

About the Oregon Health Authority Ombuds Program: Questions and Answers

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About the Ombuds Program

Who are the Ombuds?

All Ombuds are OHA staff. The team has staff trained to:

- Focus on the person who needs help.
- Solve problems.
- Advocate for quality OHP care.

What does the Ombuds Program do?

The Ombuds Program serves Oregon Health Plan (Medicaid) members. Ombuds:

- Help OHP members get the health care they need.
- Report issues members have getting care.
- Recommend changes to solve issues with OHP services.

The program refers non-OHP issues to other programs or agencies who can help.

Asking the program for help

When should members ask the OHA Ombuds Program for help?

The Ombuds Program is here when other approaches aren't working. Members can ask the Ombuds Program if they still need help after:

- Asking their CCO for help.
- Checking their [OHP member handbook](#).

How can members reach the Ombuds Program?

They can:

- Leave a voice message at 1-877-642-0450.
- Email OHA.OmbudsOffice@odhsoha.oregon.gov.
- Send a secure email from [the program's web page](#).

How long does it take for the Ombuds Program to respond?

The program will respond to OHP messages within 5 working days. If you need to talk to someone at the Oregon Health Authority immediately you may call the Oregon Health Authority's Client Services Unit at 800-273-0557 (TTY 711).

What information will the Ombuds Program need?

Members should share:

- Their name, OHP number, and email or phone number.
- The best time and way to contact them (phone, email or other).
- Explain what they need help with.

How will the Ombuds Program respond?

When responding to a member about OHP concerns, the Ombuds will:

- Listen.
- Understand what the member wants or needs.
- Explain what the Ombuds Program can or can't do.

- Try to help solve the problem.
- Share resources that can help.
- Recommend changes to help other members avoid the same problem even when they can't solve for the member who has come to them.

What if the member needs emergency services?

The OHA Ombuds Program does not offer emergency services. Members should **not** call the Ombuds Program. Instead, they should:

- Call 911 for emergency services,
- 988 or 211 for mental health services, or
- Go to their local emergency room or urgent care to get help.

What do members ask the Ombuds Program for help with?

Members ask about all types of Oregon Health Plan care, including:

- Specialty care
- Mental health care
- Dental care
- Primary care providers
- Non-emergency medical transportation
- Getting medication
- Durable medical equipment

Members also ask other things that help them stay healthy, such as:

- Housing supports (having a safe place to stay)
- Climate supports (for clean or cool air)
- Help with healthy food or meals

What can the Ombuds Program not do?

The Ombuds Program cannot change OHP rules, such as what OHP covers. Providers, OHA and CCOs must all follow current OHP rules. The Ombuds Program must also work within these rules.

The Ombuds Program does not ensure providers, OHA or CCOs follow OHP rules. OHA's Medicaid program does this.

The Ombuds Program does not help members with appeals or hearings. You can find more information on [the OHP Appeals and Hearings page](#).

The Ombuds Program does not coordinate care. The program elevates member needs to those responsible for care coordination.

The Ombuds Program also cannot help with:

- Emergency care
- Complaints filed with other state agencies
- Complaints about OHA staff
- Legal concerns, such as malpractice
- Sending or receiving notices for OHA

What languages does the Ombuds Program support?

The Ombuds Program supports all language needs. Ombuds staff know several languages and will use an interpreter if members prefer a language Ombuds don't know.

The program can also send written communications in the language members prefer.

The program's [web page](#) and voice message has information in:

- English
- Spanish
- Russian
- Vietnamese

- Simplified Chinese
- Traditional Chinese
- Ukrainian
- Arabic
- Somali
- Chuukese
- Marshallese
- Hmong
- Pohnpeian
- Palauan

Can others ask the Ombuds Program for help?

Yes. Providers acting on member's behalf can bring concerns. Partners who serve members such as CCO care coordinators or community partners can ask the program about potential issues. These could be barriers due to OHP policies or processes. Ombuds can elevate these issues to OHA Medicaid staff or others to consider.

What if the member still has concerns?

Ombuds are not always able to solve all member concerns but will work with the member's CCO, care coordinator and others to:

- Explain what the member needs.
- Seeks solutions.

