Public Health Emergency Unwinding (PHEU) Project Closeout Updates

Spring 2025

PHE Unwinding Overview

Background:

- Family First Coronavirus Response Act kept people on Medicaid or Medicare Savings Programs during the federal public health emergency and enrollment grew from about **1.1 million to 1.5 million** people.
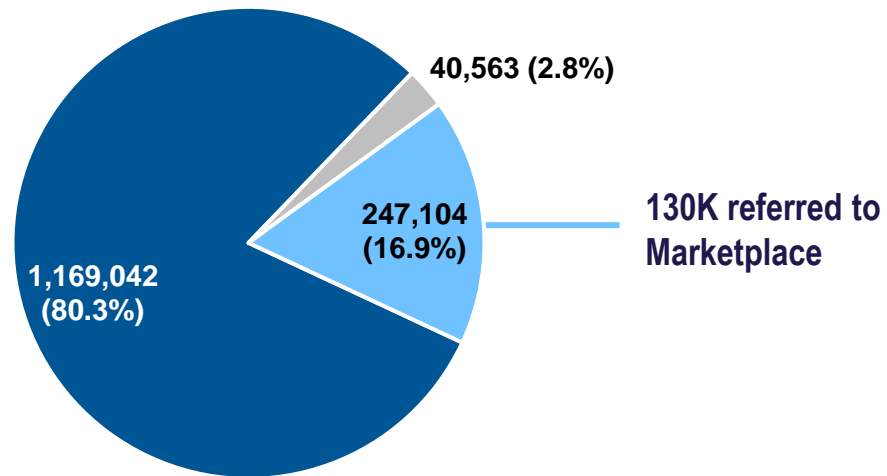
"Unwinding" the Pandemic Emergency:

- The Federal COVID-19 PHE **ended May 11, 2023. On April 1, 2023, Oregon began medical renewals** for more than 1.4 million individuals.

- Oregon **initiated renewals between April 30, 2023, and September 30, 2024,** and took a phased approach by population, frontloading the most likely to retain benefits and backloading those who needed maximum protections (including people who were likely to be eligible for OHP Bridge) to keep as many people covered for as long as possible**. Renewals were completed by February 28, 2025.**

- **Oregon achieved the first[1] or second[2] Medicaid renewal rate in the nation**, with 1,166,412 members (about 83%) retaining their benefits.

- Medical renewal outcomes were largely consistent among Race, Ethnicity, and Language, Disability (REALD) & Gender Identity groups and medical population groups. This highlights **Oregon's success in ensuring equitable outcomes** during the medical redeterminations process.

[1] Andy Schneider, "What Is Happening with Medicaid Renewals in Each State?," Center For Children and Families, August 29, 2024, https://ccf.georgetown.edu/2023/07/14/whats-happening-with-medicaid-renewals/.
" Medicaid Enrollment and Unwinding Tracker," Kaiser Family Foundation, Jan 31, 2025., https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-unwinding-data-archived/

PHE Unwinding Medical Renewal Outcomes

Individual Medical Renewal Outcomes

40,563 (2.8%)

130K referred to Marketplace

247,104 (16.9%)

1,169,042 (80.3%)

- Total Individuals Continued
- Total Individuals Reduced
- Total Individuals Closed

Of the **1.5M** individuals whose medical benefits went through renewal between April 2023 and February 2025:

- **1.2M** (80.3%) retained the same benefits.

- **247K** (16.9%) had benefits closed.

