<DATE>

<Member Name>

<Street Address>

<City, State, Zip>

Dear <Member Name>,

Thank you for our recent meeting to talk about your health care needs. Enclosed is a copy of your Care Plan that we developed together on <Date>. Call me if you have any questions or if you would like to talk about any changes to your care plan.

Remember, my job as your Care Coordinator is to:

* Provide information on resources and services available to you
* Coordinate your care between your primary care clinic and specialists
* Provide information to help you and your family make decisions about your health care
* Share additional benefits available to you such as fitness and extra dental benefits.

It is important that you call me if you have any hospital or emergency room visits, so we can review the success of your plan.

To contact me, please call <Phone Number>. Our hours of operation are from <8:00 am to 4:30 pm>. Please leave a message on my voicemail if I am not available to answer your call. I will call you back. If you do not speak English, let me know the language you speak. To help me talk with you, I will use an over-the-phone interpreter. If you have a hearing impairment and use TTY, please call 711.

<Additional comments>

Sincerely,

<Care Coordinator Name, Title>

Blue Plus Care Coordinator

<Name of County/Clinic/Organization>

Cc: <name>

SecureBlueSM (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in SecureBlue depends on contract renewal.

H2425\_001\_102417\_JJ03 Internal Approved 10/24/2017

DHS\_102417\_JJ04 Internal Approved 10/24/2017