OFFICE OF THE DIRECTOR
Kate Brown, Governor

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December 31, 2019

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

Dr. Carla McKelvey, Chair
Oregon Health Policy Board
500 Summer Street NE
Salem, OR 97301

Re: January 1, 2019 to June 30, 2019 Quarterly Ombudsperson Report

Dear Governor Brown and Chair McKelvey:

Pursuant to Oregon Revised Statutes (ORS) 414.712, the Oregon Health Authority (OHA) provides ombuds 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 Ombuds position is a formal, internal voice for process and system improvements responsive to identified trends impacting services for the over 1 million Oregonians served by the Oregon Health Plan / Medicaid.

Per ORS 182.500, the OHA Ombuds provides a quarterly report to both the Governor and the Health Policy Board. The report is required to include:

1. A summary of the services that the Ombuds provided during the quarter; and
2. Recommendations for (a) improving access to or quality of care provided to Oregon Health Plan (OHP) eligible persons and (b) improvements to Ombuds services.

Please find attached the OHA Ombuds report for the first and second quarters of 2019. The report includes narrative and data components.

Sincerely,

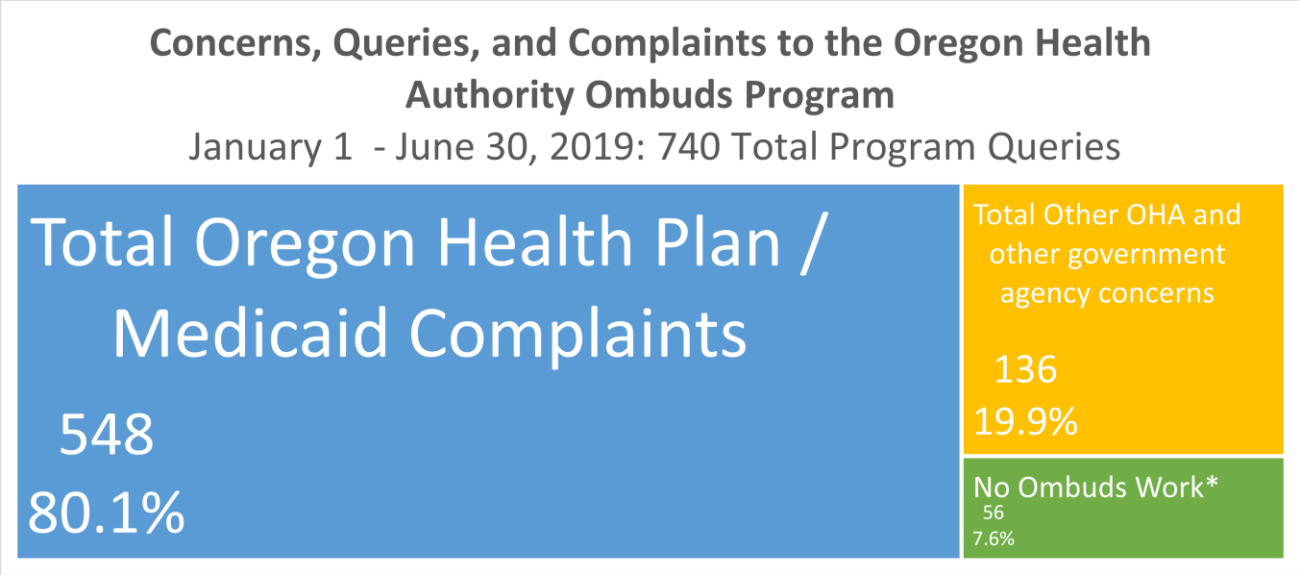
Ellen Pinney
Lead Ombudsperson

EC:
Sarah Dobra, Manager, Member and Stakeholder Support Unit
Dawn Jagger, Director, External Relations
Patrick Allen, Director, Oregon Health Authority
Tina Edlund, Health Care Policy Advisor, Governor's Office
Margie Stanton, Director, Health Systems Division
Lori Coyner, Medicaid Director

