

State of Colorado c/o Consolidated Return Mail Center
P.O. Box 260
Granada, Colorado 81041-0260



[Name]
[Address]

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Tear Here

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Date: October 18, 2023

[Name]
[address]

Case Number:

Some members of your household have health coverage again

Dear [Name],

You received a letter telling you everyone in your household lost their Health First Colorado (Colorado's Medicaid program) or Child Health Plan *Plus* (CHP+) health coverage.

We checked everyone in your household again to see if they qualify for health coverage because of new procedures we must follow.

When we reviewed your information again, we found these members of your household qualify for health coverage:

Name	State ID	Program	Coverage Begin Date	Coverage End Date
[Name]	xxxxxxx	Health First Colorado (Colorado Medicaid)	October 1, 2023	October 1, 2023
[Name]	xxxxxxx	Health First Colorado (Colorado Medicaid)	November 1, 2023	November 1, 2023
[Name]	xxxxxxx	Health First Colorado (Colorado Medicaid)	November 1, 2023	xxxxxxx
[Name]	xxxxxxx	Health First Colorado (Colorado Medicaid)	September 1, 2023	xxxxxxx

We have adjusted the coverage time to go back to when your household members lost coverage. If you



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have questions about other members of your household not listed above, please check your PEAK account or call customer service to see if they have health coverage.

Action needed

If you had medical bills during the time we told you these members of your household were not covered, let us know so we can pay them. Please call customer service and let them know you have bills:

- Health First Colorado members, please call 800-221-3943 (State Relay: 711)
- CHP+ members, please call 800-359-1991 (State Relay: 711)

Please keep your contact information up to date so you will receive all letters we send you about your coverage. You can update your address and other contact information at CO.gov/PEAK or with the Health First Colorado app. Or you can contact your county department of human or social services to update your contact information.

Questions?

- For Health First Colorado questions, call 800-221-3943 (State Relay: 711), Monday through Friday, from 8 a.m. to 4:30 p.m.
- For CHP+ questions, call 800-359-1991 (State Relay: 711)
- You can also check and manage your benefits online or on our free app.
 - **Colorado PEAK.** Visit CO.gov/PEAK to manage your state of Colorado benefits online.
 - **Health First Colorado app.** Download the free app. Sign in with your PEAK account or create a new account on the app to manage your health coverage benefits.

Thank you,
Health First Colorado
Child Health Plan *Plus*



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If you disagree with our decision

We made our decisions by reviewing the information you gave us, including household size and income. We also get information from other state and federal sources. Visit the Mail Center on CO.gov/PEAK and click on the “Details” link next to this letter to see household and financial information we used to determine if you qualify for Health First Colorado or CHP+.

You have the right to appeal decisions about your benefits, including whether you qualify and how much assistance you get. Appeal means you tell a county or state office that you disagree with a decision and you want a hearing. You may be able to continue to get benefits while you appeal. See the box below for more information.

You have the right to represent yourself at your appeal hearing. You may also choose a lawyer, relative, friend or any other person to act as your authorized representative. You may be able to get free legal help, call Colorado Legal Services at 1-303-837-1313 or visit coloradolegalservices.org for more information.

To disagree with a decision for Health First Colorado (Medicaid)

You can request an informal meeting, appeal (ask for a formal hearing) or both. You may be able to address issues more quickly through an informal meeting (also called a county conference). If you also want to appeal, you must do it by the deadline below, even if you also want to try an informal meeting.

To ask for an informal meeting for Health First Colorado (Medicaid)	
Deadline to request an informal meeting for Health First Colorado (Medicaid): December 17, 2023	<p>If you disagree with our decision about your eligibility, you can ask for an informal meeting (county conference). Contact your county human services office or eligibility site and request one. Or, send a letter to your county or eligibility site with your name, address, telephone number, case number, and the reason you disagree with the decision. Send the letter to:</p> <p>Adams County 11860 PECOS ST WESTMINSTER CO 80234 Phone: (720) 555-9006</p>
To appeal (ask for a formal hearing) for Health First Colorado (Medicaid)	
Deadline to appeal for Health First Colorado (Medicaid): December 17, 2023	<p>You can ask for a formal hearing with a judge (also called a State Fair Hearing) in any of these ways:</p> <ul style="list-style-type: none">• Mail, fax, or bring a letter to the Office of Administrative Courts with:<ul style="list-style-type: none">◦ Your name◦ Your signature (if mailing or faxing)◦ Your mailing address



- Your daytime telephone number
- The reason for your appeal
- A copy of this notice. Be sure to keep a copy of the letter and this notice for your records.