The Ombuds Program will sometimes ask Medicaid to:

- Review whether a CCO or provider is following the rules.
- Request updates about this review.
- Take steps to make sure the CCO or provider follows the rules.
- Consider Ombuds Program recommendations to improve quality health care.

How long does it take for Ombuds to address member issues?

Each case is different. The amount of time and work depends on many things, such as:

- Member needs,
- Complexity,
- Whether system barriers exist.

For example, sometimes an Ombuds can close a case as soon as they connect a member with their CCO. Sometimes the Ombuds must work with the CCO and other partners to address barriers. This may include discussions about how or whether OHP can meet the member's needs.

The Ombuds decides when to close a case. This can be:

- When the member's needs are met.
- When member is connected to others who will address the need.
- When the Ombuds finds the member's needs cannot be met within current OHP rules.

Can the Ombuds Program help members get a certain service?

Sometimes yes, and sometimes no. Service coverage depends on many factors, such as:

- The member's benefit package
- The member's CCO enrollment
- Whether the member needs the service for their health

The Ombuds Program can help members understand:

- Their benefit package
- What their CCO or OHA covers
- How their provider can ask CCO or OHA to approve the service

Sometimes this helps members get the services they seek. Sometimes this doesn't help. When this doesn't help, the Ombuds Program can share the member's needs. It

may show barriers to getting care. Or this may show a need to cover more services. The program will share this information to help OHA and CCOs improve care for all OHP members.

Working with partners

Whom does the Ombuds Program work with?

They work with:

- OHP members,
- CCO care coordinators and other CCO staff,
- Local communities, and
- OHA Medicaid program staff.

The Ombuds Program also works with others based on the member's needs:

- Other OHA contractors,
- Oregon Department of Human Services staff,
- Local Aging and People with Disabilities offices, and
- OHP providers.

When working with the Ombuds Programs, partners can expect Ombuds to:

- Model client-centered advocacy.
- Work with the partners engaging the member.

Can contractors share information with the Ombuds Program? If so, what kind of information?

Yes. The following must respond to Ombuds Program requests within 14 calendar days:

- All OHA contractors that receive Medicaid funding, including CCOs
- All OHA divisions and programs
- All Oregon Department of Human Services divisions and programs related to Medicaid or health care.

Ombuds may ask for a variety of information about a member's needs and situation. Ombuds will ask for information to address issues with the member's care or to understand the scope of a systems concern.

Is member information shared with the Ombuds Program confidential?

Yes. The Ombuds Program securely accesses member information inside the agency. OHA has secure ways to exchange information with Medicaid contractors.

Where can I find Ombuds Program recommendations?

Quarterly Ombuds Program reports are on [the OHA website](#). The Governor, Oregon Health Policy Board and OHA Director receive these reports. The reports also share data about Ombuds services provided each quarter.

What values does the Ombuds Program bring to their work?

Advocacy:

We challenge the status quo when needed. We first advocate for the member's immediate concern. We address systems advocacy later. This prioritizes member immediate needs and creates opportunity for systems change.

Collaboration:

We work with kindness. We use alternative dispute resolution to work with a wide range of people. We use solution-based approaches that center OHP members. We ask questions to understand all points of view while centering member needs.

Health equity:

We seek to welcome everyone from all cultures, ethnicities, genders, sexual identities, and with diverse communication styles, languages, disability, age or religion. We work to ensure health care partners do the same. We practice cultural humility. We are accessible and welcoming to OHP members most harmed by health inequities. We understand many more barriers exist to populations harmed by historical and contemporary injustices and prioritize addressing these barriers in our work.

Person-centered approach:

We listen to our clients. We focus on the needs they want to address (when within Ombuds scope).

Empowerment:

We help clients understand their rights. We encourage clients to speak for themselves when possible.

Independence:

We are independent from Medicaid operations, policy and contractors. This helps us freely speak about member needs with Medicaid staff and programs.

Confidentiality:

We do not share information unnecessarily. We follow HIPAA protections.

Accountability:

We are accountable to those who contact us about OHP concerns.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Ombuds Program at OHA.OmbudsOffice@oha.oregon.gov.

External Relations Division

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1-877-642-0450 (voice message)
OHP.Oregon.gov/Ombuds