Oregon Health Authority Ombuds Program Report:
Trends and Recommendations

January 1, 2019 through June 30, 2019

Summary of OHA Ombuds Services Provided: January 1, 2019 – June 30, 2019



Total Ombuds Program Concerns (Queries/ Calls, emails)	740	
No Ombuds Work*	56	
Total Oregon Health Plan / Medicaid Complaints	548	80.1%
Total Other OHA and other government agency concerns	136	19.9%
**Client solved before Ombuds help, no further contact, etc. These cases are excluded for Medicaid and non-Medicaid related work percentage calculations.*		

Total queries to the program: Between January 1 and June 30, 2019, the Oregon Health Authority Ombuds Program received 740 program queries. The program provided case work toward resolution for 684 of them. The 56 cases for which the program did not provide any case work or resolution are excluded from total Medicaid and non-Medicaid work calculations.

Other Oregon Health Authority and other government agencency related concerns: Between January 1 and June 30, 2019, 19.9 percent of Ombuds work or 136 queries were for complaints and concerns outside the scope of Medicaid work. This included other Oregon Health Authority (OHA) divisions such as Public Health Division and Oregon State Hospital-related concerns. Concerns about other government agencies and areas outside of OHA's jurisdiction included health-related concerns from individuals and providers with queries related to the Health Insurance Exchange and private health insurance, Medicare queries, Department of Veterans' Affairs health services, and Oregon Department of Human Services (DHS) programs. *For these concerns, the Ombuds Program seeks to serve as a no-wrong-door for Oregonians to connect them with the branch of the Oregon Health Authority or other federal, state, or local agency best able to address their concerns.* The OHA Ombuds Program is in statute as an advocate for Oregon Health Plan/Medicaid members but in

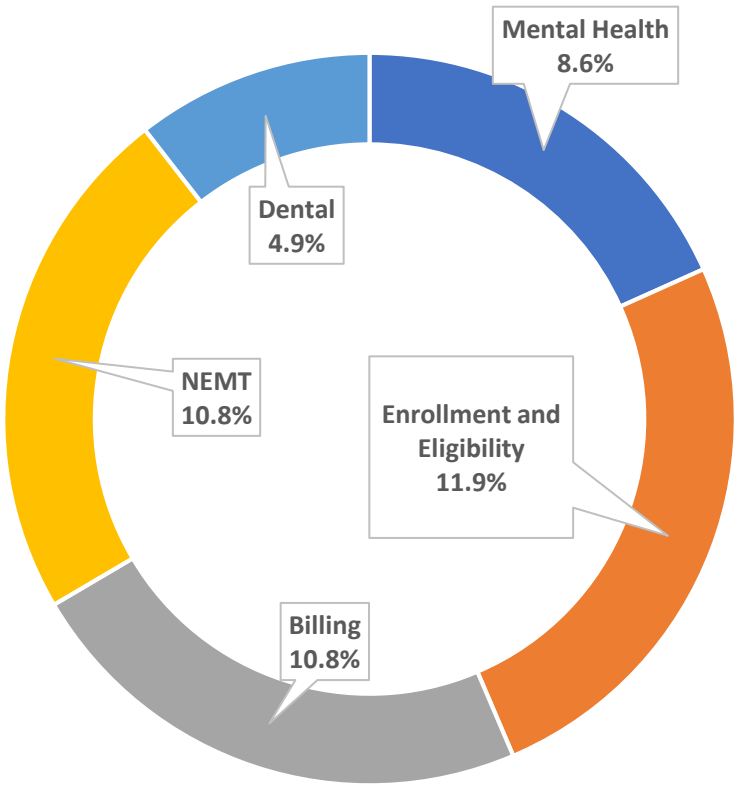
> *"An individual should not have to know "system speak" to identify where to get assistance. Individuals know what their issue is – not how the system has categorized it."* – Paraphrased from sister-agency ombuds program

function, serves as Ombuds for all OHA. Per statutory requirement, the remainder of this report's focus is on Oregon Health Plan (OHP) and Medicaid-related data.

