<DATE>

<Auth Rep Name>

<Auth Rep Address>

<Auth Rep Address>

Dear <Authorized Rep>,

My name is <CC's Name>. I am <member's full name>’s Blue Plus Care Coordinator. I recently met with <member's full name> and would like to discuss with you the following:

Review of the facility services  Immunization or other medical needs

BlueRide transportation  Dental and mental health benefits

Advanced Health Care Directives  SecureBlue (HMO SNP) enrollment

Medical supply and equipment needs  Other

My job as <member's full name>’s 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
* Assist with relocation to the community, as desired

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.

Sincerely,

<Care Coordinator Name, Title>

Blue Plus Care Coordinator

<Name of County/Clinic/Organization>

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