- **41K** (2.8%) had benefits reduced, such as moving from OHP to a Medicare Savings Program
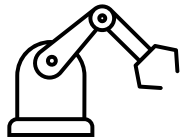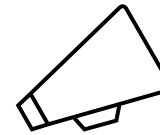
Oregon's Steps to Preserve Coverage
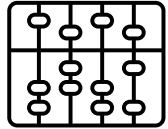
Sequencing renewals to ensure consistent access to help renewing or moving to other health coverage
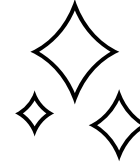
Creating OHP Bridge, covering more than 34,000 people as of March 2025
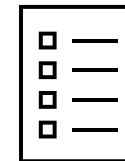
Automating renewals to avoid needing unnecessary responses from members

Outreach efforts to help members know what to do and support community partners working with members
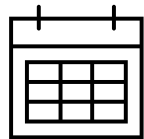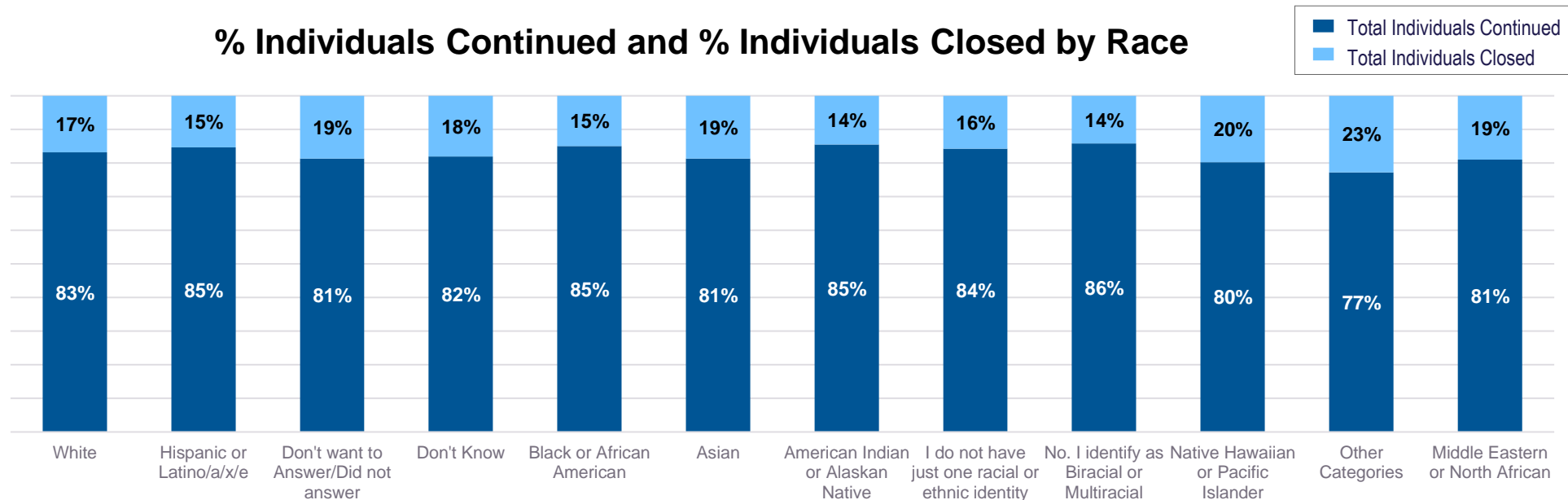
Extending timelines for response before closure longer than any other state

New Continuous Eligibility rules reducing closures between renewals focused our resources on unwinding renewals

Renewal Outcomes by Race, Ethnicity, Written Language

% Individuals Continued and % Individuals Closed by Race

Legend:
- Total Individuals Continued
- Total Individuals Closed

Category	Closed	Continued
White	17%	83%
Hispanic or Latino/a/x/e	15%	85%
Don't want to Answer/Did not answer	19%	81%
Don't Know	18%	82%
Black or African American	15%	85%
Asian	19%	81%
American Indian or Alaskan Native	14%	85%
I do not have just one racial or ethnic identity	16%	84%
No. I identify as Biracial or Multiracial	14%	86%
Native Hawaiian or Pacific Islander	20%	80%
Other Categories	23%	77%
Middle Eastern or North African	19%	81%

- People kept coverage at similar rates, though some groups closed at rates slightly below the 83% average.
- This is also true for Ethnicity and Written Language.