Oregon Health Plan and Medicaid related concerns: Between January 1, 2019 and June 30, 2019, the OHA Ombuds Program addressed 548 unique OHP and Medicaid benefits related concerns from OHP members and their health providers. *This represents 80.1 percent of all Ombuds related work.*

Top Oregon Health Plan and Medicaid Related Concerns, Queries, and Complaints to the Oregon Health Authority Ombuds Program January 1, 2019 - June 30, 2019: 548 Total Concerns	Total	Percentage
OHP Enrollment and Eligibility	65	11.9%
Billing	59	10.8%
Non-Emergency Medical Transportation (NEMT)	59	10.8%
Mental Health *	47	8.6%
Dental	27	4.9%
** Access to services, quality of service, 1915i in-home supports, Continuity of Care request, and other mental health related concerns*		

The major OHP/Medicaid related reasons for individuals to contact the OHA Ombuds Program during this period were 1) OHP enrollment and eligibility; 2) billing and non-emergency medical transporation (NEMT); 3) mental health; and 4) dental. As the OHA Ombuds Program develops streamlined and standardized data reporting, future reports will compare trends to past quarters.



Included below in the discussion of Ombuds Program data, as relevant, is information from other OHA/DHS program and services, and cordinated care organization (CCO) complaint data reported quarterly to the OHA.

Taken together, the reasons for client concerns expressed to CCOs, DHS and the Ombuds Program, provide shared understanding and valuable insights into client-centered areas for policy, procedure, process and implementation improvement.

Top Oregon Health Plan and Medicaid related concerns, queries, and complaints to the Oregon Health Authority Ombuds Program

- ***Enrollment and Eligibility*** was the most common OHP-related concern. This concern made up 11.9 percent (65) of cases. In January and February 2019 the majority of enrollment and eligibility concerns were related to long wait times at the OHP call center and lack of ability to contact the call center. Since March 2019 the Ombuds Program has *not* received complaints about phone wait times, a reflection of prompt phone answering times at the call center. Ombuds enrollment and eligibility concerns during the second quarter of 2019 (April – June) related to other concerns such as members' difficulty in enrolling in new CCOs when moving from one region to the other, and gaps in enrolling newborn infants into OHP. Because OHP member enrollment and eligibility are managed by DHS, the OHA Ombuds Program works closely with the DHS Ombuds program, the Governors Advocacy Office (GAO), to resolve these complaints and articulate procedural or policy changes that could support improved access and care.

- ***Billing*** cases made up 10.8 percent (59) of OHP/ Medicaid complaints to the OHA Ombuds Program, making this the second most common reason (along with NEMT, discussed below) for calls to the program. These calls were typically from members who were inaccurately billed for services. Oregon providers are not allowed to bill OHP members for health services unless the member has completed an "agreement to pay" form. Several billing cases involved OHP members seeking resolution for bills received for emergency care outside of Oregon. Out-of-state emergency services are an OHP covered benefit. When health care bills are turned over to collections, it can reflect on the clients' credit rating, in turn impacting employment, housing options, and future opportunities. In addition to billing cases identified through the Ombuds Program, the OHA Member Billing Program receives approximately an additional 40 member billing issues and concerns per month or 480 per year.

MEMBER EXPERIENCE

Data is vital but client stories paint the most complete picture of the health care access barriers and quality concerns that Oregonians on the Oregon Health Plan face and the Ombuds Program is legislatively mandated to address. Names have been changed to maintain privacy and confidentiality.

