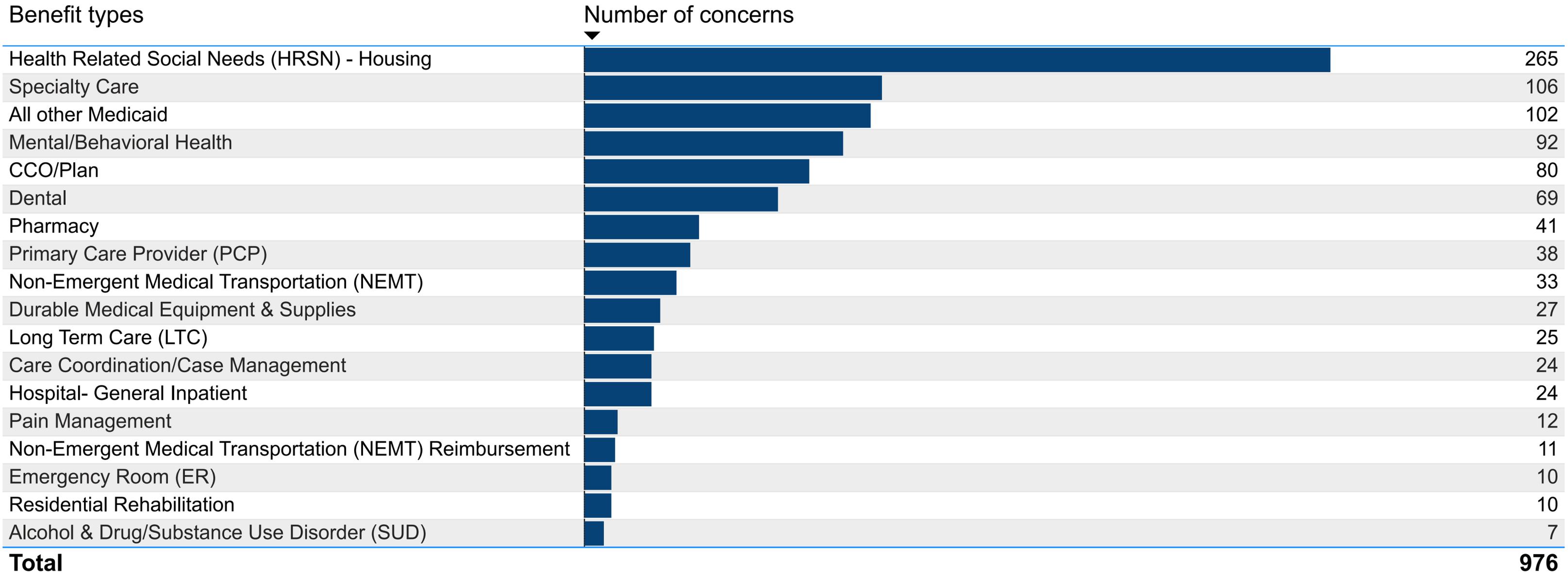
Top OHP benefit types that OHP members sought Ombuds assistance about

January 1, 2025 - June 30, 2025

Medicaid concerns

1,018

OHP benefit type (tracked by CCOs and the Ombuds team as "Topics") are specific OHP benefits. This slide shows the most common benefits that OHP members asked the Program for assistance with. This includes **Health Related Social Needs (HRSN) - Housing, specialty care, mental/behavioral health dental, pharmacy, and Non-Emergency Medical Transportation (NEMT)**. Smaller values (less than 7) are excluded.



Top reasons OHP members sought OHA Ombuds assistance

January 1, 2025 - June 30, 2025

Medicaid concerns

1,018

During the first six months of 2025, the most common types of concern about OHP benefits were **Issues with providers or health plans (accessing HRSN housing services) and access to care** (for a variety of OHP covered services.)

OHP Member voices

- "I've been in dire need of dentures. When I finally received new dentures, they didn't fit."
 - "I keep on running out of my prescription medication that I have been on for years. I only get authorized for 2 months at a time and face gaps each time to get it renewed."
- OHP members coming to the Ombuds Program

About Ombuds data categories: Ombuds use similar concerns categories as what CCOs use. When members bring concerns about OHP benefits, they can be about access to care, quality of care, etc. These are called "complaint categories." Ombuds capture the overall "**category**" or concern reason that members come to the program about. These categories are listed below in the table.

