<Date>

<Member Name>

<Member Address>

<City, State, Zip>

Dear <Member Name>:

As a member of UCare’s Minnesota Senior Health Options (MSHO) (HMO SNP), you are provided a care coordinator. I will be your new care coordinator as of <date> . I will be calling you soon to see how you are doing and determine your needs.

If you have any questions, please feel free to call me at <phone number>. If you reach my voice mail, please leave a message and your phone number. If you are hearing impaired, please call the Minnesota Relay at 711 or 1-877-627-3848 (speech-to-speech relay service).

I look forward to speaking with you soon.

Sincerely,

<Care Coordinator Name>

<Care Coordinator Job Title>

<County or Agency Name>

<Phone Number>

<E-mail Address>

UCare's MSHO is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in UCare's MSHO depends on contract renewal.

MSC+ SNBC H2456 H5937\_010517 DHS Approved (01252017) U2857A (11/18)

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