Out-of-state emergency services are an OHP covered benefit. Jeff visited his family in northern California. While there, he needed an emergency appendectomy. Three months later he began receiving bills from the hospital and was sent to collections. When Jeff contacted his CCO for assistance, they initially sent the member to the Ombuds Program. The Ombuds Program worked with the collections agency to put a hold on further collection activity and worked with the CCO to understand the abbreviated enrollment process for out-of-state providers so that the CCO could pay the provider. The CCO was then able to pay all the bills Jeff had incurred out of state from this emergency service. The Ombuds Program also worked with the CCO to ensure that Jeff's credit record was cleared.

- ***Non-emergency medical transportation (NEMT)*** was the second most significant OHP/ Medicaid reason for queries to the OHA Ombuds Program (along with billing, discussed above) making up 10.8 percent (59) of cases. Non-emergency medical transportation is an OHP benefit that helps OHP members get to and from non-emergency medical appointments. Although approximately only 4 percent of OHP members use NEMT, those who use it are among the most vulnerable; these individuals disproportionally are disabled individuals and those with chronic health concerns needing frequent care, such as OHP members receiving dialysis. Cases from this period included multiple complaints from institutions including hospitals, dialysis centers, oncology programs, and DHS Aging and People with Disabilities offices. Both member and institutional callers made significant complaints to the OHA Ombuds Program regarding the frequency of NEMT no-shows and the quality of the NEMT services received. The Ombuds Program heard story after story from members who missed dialysis, oncology treatment appointments, and other critical care, or were stranded at provider appointments and unable to return home. Concerns elevated by providers to the Ombuds program included members with young children waiting for several hours for NEMT providers to pick them up for their return home and a non-English speaking member whose interpreter left because of the delayed NEMT pick-up, leaving the individual without the means to communicate their needs. *Other NEMT supporting data:*
    - CCO complaints data: Problems with NEMT have been referenced for several quarters in the OHP Quarterly report OHA provides to the Centers for Medicare & Medicaid Services (CMS) as the largest access-to-care issue and the single highest reason for CCO reported complaints.

MEMBER EXPERIENCE

NEMT supporting access to health care. Clarissa is an OHP member who uses a wheelchair and receives chemotherapy three times a week. These appointments are scheduled ahead of time with established start and end times. She has called her NEMT broker numerous times to try to arrange for timely, reliable NEMT service. She was frequently left waiting, particularly for return-home rides. One time she waited three hours after an exhausting procedure to get a ride home. Finally, a cab came to pick her up. The cab could not take her wheelchair, so it was left at the hospital and delivered to her home the next day by an NEMT provider with a wheel chair lift. When the NEMT broker did not improve services, Clarissa reached out to her CCO. The CCO sent her back to the broker. Finally, in frustration, Clarissa reached out to the Ombuds Program. This client case revealed to the OHA Ombuds program that the CCO was referring all complaints back to their sub-contractor. The CCO has since started to directly respond to this level of complaint, including a review of what actions the NEMT broker has taken, if any, to resolve an individual member's concerns.

- ***Mental health*** made up 8.6 percent (47) of OHP/Medicaid concerns to the OHA Ombuds Program, making this the third most common reason for calls to the program. Specific mental health concerns included complaints about access to mental health services, quality of mental health services, and continuity of care requests to continue care with specific mental health providers.
    - Approximately 40 percent of the Medicaid/OHP individuals that the Ombuds Program serves have underlying mental health needs, even when access to or quality of mental health services is not their primary reason for connecting with the program.

Mental health needs often impact how the individual accesses health care and connects with providers and other services. Understanding of underlying mental health needs can help the Ombuds Program better support individuals in their efforts to access services.

- ***1915i and in-home supports based on mental health disability***. One sub-segment of concerns is related to access to in-home support for individuals with behavioral health disabilities. OHP members with disabilities related to behavioral health are authorized to have in-home supports just like Oregonians with physical, intellectual and developmental disabilities. Ombuds complaints during these two quarters indicate individuals with mental and behavioral health disabilities do not have access to these services in the same way that individuals with physical disabilities access these services.