Additional Detail: Ethnicity, Written Language

Following ethnicity groups make up a slightly disproportionate percent of closures:

- Western European, Mexican, Eastern European, Other, Vietnamese, Chinese, Slavic, Other Pacific Islander, Filipino/a, Middle Eastern, Other African (Black), South American, Korean, Communities of Micronesian Region, Asian Indian, Native Hawaiian, Japanese, Samoan, Chamorro, South Asian, Marshallese, Afro-Caribbean, Ethiopian, Hmong, Laotian and Northern African.

Following written languages make up a slightly disproportionate percent of closures:

- English, Ukrainian, Chuukese, "I don't want to answer", English (assumed), Swahili.
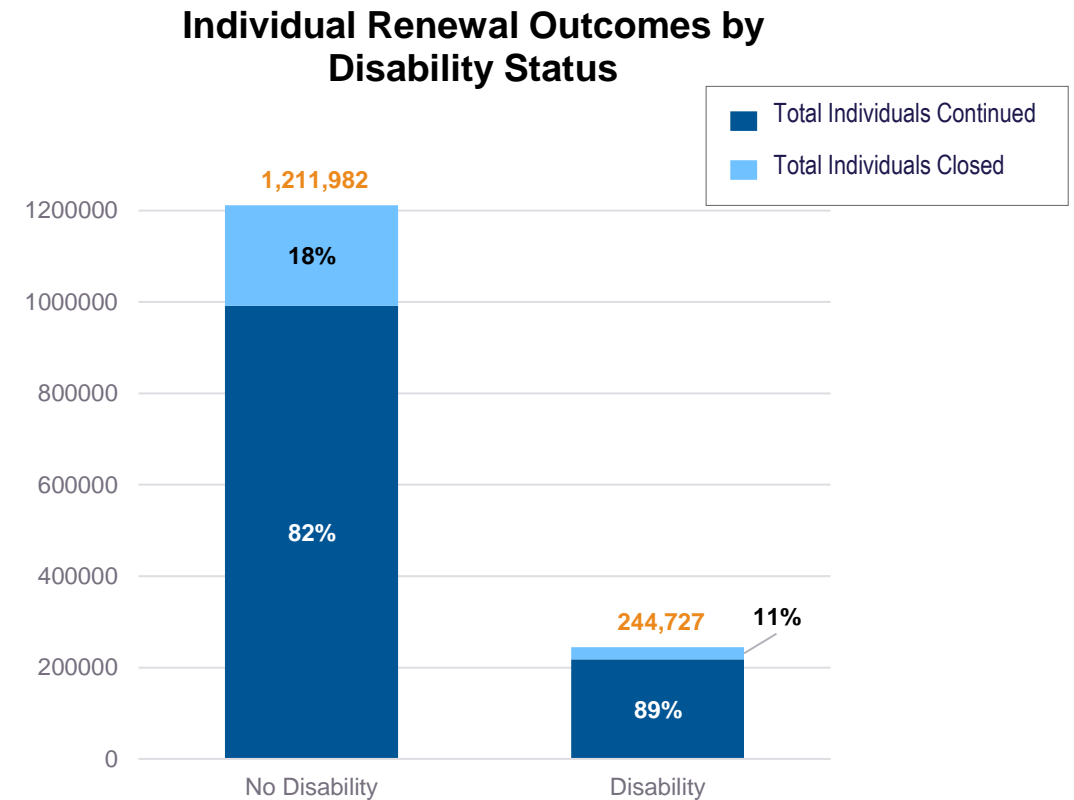
Renewal Outcomes by Age
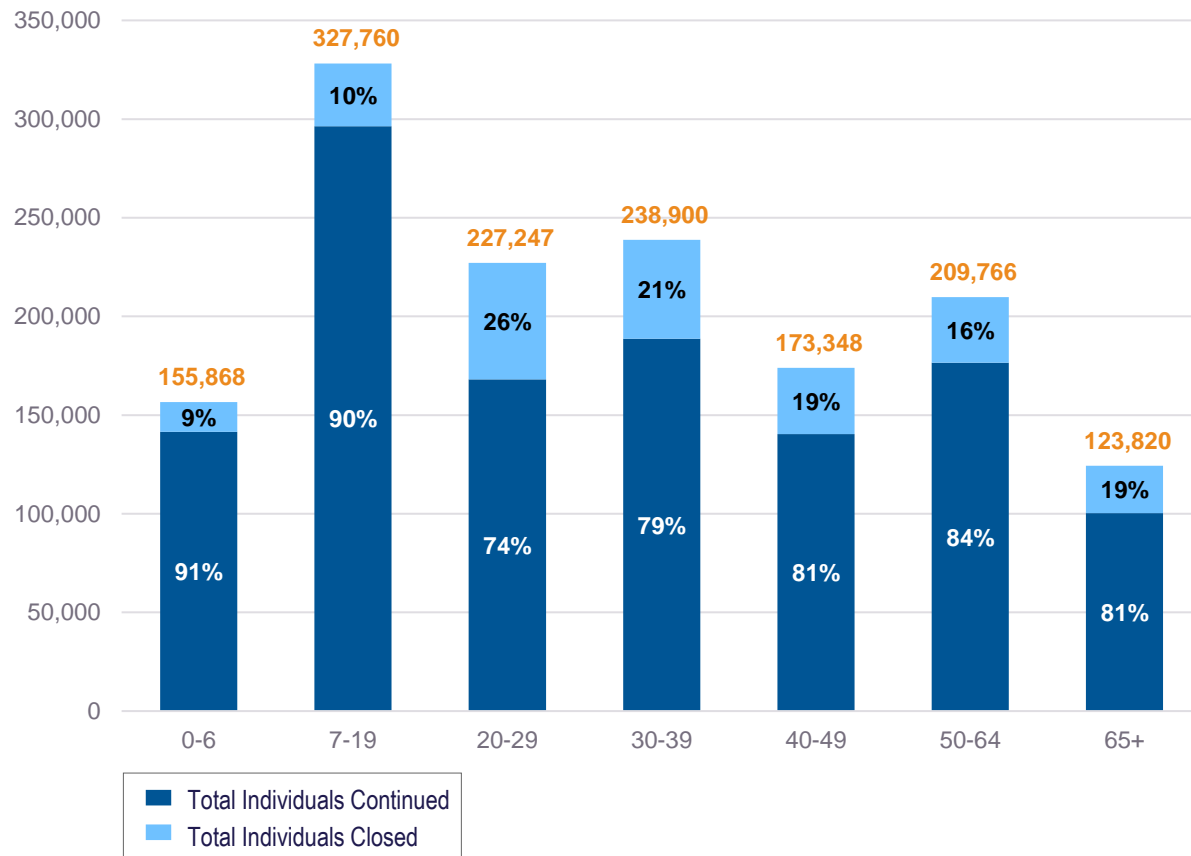
- Children (between 0 and 19) had the highest rate of continued benefits.

