

<Date>

<Member Name>

<Member Address>

<City, State Zip>

Dear <Member Name>:

Welcome to UCare’s Connect + Medicare health program. My name is <Care Coordinator Name>. I’m your care coordinator. You’re eligible for care coordination benefits through your UCare Connect + Medicare plan.

**As your care coordinator, we’ll:**

* Meet to go over your care coordination benefits
* Talk about your physical and mental health care needs
* Review your preventative care needs
* Create a plan that meets your needs with the services you choose

I won’t replace your <type of waiver>waiver case manager. Your waiver case manager and I work together to coordinate your Medicaid and waiver benefits.

**What happens next?**

I’ll call you soon to introduce myself and tell you more about my role. We’ll then plan time to go over your health and safety needs. Our goal is to keep you as healthy and independent as possible.

UCare’s Connect + Medicare combines the benefits you may already have from Medical Assistance, Medicare and the Prescription Drug Coverage Program. Soon you’ll receive a new member identification (ID) card from UCare. Use this card whenever you get health services.

The Connect + Medicare care coordination program is voluntary and offered to you at no cost. If you wish to stop being in the care coordination program or have questions, call me at <Phone Number>. If you reach my voicemail, leave a message and your phone number. TTY users, call the Minnesota Relay at 711 or 1-877-627-3848 (speech-to-speech relay service).

Sincerely,

<Care Coordinator Name>

<Care Coordinator Job Title>

<County or Agency Name>

<Phone Number>

<Email Address>

H2456\_4182\_072022 accepted

H5937\_4182\_072022\_C U4182D (07/2022)

**Text

Description automatically generated**

**Text, letter

Description automatically generated**

**Table

Description automatically generated**

Text, letter

Description automatically generated