<DATE>

<Member Name>

<Street Address>

<City, State, Zip>

Dear <Member Name>,

My name is <Care Coordinator Name> and I am your Blue Plus Care Coordinator from your health plan. My services come at no cost to you. When we spoke on <date>, I offered you a face-to-face and phone health risk assessment, as listed below, and you were not interested.

An initial health risk assessment

A mid-year contact to offer you a health risk assessment

An annual health risk assessment

Blue Plus wants to help you with the goal to remain as healthy as possible. As discussed, I will continue to contact you two times per year to offer you a health risk assessment. I will also reach out for any facility admissions, or preventive health care needs.

To assist you in this goal, I am here to ensure you have the resources you need to support your health. As we discussed I am available to support you in the following ways upon your request:

* Assisting in obtaining services under your insurance benefits
* Accessing community resources, food, and housing support
* Connecting you with primary and specialty care providers, including a dentist
* Arranging transportation for medical and other needs

You can access benefit information on our website at bluecrossmn.com/publicprograms

Member Comments: <Optional: i.e. stated they are independent, continues to work full-time, is up to date on preventive visits>

To contact me, please call <Phone Number>. Our hours of operation are from <8:00 am to 4:30 pm>. If you do not speak English, I can call you back with a telephone 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>

DHS\_022823\_O01 DHS Approved 03/29/2023