- As expected, there was a higher percentage of adults who lost benefits, with ages 20-29 having the highest closure rate.

- The 65+ age group had the highest level of benefit reductions of all age groups (making up 63.5% of all reductions) due to different eligibility rules for programs once someone has Medicare.
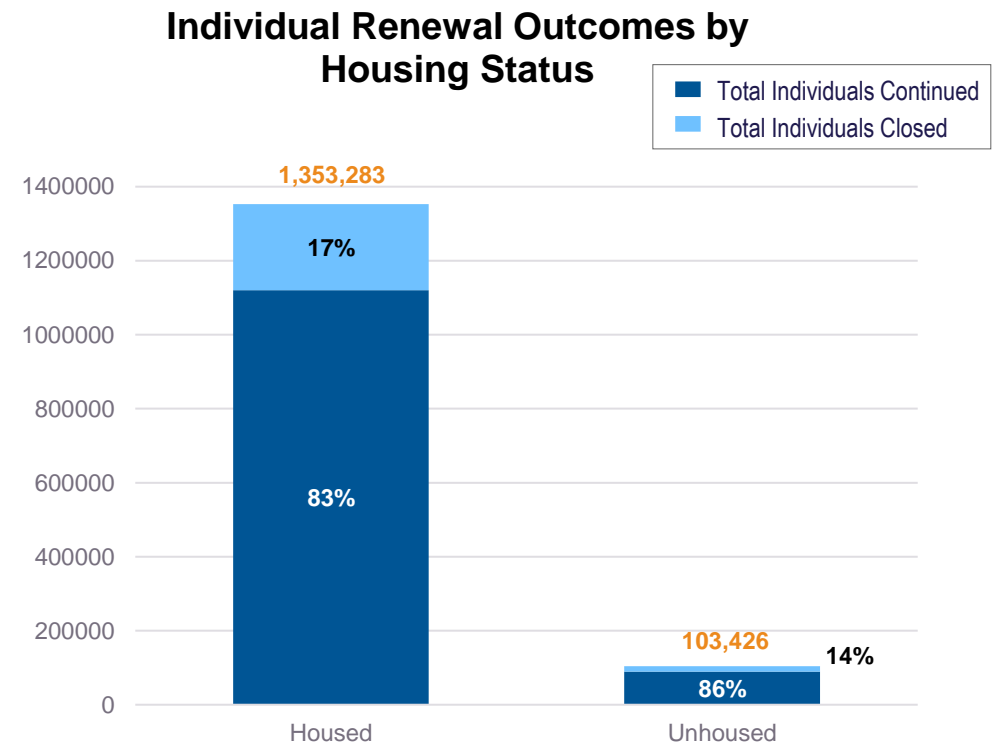
Medical Renewal Outcomes by Disability Status

- A higher percentage of people with a disability (89%) retained medical benefits than individuals without a disability (82%).
- 21% of the population with a disability had their benefits closed due to "Missing Requested Info," much lower than the 37% rate for the population without a disability suggesting our additional efforts to help members respond to renewals were effective.

Individual Renewal Outcomes by Disability Status

Legend:
- Total Individuals Continued
- Total Individuals Closed

No Disability: 1,211,982 — 18% (closed), 82% (continued)
Disability: 244,727 — 11% (closed), 89% (continued)
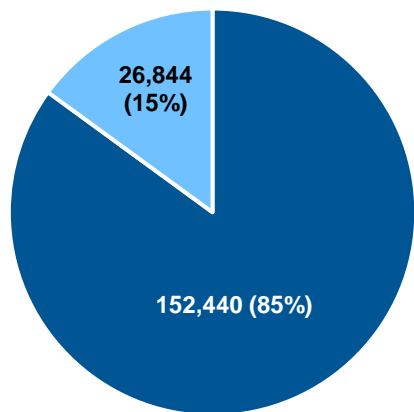
Medical Renewal Outcomes by Housing Status

- A higher percentage of unhoused people (86%) retained medical benefits than housed individuals (83%).

- 42% of the unhoused population had their benefits closed due to "Missing Requested Info," higher than the 35% rate for the Housed population, reflecting the additional difficulty of contacting members without a stable address for renewal.
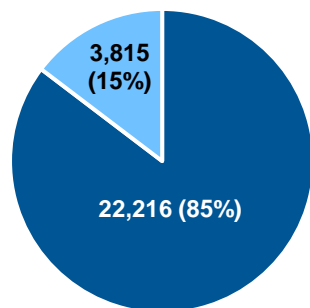
Individual Renewal Outcomes by Housing Status

