

<Date>

<Member Name>

<Member Address>

<City, State Zip>

Dear <Member Name>:

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

**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 includes the benefits you may already have from Medical Assistance. Soon you’ll receive a new member identification (ID) card from UCare. Use this card whenever you get health services. If you have Medicare, you’ll also need to show your Medicare card when you get health services.

The Connect 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>

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