Office for Administrative Courts
 1525 Sherman Street, 4th Floor
 Denver, CO 80203
 Phone: 1-303-866-2000
 Fax: 1-303-866-5909

- You can also request an appeal online at: Colorado.gov/oac/oac-form-links

The Office of Administrative Courts will mail you the date, time and place for your hearing.

To ask for an expedited hearing for Health First Colorado (Medicaid) decisions

If you think waiting for a hearing might jeopardize your life or health, you have the right to ask for an expedited (faster) hearing. To request an expedited hearing, use the same process for requesting a regular appeal and hearing, but say that you want an expedited hearing and why it should be expedited.

Continuing your benefits during an appeal

Health First Colorado (Medicaid): If you are receiving benefits and you appeal and ask for a formal hearing before your benefits end, you may continue to receive the Health First Colorado benefits you are already receiving until a final decision on your appeal is made. If you miss the deadline, you may be able to continue to receive benefits if your appeal is received within 10 days after your benefits end, you provide proof of a health or personal emergency with your request, and you explain why you missed the deadline.

Supporting Laws

- Child Health Plan *Plus* (CHP+): 10 CCR 2505-3, § 140
- Health First Colorado (Medicaid): 10 CCR 2505-10, Volume 8 at § 8.100.3.P

If you think you have been treated unfairly or need communication aids and services

The Colorado Department of Health Care Policy & Financing does not discriminate on the basis of race, color, ethnic or national origin, ancestry, age, sex, gender, gender identity and expression, sexual orientation, marital status, religion, creed, political beliefs, or disability in any of its programs, services and activities.

Each organization provides auxiliary aids and services, to individuals with disabilities, and language services, to individuals whose first language is not English, when needed to ensure equal opportunity



and meaningful access to programs, services and activities. Examples of aids and services include, but are not limited to, qualified sign language interpreters, information in other formats, foreign language interpreters, and information translated into other languages. Each organization will provide aids and services in a timely manner and free of charge.

To file a discrimination complaint, request free disability or language aids and services, or learn more about this policy, please contact:

For Health First Colorado and Child Health Plan *Plus*: Contact the Colorado Department of Health Care Policy & Financing, 504/ADA Coordinator, 1570 Grant St, Denver, CO 80203. Phone: 303-866-6010 or state relay 711. Fax: 303-866-2828. Email: hcpf504ada@state.co.us.

Civil rights complaints can also be filed with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf or by mail, phone, or fax at: 1961 Stout Street Room 08-148 Denver, CO 80294, Telephone: 800-368-1019, Fax: 202-619-3818, TDD: 800-537-7697. Complaint forms are available at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

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Case Number/Correspondence ID: 1B/xxxxxx

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Process Date: 10/18/2023

Language Assistance

Español	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-221-3943 (State Relay: 711).
Tiếng Việt	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-221-3943 (State Relay: 711).
繁體中文	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-221-3943 (State Relay: 711)。
한국어	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-221-3943 (State Relay: 711) 번으로 전화해 주십시오.
Русский	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-221-3943 (телефайп: 711).
አማርኛ	ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክሳሉሙ ቁጥር ይደውሉ 1-800-221-3943 (መስማት ለተሳናቸው: 711)።
قېبرعلا	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 3493-122-008-1 (رقم هاتف الصم والبكم: 117).
Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-221-3943 (State Relay: 711).
Français	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-221-3943 (ATS : 711).
नेपाली	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-221-3943 (टिडिवाइ: 711)।
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-221-3943 (State Relay: 711).
日本語	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-221-3943 (State Relay: 711) まで、お電話にてご連絡ください。
Oroomiffa	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-221-3943 (State Relay: 711).
یسرائف	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-221-3943 (State Relay: 711) تماس بگیرید.
Polski	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-221-3943 (State Relay: 711).



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