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

Gabriela Acevedo
2160 S HALEYVILLE WAY
AURORA CO 80018-6225

Tear Here

ConnectforHealthCO
4600 S ULSTER ST
STE 300
Denver CO 80237-2418

July 18, 2026

Case No.: 1B1LJ45
Application Authorization Number: 0958896447

Gabriela Acevedo
2160 S HALEYVILLE WAY
AURORA CO 80018-6225

Decision Regarding Your Benefits

Dear Gabriela Acevedo,

This letter is about your health care benefits. This letter informs you what you are eligible for and what the next steps are. It also contains information about your right to appeal these decisions.

Health Care Benefits

We reviewed your information for Medical Assistance benefits and made a decision on July 17, 2026, at 7:01 p.m. Some of your benefits have changed. People in your household may qualify for different benefits. The boxes below provide information about these benefits.

If you have questions about the Medical Assistance you qualify for, contact Connect for Health Colorado at 855-PLANS-4-YOU (855-752-6749) or TTY: 855-346-3432. Or visit ConnectForHealthCO.com to find free in-person assistance.

Sally Pascual
Health First Colorado Identification Number (Medicaid): G538551

✕ Health First Colorado (Colorado Medicaid) and Long-Term Care Services and Assistance. Your benefits will end on July 31, 2026. You are not eligible because you did not provide us with all the information we need to determine whether you qualify for benefits.

- Proof of your other unearned income. This may include award letters or statements you receive regarding this income. Make sure this proof shows your income before any deductions.

✓ Health First Colorado Medicaid Buy-In. Your benefits begin on August 1, 2026. View and print your member ID card using the Health First Colorado (Medicaid) mobile app or the website at CO.gov/PEAK. You will receive a card in the mail after your reassessment.

You are already receiving health coverage from Health First Colorado (Colorado's Medicaid program). We are reviewing your case to see if you qualify for additional coverage based on your age, blindness, or disability. You may enroll in another insurance plan while we make our decision.

Other Health Insurance Options

Information for anyone in your household who is not eligible for Health First Colorado or the Child Health Plan *Plus* (CHP+):

- They may qualify for reduced-cost health insurance coverage through Connect for Health Colorado. Colorado residents can enroll in a plan during their special enrollment period and find local enrollment assistance by calling the Customer Service Center at 855-752-6749 or visiting ConnectForHealthCO.com. They can also schedule a free appointment with a Broker or Assistant or find a walk-in enrollment center at ConnectForHealthCO.com/we-can-help.

How to Report Changes and Manage Your Benefits Online

Please report any changes to your information

Health First Colorado and Child Health Plan *Plus* (CHP+) members must report changes within 10 days of the change. You are responsible for keeping your information up to date.

- **Online:**
  - **Colorado PEAK:** Log in to your account at **CO.gov/PEAK** or create an account.
  - **Mobile app:** Log in to the Health First Colorado app with your PEAK account, or create an account in the app.
- **By mail or in person:**

  Medical Assistance Sites
  4600 S Ulster St
  Ste 300
  Denver CO 80237-2418
  Fax: 855-346-5175
- **Call: 855-752-6749**

The changes you report could affect whether someone in your household is eligible for health coverage. Changes in your household that must be reported include the following:

- Address
- Income

- Marriage or divorce
- Pregnancy; birth or adoption of a child
- People who join or leave your household for any reason
- Contact information and communication preferences
- Additional health coverage through an employer, such as COBRA, Medicare, or VA Health
- If someone is incarcerated (in prison)

Use Colorado PEAK at CO.gov/PEAK to manage your health insurance coverage online.

You can do the following:

- Sign up to receive email or text message notifications.
- Check your coverage and when it's due for renewal.
- Report any changes.
- Visit PEAK to view the financial and household information we used to make the decision described in this letter.
- Update your contact information and communication preferences so we can reach you.
- Apply for other benefits and services.

Take control of your health coverage using the Health First Colorado mobile app. Log in to the app with your PEAK account or create an account in the app.

With the free mobile app, you can do the following:

- Get your member ID card and check if your coverage is active.
- Find providers.
- Complete your annual renewal.
- Learn about covered services.
- Update your information.

If you disagree with our decision

We make our decisions by reviewing the information you provided, including your household size and income. We also obtain information from other state and federal sources. Visit the Correspondence Center at CO.gov/PEAK and click the "Details" link next to this letter to view the household and financial information we used to determine whether you qualify for Health First Colorado (Medicaid) or CHP+.

You have the right to appeal decisions regarding your benefits, including whether you are eligible and how much assistance you receive. Appealing means that you notify a county or state office that you disagree with the decision and want a hearing. You can continue to receive 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 can get free legal help by calling Colorado Legal Services at 303-837-1313 or visiting coloradolegalservices.org for more information.

To appeal a decision regarding Health First Colorado (Medicaid)

You can request an informal meeting, file an appeal (request a formal hearing), or do both. You can resolve the issues more quickly through an informal meeting (also called a county conference). If you also want to file an appeal, you must do so by the deadline listed below, even if you also want to try an informal meeting.