Legend:
- Total Individuals Continued
- Total Individuals Closed

Housed: 1,353,283 — 17% (Closed), 83% (Continued)
Unhoused: 103,426 — 14% (Closed), 86% (Continued)

Medical Renewal Outcomes for Priority Eligibility Groups Exceed Oregon's Overall Renewal Rate

Legend:
- Total Individuals Continued (dark blue)
- Total Individuals Closed (light blue)
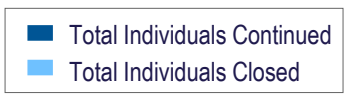
Oregon Supplemental Income Program Medical OSIPM
- 26,844 (15%)
- 152,440 (85%)

Long-Term Care Services (LTCSERV)*
- 3,815 (15%)
- 22,216 (85%)

Note: *LTCSERV Population is a subset of the larger OSIPM population

Medicare Savings Program (MSP)
- 14,311 (10%)
- 127,951 (90%)

Modified Adjusted Gross Income (MAGI) based OHP programs
- 214,765 (17%)
- 1,016,275 (83%)

People on OSIPM were more likely to retain benefits than OHP members overall.
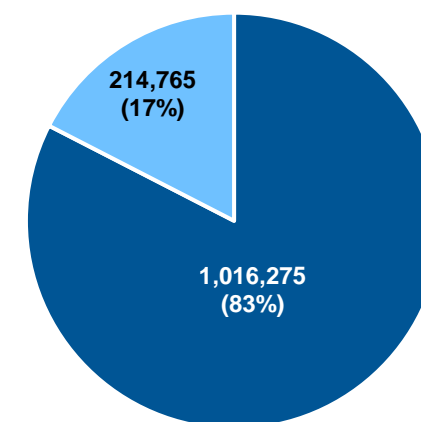
People receiving long term care (subset of OSIPM) retained benefits at the same rate.
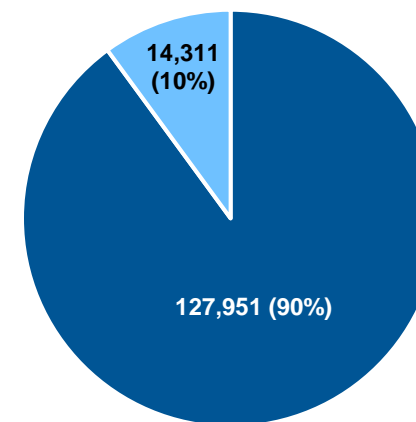
A higher percentage of individuals on Medicare Savings Programs (90%) retained benefits.

Overall Benefit Closure Population
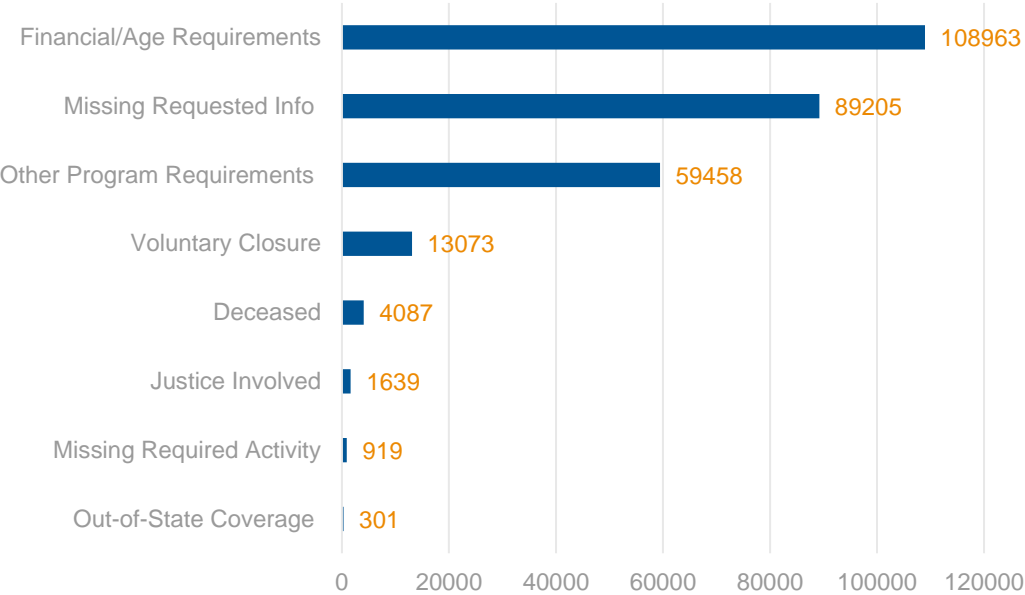
The top reason for individual benefit closure was due to "Financial/Age Requirements", followed by "Missing Requested Info".