"My mental health provider has seen me through some really dark times over the last five years. I don't understand why I am being told I have to see a new provider." – concern articulated by an OHP member to the Ombuds Program about their mental health access

- ***Dental*** related issues were the fifth most significant issue, making up 4.9% percent (27) of OHP/Medicaid complaints to the OHA Ombuds Program. Complaints most frequently cited were related to dentures that did not fit, cut into gums, or could not be used. OHP administrative rules allow members to access new denture benefits only once every 10 years and partial denture benefits every five. This presents challenges for members who receive dentures that do not fit or whose mouth changes over the course of 10 years. Other dental concerns included concerns regarding the quality of dental care and seeking dental related services that are generally not Oregon Health Plan covered services.

Additional themes

The top six reasons for OHP/Medicaid calls discussed above represent 47 percent (257) of the OHP/Medicaid related calls to the OHA Ombuds Program. Several other areas are noteworthy for comment, particularly because these calls, although fewer in number, represent needs that may be faced by other members who because of the severity of the need, do not or are not able to articulate a complaint to the OHA Ombuds Program or others.

- ***Transition to Medicare.*** Members experienced problems, confusion, and challenges as they transitioned from OHP to Medicare.
- ***Children's mental health.*** Several OHP Ombuds cases reflected inadequate mental health residential treatment and system capacity, particularly for children. Extended hospital holds including 30 or more days in emergency rooms for children in mental health crisis was one of the most visible consequences.
- ***Delayed newborn enrollment into the Oregon Health Plan*.** While this is a subsegment of enrollment and eligibility concerns managed by DHS, the Ombuds Program found that over half (10,000) of the newborns born to OHP enrolled mothers in 2018 experienced a delay of more than 10 days before being enrolled into OHP. The Ombuds Program is working with DHS, the Public Health Division's Office of Child and Maternal Health, the OHA Health Systems Division, and Health Policy and Analytics to seek solutions, including things learned from other states.
- ***Other access to services and access to care issues.*** Concerns included accessing primary care providers, access to CCO intensive care coordinator service, durable medical

equipment, and residential treatment placement and services for those in residential treatment.

Recommendations for improving access to or quality of care provided to OHP-eligible persons

It is a key responsibility of the OHA Ombuds Program and OHA as an agency to listen to, learn from, and address learnings from individual cases as systems issues.

The OHA Ombuds Program provides recommendations for improving access to or quality of care provided to Oregon Health Plan members. These recommendations are rooted in the experiences of the individuals served by the program. Within a given year the OHP Ombuds Program will receive concerns from approximately 1 percent of all Oregon Health Plan members. The access to care and quality of care challenges and gaps articulated by individual members are, in most cases, representative of the same barriers experienced by hundreds of other members. It is a key responsibility of the OHA Ombuds Program and OHA as an agency to listen to, learn from, and address learnings from individual cases as systems issues. As such, the Ombuds Program seeks to be a resource to the agency to ensure that Oregon Health Plan/Medicaid policy, program, and operations decisions and actions are informed by and responsive to member experience.

As the OHA Ombuds Program grows, future reports will reflect recommendations based on data, trends, and individual case learnings from OHP/Medicaid concerns so that the Oregon Health Authority has additional tools to hear directly from members.

This report makes the following recommendation:
Ensure all Oregon Health Plan members have equitable, accessible, and member-centered OHP care coordination.

I was on the Oregon Health Plan, but in the homeless camps your belongings are frequently stolen. I kept on losing my Oregon Health Plan card. Because I'm moving around it's just too hard to figure out how to reapply and how to get a new card. I don't have a cell phone to call or an address to have anything sent to. – paraphrased from an Oregonian eligible for OHP discussing why they are not seeking OHP services

Oregon's Coordinated Care Model is based on local communities providing integrated health care to their community members, within their communities. This community-based model allows communities to adapt services and care to their community's need and to best serve members.