To request an informal meeting for Health First Colorado (Medicaid)	
Deadline to request an **informal meeting** regarding Health First Colorado (Medicaid): **September 16, 2026**	If you disagree with our decision regarding your eligibility, you can request an informal meeting (county conference). Contact your county's human services office or eligibility site and request one. Or send a letter to your county or eligibility site with your name, address, phone number, case number, and the reason you disagree with the decision. Send the letter to: Connect for Health Colorado Medical Assistance Site 4600 ULSTER ST STE 300 Denver CO 80237 Phone: 855-752-6749
To appeal (request a formal meeting) for Health First Colorado (Medicaid)	
Deadline to file an appeal with Health First Colorado (Medicaid): **September 16, 2026**	You can request a formal hearing with a judge (also known as a state impartial hearing) in any of the following ways: Send an email, fax, or bring a letter to the Office of Administrative Courts with: o Your name o Your signature (if sending by mail or fax) o Your mailing address o Your daytime phone number o The reason for your appeal o 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: 303-866-2000 Fax: 303-866-5909 You can also file an appeal online at: Colorado.gov/oac/oac-form-links The Office of Administrative Courts will mail you the date, time, and location of your hearing.
To request an expedited hearing regarding Health First Colorado (Medicaid) decisions.	If you believe that waiting for a hearing could endanger your life or health, you have the right to request an expedited (faster) hearing. To request an expedited hearing, follow the same process as for requesting a regular appeal and hearing, but state that you want an expedited hearing and explain why it should be expedited.
Continuation of Your Benefits During a Health First Colorado (Medicaid) Appeal:	If you are receiving benefits and you file an appeal and request a formal hearing before your benefits end, you may continue to receive the Health First Colorado benefits you are currently receiving until a final decision is made on your appeal. If you miss the deadline, you may still continue to receive benefits if your appeal is received within 10 days after your benefits end.

Supporting Laws

- Health First Colorado (Medicaid): 10 CCR 2505-10, Volume 8 § 8.100.6.Q.; 10 CCR 2505-10, Volume 8 §§ 8.100.3.A., 8.100.4.B., 8.100.5.B

Other programs for which you might be eligible

- **Other Services Through Health First Colorado (Medicaid):** If you or a family member has a disability or other special health care needs, you may be eligible for additional services through Health First Colorado (Medicaid). Contact your county's Department of Human Services to learn more, or visit **HealthFirstColorado.com**.

- **Other programs you can apply for through PEAK®:**
  - Help paying utility bills.
  - Early childhood programs offering benefits such as healthy food, breastfeeding support, assistance with child care costs, parenting support, school readiness, and support for children's development

- WIC is a nutrition program for infants and children under 5 years of age, as well as pregnant and postpartum women. WIC provides healthy foods, personalized nutrition education, breastfeeding support, and referrals to other services. Families receiving Temporary Assistance for Needy Families (TANF), Health First Colorado (Medicaid), or SNAP are automatically eligible; others qualify based on their income. WIC benefits are free and do not need to be repaid. Call 800-688-7777 (Spanish spoken), email cdphe_askwic@state.co.us, or visit www.coloradowic.com to learn more or find the WIC clinic nearest you.

Contact your nearest human services agency or visit CO.gov/PEAK for program information and to submit an application. If you submitted an application for programs other than SNAP, Cash Assistance, or Medical Assistance, you will receive a separate letter.

If you believe you have been treated unfairly or need assistance and communication services

The Colorado Department of Health Care Policy and Financing (HCPF) does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), ancestry, age, sex (including pregnancy and sexual characteristics), sexual orientation, gender identity, gender expression, religion, creed, marital status, or disability in any of its programs, services, and activities.

For more information about our policies, to request language assistance, aids, and auxiliary services, a reasonable accommodation, or to file a complaint, please contact:

Civil Rights Officer
303 E. 17th Avenue
Denver, CO 80203
Phone: 303-866-6010 (State Relay 711)
Fax: 303-866-2828
Email: hcpf504ada@state.co.us

Complaints can also be filed online with the Office for Civil Rights of the U.S. Department of Health and Human Services ocrportal.hhs.gov/ocr/portal/lobby.jsf

Free help in your language

Health First Colorado/CHP+: 800-221-3943 (State Relay: 711)

English	ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge.
Español	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles.
中文	注意：如果您说**[**中文**]**，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。
Việt	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí.
한국어	주의: **[**한국어**]**를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다.
Français	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement.
Русский	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно.
አማርኛ	ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገል?ግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ።
Soomaali	FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa.
العربية	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا.
Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung.
فارسي	توجه: اگر انگلیسی صحبت می کنید، خدمات کمک زبان رایگان برای شما در دسترس است. خدمات کمکی و کمکی مناسب برای ارائه اطلاعات در قالب های قابل دسترس نیز به صورت رایگان در دسترس هستند.
Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format.

Processing Date: July 18, 2026

नेपाल	[illegible]
POLSKI	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie.
日本語	注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。