- Each category has "**sub-categories**" to provide further details. Ombuds reporting includes analysis of sub-categories for top areas.
- The benefit type that members seek assistance for are tracked independently and can be reviewed together - for example, what types of OHP benefit (such as mental health) that members had quality of care concerns about or access to dental care concerns.

Category	Number of concerns	Percent of total
Interaction with Provider or Plan	404	39.7%
Access	261	25.6%
OHA Medicaid Operations	92	9.0%
Consumer Rights	78	7.7%
CCO Operations	59	5.8%
Quality of Care	58	5.7%
Client Billing Issues	45	4.4%
Quality of Service	21	2.1%
Total	1,018	100.0%

Top access to care concerns by benefit type

January 1, 2025 - June 30, 2025

Total access concerns

261

Members most often contacted the Ombuds Program about access-to-care concerns related to specialty care (57), dental services (26), mental and behavioral health (26), NEMT (18), durable medical equipment (15), pharmacy access (15), and long-term care (12). All other Medicaid concerns include eligibility, care coordination and OHA and CCO operational concerns. Cases with fewer than two concerns were excluded from the table below. Notably, when members come with NEMT concerns the harm can almost never be undone - missed rides mean missed care. Durable medical equipment concerns frequently highlight the significant health inequities faced by OHP members with disabilities. This was focused on in the [2024 OHA Ombuds Year End Report - Durable Medical Equipment Spotlight](#).

Benefit types	Number of concerns
Specialty Care	57
All other Medicaid	47
Dental	26
Mental/Behavioral Health	24
Non-Emergent Medical Transportation (NEMT)	18
Durable Medical Equipment & Supplies	15
Pharmacy	15
Long Term Care (LTC)	12
Care Coordination/Case Management	10
Primary Care Provider (PCP)	9
Pain Management	6
Health Related Social Needs (HRSN) - Housing	3
Non-Emergent Medical Transportation (NEMT) Reimbursement	3
CCO/Plan	2
Hospital- Behavioral Health- Inpatient	2
Imaging	2
Residential Rehabilitation	2
Total	253

Ombuds quarterly report: Access to care sub-categories

January 1, 2025 - June 30, 2025

Total access concerns

261

Because access to care concerns are the top reason why OHP members sought Ombuds assistance, this report provides additional details about the access-sub-categories.

OHP member voices

"My provider said that OHP doesn't cover the medical care that I need. I came to the Ombuds program, and they said that was a "chairside denial" and that my member rights include having a written denial for services even if my provider doesn't think it's covered. The Ombuds Program worked with my provider and CCO to help clarify benefits and my rights to a written denial."

- OHP member with a verbal denial of services concern.

Eligibility issues include people seeking dual Medicaid and Medicare eligibility, people unsure about their OHP status, people seeking to move from one CCO to another and/or enrolling in Open Card/ Fee For Service (FFS).

Sub-Category	Number of concerns	Percent of total
Eligibility issues	80	30.7%
Verbal denial of service	41	15.7%
Not available to give necessary care	35	13.4%
Unable to schedule appointment in a timely manner.	34	13.0%
Unresponsive, not available, difficult to contact for appointment or information.	24	9.2%
Unable to be seen in a timely manner for urgent/emergent care.	18	6.9%
Referral or 2nd opinion denied/refused	9	3.4%
Transportation scheduled incorrectly by the call-center (e.g. wrong day/time, wrong address, missing information).	7	2.7%
Office far away, not convenient	6	2.3%
Transportation driver error	4	1.5%
Closed to new patients.	2	0.8%
Dismissed as a result of past due billing issues	1	0.4%
Total	261	100.0%

Ombuds quarterly report: Behavioral health concerns

January 1, 2025 - June 30, 2025

During the first six months of 2025 the OHA Ombuds Program resolved 92 mental health concerns, seven Substance Use Disorder (SUD) concerns, and four hospital in-patient behavioral health concerns.

