<Date>

<Provider Name>

<Clinic Name>

<Clinic address>

<Clinic address>

Re: <Member Name> DOB: <Member date of birth>

Dear <Name of Primary Care Provider>,

Your patient, <Member Name>, is an enrollee of a product of Blue Plus. I am the Care Coordinator assigned to work with this member.

My role is to work closely with both the member and the member’s Interdisciplinary Care Team to facilitate communication and assist with transitions between care settings. I offered to complete a health risk assessment (HRA) and person-centered care plan to preserve the member’s activities of daily living and quality of life based on their identified needs, strengths, choices, and culturally chosen preferences.

<Member Name> . I provided the following in a care plan:

* I will continue to contact <Member Name> twice a year and offer to complete a face-to-face comprehensive HRA and care plan.
* How to access benefit information at www.bluecrossmn.com/publicprograms.
* I will reach out for any inpatient admissions, preventive care needs, or gaps in care initiatives.
* How to contact me and explained I can assist with social needs including access to community resources, food support, and housing assistance. In addition, assist with medical needs including home care services, equipment and supplies, medical transportation, and dental visits.

<Optional - delete if N/A: for member's who declined an HRA, include any additional information provided by member during phone call. I.e. Member goals, stated they are independent, continues to work full-time, is up to date on preventive visits.>

I welcome you to call me with any questions or share any input you may have regarding this member. I may periodically communicate with you by phone if there are any concerns or needs that I become aware of including inpatient admissions.

Sincerely,

<Care Coordinator Name, Title>

<County/Clinic/Organization>

<CC phone number>