

Name of Person Completing Form:

Contact Information:

County Name:

Description of your processes/procedures to redetermine medical benefits:

Description of the safeguards and monitoring that occurs to ensure timely tracking and processing of medical redeterminations (i.e. date stamps, logs, etc):

Description of the supervisory level oversight of the redetermination process to ensure timeliness and that no submitted packages are lost in the process:

Please return completed form to Mao Lee at mao.lee@state.co.us