

# Memorandum

**To:** Emma Sandoe, Medicaid Director

**From:** Medicaid Advisory Committee (MAC)

**Date:** October 22, 2025

**Subject:** MAC endorsement of Ombuds 2024 Report recommendations

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Oregon's Medicaid Advisory Committee (MAC), a federally mandated body, has long participated in developing policy, advising and assessing how Oregon administers its Medicaid program, the Oregon Health Plan (OHP) and other Medicaid services. In recent years, one of the MAC's key functions has been to receive quarterly reports from the OHA Ombuds office on behalf of the Oregon Health Policy Board. With this memo, the MAC seeks to elevate the report's recommendations among OHA's priorities and requests a response from OHA about how it is addressing them.

The [2024 OHA Ombuds Year End Report](#) focuses on community centered improvements to durable medical equipment (DME) policy and practice. It includes five key recommendations:

- 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.
- Collaborate with community members to review data from Medicaid member complaints and grievances
- Conduct assessment of Medicaid policies and rules to identify opportunities to advance OHA's health equity and anti-racism goals.

The MAC asks for OHA to elevate three of these recommendations in particular.

[Formalize OHP member and client advocate forum for DME improvements](#)

Concerns about durable medical equipment as a percentage of complaints that the Ombuds have received have quadrupled since 2021, going from 2.2 percent in 2021 to

8.9 percent in 2024. While the Ombuds DME Think Tank Work Group may have contributed to this climb in complaints, the stories shared there illustrate the outsized effects issues with DME have on OHP members. Consider these two stories from the Ombuds report:

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.

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.

Hearing from members helped the Ombuds team bring systems issues and member stories to the attention of OHA staff with the expertise and power to identify and remove barriers to timely solutions for members' inability to obtain the DME they were qualified to receive. OHA has taken their voices into consideration in changing DME rules.

Changes to the DME program are iterative. An OHP member of the Beneficiary Advisory Council reported on a bill that OHA was previously unaware of, SB 550, that quietly passed in the 2025 Oregon legislative session. The bill changes Oregon law in a way that may expand the network of repair shops for DME. OHP policy subject matter experts are looking into it now because a consumer spoke up.

The BAC has other priorities and cannot be a place to conduct focused work on DME issues. However, the need for that work persists. That is why the MAC recommends that OHA formalize an OHP member and client advocate forum for DME improvements.

## Collaborate with community members to review data from Medicaid member complaints and grievances

The MAC had as a priority in its workplan for 2025-27 measuring the implementation of the Health Related Social Needs benefit in the 1115 Waiver, especially with regard to health equity outcomes. The Committee believes that working directly with members in the way the Ombuds is recommending fits well this priority and can help the agency to meet its 2030 goal.

The MAC recognizes and supports the Ombuds office's role as the premiere bridge between OHP consumers and Medicaid. Through the creation of the BAC and the work of the Office of Community Health and Equity, and the Engagement unit in the Medicaid division, OHA has demonstrated its commitment to supporting venues that promote consumer voice in advising the agency and helping to guide Medicaid policy.

The recommendation in the Ombuds report to collaborate with community members to review data from Medicaid member complaints and grievances gives the agency another way to build its commitment to co-creating solutions to the concerns that OHP members bring to the agency every day. At a time of constrained budgets, it offers a way for the agency to work with the people they serve to focus on the improvements they need the most.

## Assess Medicaid policies and rules to identify opportunities to advance OHA's health equity and anti-racism goals.

In a similar vein, the Ombuds' recommendation around assessing Medicaid policies and rules directly addresses the agency's 2030 goal to eliminate health inequities. Moreover, in an environment of constrained spending, spending staff resources to look comprehensively at programs already in place may uncover opportunities to work more efficiently within existing resources.

Finally, while rates are a significant driver of provider participation in Medicaid<sup>1</sup>, providers put a lot of weight on the amount of billing and other administrative complications they encounter when considering whether to enroll as Medicaid providers<sup>2</sup>. At this time, Oregon has limited ability to increase rates, but may find significant ways to reduce administrative burden as a side-benefit of reviewing policies and rules to advance OHA's health equity and anti-racism goals.

MAC co-chairs welcome follow-up conversation with you about recommendations in this memo. We ask that you return to the MAC with a response about how OHA is acting on these and the other Ombuds recommendations at a future meeting.

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<sup>1</sup> Sloan, Mitchell, and Cromwell, 1978; Hadley, 1979; Long, Settle, and Stuart, 1986; Mitchell, 1991; Fox, Weiner, and Phua, 1992; Cohen, 1993; Fanning and de Alteriis, 1993; Adams, 1994; Cohen and Cunningham, 1995; Gruber, Adams, and Newhouse, 1997; Showalter, 1997; Coburn, Long, and Marquis, 1999; etc.

<sup>2</sup> Source: Gottlieb, Shapiro, and Dunn (*Health Affairs*, 2018).