However, many of the billing, non-emergency medical transportation (NEMT), access to care, enrollment and eligibility, and mental health concerns received in the Ombuds Program from OHP members statewide stem from issues of underlying access to care coordination. This is particularly true for OHP members who, for various reasons, are not tied to one geographic area of the state. These reasons include college attendance, homelessness, child welfare involvement,

and residential mental health or substance use disorder treatment. Immigrants, refugees, limited-English speaking populations, and other non-dominant culture groups in Oregon often face additional access challenges that could be mitigated through culturally and linguistically appropriate care coordination. OHA should ensure that Medicaid enrollment and care coordination rules reflect not only local care coordination but also account for the health care access needs of mobile Oregonians; work with CCOs to ensure care coordination (intensive care coordination when appropriate); strengthen quality assurance and oversight of CCOs to ensure sufficient network adequacy, particularly for residential mental health and substance use disorder treatment services; and support efforts to ensure a statewide health information exchange.

Recommendations for Improvements to Ombuds Services

Ombuds Program changes and expansion
The OHA Ombuds Program began in 2007 and has had one Ombudsperson in this role. After recognition from OHA Director Pat Allen in 2017 that the Ombuds role was essential to agency understanding of OHP member experience, identification of emergent health trends, and that one Ombudsperson was inadequate to serve the needs of the over 1 million Oregon Health Plan members, this program began expansion in late 2018. In December 2018 OHA hired a manager for the OHA Ombuds Program and innovator agents. During the first six months of 2019 the Ombuds Program expanded to include six total Ombudspersons. Future reports will reflect the work of this full Ombuds team.

With additional staffing, the Ombuds Program is poised to strengthen internal program processes, support improved member outcomes, and better serve clients and the agency. Identified OHA Ombuds Program opportunities for improvement include:

1. Use a case management system for member complaint resolution, expanded data capturing, and general program use. Use data collection from the case management system to better understand health equity considerations, and social determinants of health needs, and to support agency work to address health inequalities.
2. Conduct targeted program outreach about the OHA Ombuds Program, especially to Oregon populations facing health inequalities.
3. Review and update, as appropriate, the OHP Ombudsperson Oregon Revised Statutes to ensure all those who receive Medicaid services are given the right to access ombuds services; integrate relevant components of the Governmental Ombudsmen Standards of the United State Ombudsman Association and International Ombuds Association.
4. Increase, strengthen, and leverage internal agency, cross-agency, and external relationships to strengthen understanding of the Ombuds Program and its role in supporting OHP member access to and quality of care on an individual and systems level. Specific areas of collaborative opportunity include:
    a. With OHA divisions and teams, to support individual case work and elevate Oregon Health Plan member voice and experience.
    b. With CCOs, particularly their complaints departments, to ensure that the Ombuds Program works collaboratively with CCOs to address members' concerns.
    c. With DHS programs including the Governor's Advocacy Office (GAO), the DHS Ombuds program; the Foster Care Ombudsman; the OHP call center, Child Welfare programs, Oregon Developmental Disabilities Services, and Aging and People with Disabilities.

d. With other agencies and ombuds programs including the Office of the Oregon Long-Term Care Ombudsman and the customer support programs housed in the Division of Financial Regulation (the Marketplace, Senior Health Insurance Benefits Assistance Program (SHIBA), and the Consumer Advocacy Program).

Conclusion

Each call to the OHP Ombuds Program begins with engagement, deserves nurturing and support, and must be understood as a likely indication of challenges many others are experiencing. Each client's case has a lesson to support improving Oregon's Medicaid delivery system. It is an honor to work within an agency that is using the client experience as part of successful transformation. The OHA Ombuds Program is privileged to support Oregon's efforts to achieve better health, lower costs, and improved patient experience.