Benefit Closure Reason

Closure Reason		
Financial/Age Requirements	108963
Missing Requested Info	89205
Other Program Requirements	59458
Voluntary Closure	13073
Deceased	4087
Justice Involved	1639
Missing Required Activity	919
Out-of-State Coverage	301

(chart x-axis: 0, 20000, 40000, 60000, 80000, 100000, 120000)

Closure Reason	Definition
Financial/Age Requirements	Individual is ineligible due to exceeding the age or income limit. Examples include an individual who was over income limit, or their age is 65 or older.
Missing Requested Info	Individual is ineligible due to failure to submit required information or documents by the specified deadline. Examples include an individual did not provide verification within the due date.
Other Program Requirements	Individual is ineligible due to a non-financial reason. For example, an individual is no longer part of the household or is no longer an Oregon resident.
Voluntary Closure	Individual is ineligible due to a voluntary request to withdraw or close their Medicaid benefits.
Deceased	Individual is ineligible due to having passed away.
Justice Involved	Individual is ineligible due to being incarcerated. This includes incarcerated individuals who return to incarceration after a hospital stay.
Missing Required Activity	Individual is ineligible due to not completing required actions. Examples include an individual that did not appear for a required interview.
Out-of-State Coverage	Individual is ineligible due to receiving medical benefits in another state. Examples include an individual that receives Medicaid in both Oregon and California.

Conclusion

- **Oregon has achieved one of the highest Medicaid renewal rates in the nation**[1], with 1,165,089 members (about 83%) retaining their benefits.

- Race, Ethnicity, and Language, Disability (REALD) & Sexual Orientation, Gender Identity and Expression (SOGIE) data suggests that the state's efforts to ensure **equitable outcomes** during the medical redeterminations process have been largely successful.

- **Medical renewal outcomes were largely consistent** among Race, Ethnicity, and Language, Disability (REALD) & Gender Identity groups and medical population groups.

- The top reason for individual benefit closure was due to "Financial/Age Requirements", followed by "Missing Requested Info".

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Leading Practices for Future Projects (1 of 2)

- Maintain thorough records of affected populations using tools to quickly identify shifts and trends for impacted populations and workforce.

- Use thorough methods for data projection, accounting for constraints and external factors which could potentially impact population estimates.

- Maintain thorough records of affected populations using tools to identify shifts and trends for impacted populations and workforce.

- Develop joint-agency structure to create and deliver communications and engagement efforts to maintain consistent language and calls to action, extend reach through combined networks, and reduce confusion among partners and members.

- Work together to plan and deliver Engagement, Outreach, and Communications activities to ensure clear messaging, use resources efficiently, and improve overall effect.

Leading Practices for Future Projects (2 of 2)

- Engage and empower individuals who have established relationships with specific groups (e.g., case managers) that are best positioned to effectively reach and help these groups.

- Use data to inform Engagement, Outreach, and Communications strategies so activities are evidence-based, focused, and effective in addressing the specific needs and behaviors of key audiences.

- Consider collecting direct member feedback to increase the efficacy and impact of future projects similar to PHEU.

Q&A