Total youth behavioral health concerns (ages 0-19)

15

Total behavioral health concerns

103

Category	Number of concerns	Percent of total
Access	26	25.2%
Interaction with Provider or Plan	25	24.3%
OHA Medicaid Operations	25	24.3%
Consumer Rights	9	8.7%
Quality of Care	8	7.8%
Client Billing Issues	6	5.8%
CCO Operations	4	3.9%
Total	103	100.0%

OHP member voices

"Our child is in crisis, and we cannot keep him or our family safe at home. We have taken him to the ED repeatedly; they won't refer him to inpatient care, stating 'this is only Autism, it's 'behavioral only.' Residential programs won't admit him because of his aggression, and we can't find a direct support worker to help us in the home. My only option now is to leave him at the hospital, and then they will call Child Welfare on me. Please help us!"

- parent of OHP member

Spotlight on children's mental health

Children's mental health concerns to the Ombuds Program include:

- insufficient community-based services to help maintain youth in their homes and communities and, upon return from residential care,
- barriers accessing residential treatment,
- boarding in hospital Emergency Departments,
- lack of availability of in-state eating disorder treatment,
- insufficient capability to meet the needs of children with co-occurring developmental disability and/or high levels of aggression or other complex health needs.

All point to need for greater investments in community-based services for children, youth and their families.

Ombuds quarterly report: Specialty care

January 1, 2025 - June 30, 2025

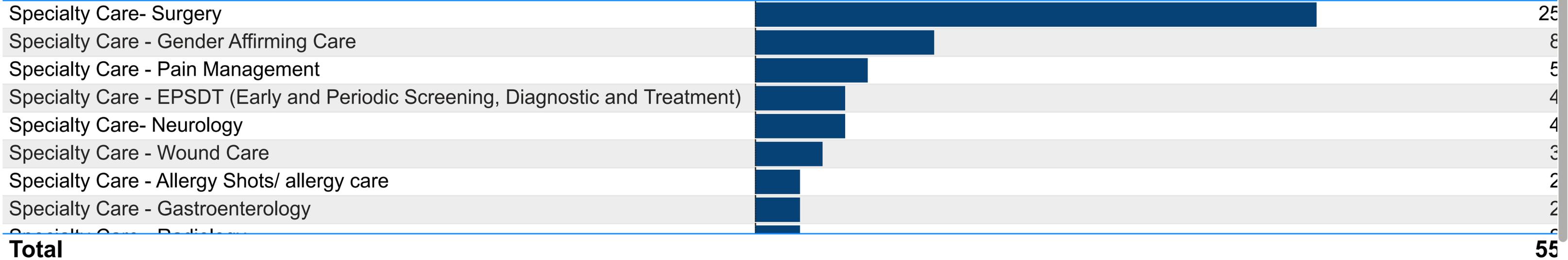
Total specialty care concerns

106

Specialty care is one of the most common OHP benefits members request help with. The first chart highlights the top specialty care types, with surgery being the most frequent. The second chart shows why members sought specialty care; over half reported difficulty accessing it.

Specialty care types

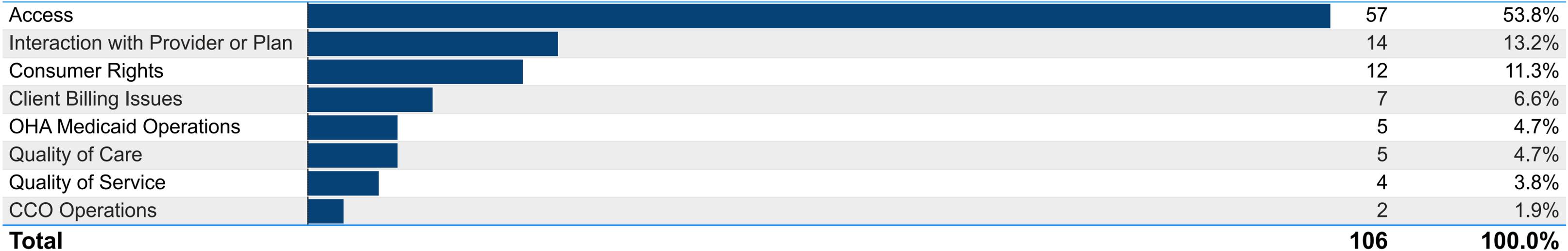
Number of concerns



Category

Number of concerns

Percent of total



Ombuds quarterly report: Non-Medicaid

January 1, 2025 - June 30, 2025

Total Non-Medicaid concerns

437

For non-Medicaid cases, the Ombuds Program takes a person-centered approach and directs people to the right services. Most OHA-related concerns involved Public Health Division programs, such as health facilities licensing. Concerns about other state agencies most often involved Oregon Department of Human Services (ODHS).

