<table>
<thead>
<tr>
<th>Key Risk</th>
<th>Detail</th>
<th>DHHS Strategies to Mitigate the Risk</th>
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</table>
| 1. Inappropriate coverage loss | Even with good planning and preparation, when mistakes are made, members may lose coverage. | ● Ensuring our unwinding plans are completed  
● Increase our use of ex parte renewals  
● Various (e)14 flexibilities to reduce churn  
● Add resources (in needed) to ensure completion of ex parte  
● Monitoring through a monthly MOE report and sampling of closed cases |
| 2. Contact information         | Members have not kept their information current with DWS.             | ● Sent a flier in December 2021 to all members reminding them to update their contact information  
● Email communication sent in September 2022 encouraging members to use their benefits while they are active and again asking for updated contact information.  
● Added messages to update contact information to the Medicaid website and DWS myCase portal  
● Created a Provider and Partner toolkit with standard messages for them to post on their social media or communications that go to members  
● Contracted with Equifax to run contact information on our members that are being kept open during PHE. DWS updating any new address/contact information received  
● (e)14 flexibility to accept in-state forwarding addresses from the United States Postal Service (USPS) without additional confirmation from the individual |
## Utah PHE Unwinding Key Risks & Strategies

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| 3. Potential member confusion | Will consumers know about the steps and critical deadlines to retain coverage? | - Plan and timeline posted to unwinding webpage  
- General notice (and other more specific notices) will be sent as quickly as possible post 60-day notice to inform members and posted to our webpage  
- Communication tactics implemented:  
  - Messaging shifts (keep info current, know review date, wait for your turn)  
  - News release  
  - myCase message  
  - Email to members  
  - Update website  
  - Social media posts on DHHS channels/accounts  
  - DWS and Medicaid IVR  
  - MIB (Medicaid provider newsletter)  
  - Talking points for Medicaid staff |
| 4. Coverage gaps  | Individuals who are no longer eligible for Medicaid or CHIP             | - Send closed members (not paperwork issues) to the Marketplace  
- Enlist health plans to reach out to the members closing for paperwork reasons. (Cases reinstated back to closure for 3 months without a new application)  
- DWS reviewing a monthly report watching for any cases closing before they should and reinstating those cases. |
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| 5. Workforce      | Insufficient and over-burdened workforce to resolve pending E&E actions and complete routine work | ● Portability of workload (need to ensure we continue equalizing and monitoring workload for staff)  
● Ensure full staffing is maintained during unwinding  
● Leverage systems to reduce or eliminate work that can be automated  
● Suspend other projects and support provided to other divisions within DWS  
● Ensure adequate training for staff  
● Offer targeted overtime if warranted |
| 6. Information sharing | Lack of timely information to conduct appropriate oversight and course correct as issues arise | ● Created an internal dashboard with weekly data  
● Monthly external dashboard  
● Initial operational daily standup meetings with involved agencies will determine appropriate meeting timing once a regular cadence is set  
● Regular weekly agency leadership updates/meetings  
● Required CMS data sharing |
| 7. Fair hearings  | Inability to process fair hearings timely due to a high volume of requests | ● Timeframe extension and continued benefits for beneficiaries while allowing more time to take final administrative action (e)14 flexibility  
● Expand informal resolution processes, using more experienced workers for the initial resolution process  
● Redeploy state resources, possibly using UI hearing staff  
● Engage internal and external stakeholders to increase beneficiary understanding, resolve cases before they need |
### Key Risk | Detail | DHHS Strategies to Mitigate the Risk
--- | --- | ---
| | | an appeal, and reduce inappropriate denials that generate appeals

#### 8. System readiness
- System is ready and workarounds are known.

- **DHHS Strategies to Mitigate the Risk**
  - Meet routinely with DTS to discuss the eREP system
    - Understand workarounds
    - Identify any efficiencies
    - Data collection occurs
  - Non-reviewed or otherwise ineligible cases identified (flagged)
  - Planned renewal distribution
  - Finalize testing and defect list
  - Control change requests for eREP

#### 9. Other events
- What other planned or unplanned events may impact the unwinding?
  - PRISM launch - freeze of data transfer
  - Move from Non-Traditional to Traditional coverage
  - Mass mailing of Estate Recovery notices (Increase phone calls)
  - Proposed new CMS rules
  - Continuous enrollment changes
  - Legislative session changes

- **DHHS Strategies to Mitigate the Risk**
  - Plan and prepare for each change as best we can to mitigate its disruption to the unwinding