Other OHA related concerns

Number of concerns

Other OHA related concerns	Number of concerns
Other	55
Public Health Non-Medicaid and Non-Licensing	24
State Hospital	16
Public Health Licensing (air, water, food, pool, lodging, etc.)	5
Behavioral Health Licensing (DUI, outpatient, etc.)	4
Public Records Request	2
HR	1
Marketplace	1
OEL - Interpreter and Translation (Non-Member Access)	1
Total	109

Other state agency concerns

Number of concerns

Other state agency concerns	Number of concerns
DHS	132
Other	103
Medicare	46
DCBS (non-Marketplace)	16
Local Government Issue	14
Housing & Community Services	10
HIPPA Violation - HHA	4
Veteran's Affairs	3
Total	328

Report definitions

What is a concern? A concern is an expression of dissatisfaction. Federal law protects Oregon Health Plan (OHP) members' right to bring concerns to their coordinated care organization (CCO).

Why do Ombuds track and report on concerns? Ombuds tracks concerns to meet reporting requirement. Ombuds track similar categories as what CCOs track.

Total concerns: Include concerns about Medicaid/ OHP and about other topics. The Ombuds Program tracks all concerns and refers non-OHP issues to other programs or agencies who can help.

Medicaid concerns: Ombuds investigate and act on concerns that are about Medicaid/ OHP. This report, unless specified otherwise, reports about Medicaid/ OHP concerns.

People served: Individuals may bring more than one concern. Ombuds tracks the total people served by the program and the total number of concerns.

Data coding

Ombuds use standardized data coding for OHP Benefit Type (Topic), Complaint Category and Sub-Categories. These are similar categories to what CCO track and report for member complaints and are standardized throughout Ombuds Reports.

HRSN housing concerns were unprecedented and new to the team and indicated wide-spread systemic issues being raised by OHP members. To ensure reporting accuracy, the team conducted additional data analysis and qualitative review of the cases, identifying key HRSN concerns coming to the program. The team set data coding standards to track all HRSN concerns with keywords. Below are the definitions of each category keyword:

- **Approved for benefit but benefit not provided timely** means that when the member came to the Ombuds Program they already had the HRSN benefit approved, had not received within required time period. These members were not facing eviction when coming to the Ombuds Program.
- **Facing eviction with HRSN approval, and payor (provider)** means that when the member came to the Ombuds Program they had already had the HRSN benefit approved **and** has been connected to the housing payor (provider) but had not had their rent (or utilities, etc.) paid **and** were facing eviction.
- **Facing eviction with HRSN approval, no provider** means that when the member came to the Ombuds Program they had already had the HRSN benefit approved **and** were facing eviction but not yet connected to a payor (provider).
- **Information / Referral Only** means that Ombuds assisted only with information or a referral to CCO for HRSN benefits.
- **Pre-approval barriers** track members who submitted application but faced preapproval barriers including lost application, no response from CCO to confirm application, members denied HRSN benefit seeking appeal info, etc.

Acknowledgements

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, Brooke Emery, Ellen Pinney, Jaime Niño, Joan Fredrickson, Kiara Wehrenberg, Libbie Rascon, Melissa Palmer, Mina Sugawara, Rusty Shorey, Sarah Dobra, Sue Kergil and Thao Pham worked during the first six months of 2025 to listen and learn from OHP members and contributed to this report. Additional close Ombuds contributors include Amanda Braxton in Medicaid, Colin Sanders and the OHA Feedback Team and the Social Health Needs and Analytics Projects ([SHNAP](#)) team.

The Program works in collaboration with the OHA Medicaid Division for response.

Accessibility

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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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Previous reports can be found on the program website:
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