

<DATE>

<MEMBER NAME>

<MEMBER ADDRESS>

Dear «Patientfullname»:

Thank you for taking the time to meet with <ASSESSING CC NAME>. The information you shared is important to help me know how to best support you in the way you want to be supported.

Enclosed are two copies of your care plan with your goals, supports, and interventions as you discussed with <ASSESSING CC NAME>. One copy is for you. Please sign the other and return it in the enclosed envelope within 14 days. If you have any questions or there's anything you need help with right away, please call me at <Select cm.contactphone>, otherwise you can expect a follow up call regarding your goals, services, and support.

I will also share your care plan with «ProviderFullName», «ProviderSiteDef3».

I look forward to talking with you.

Sincerely,

«CaseOwnerFullName»

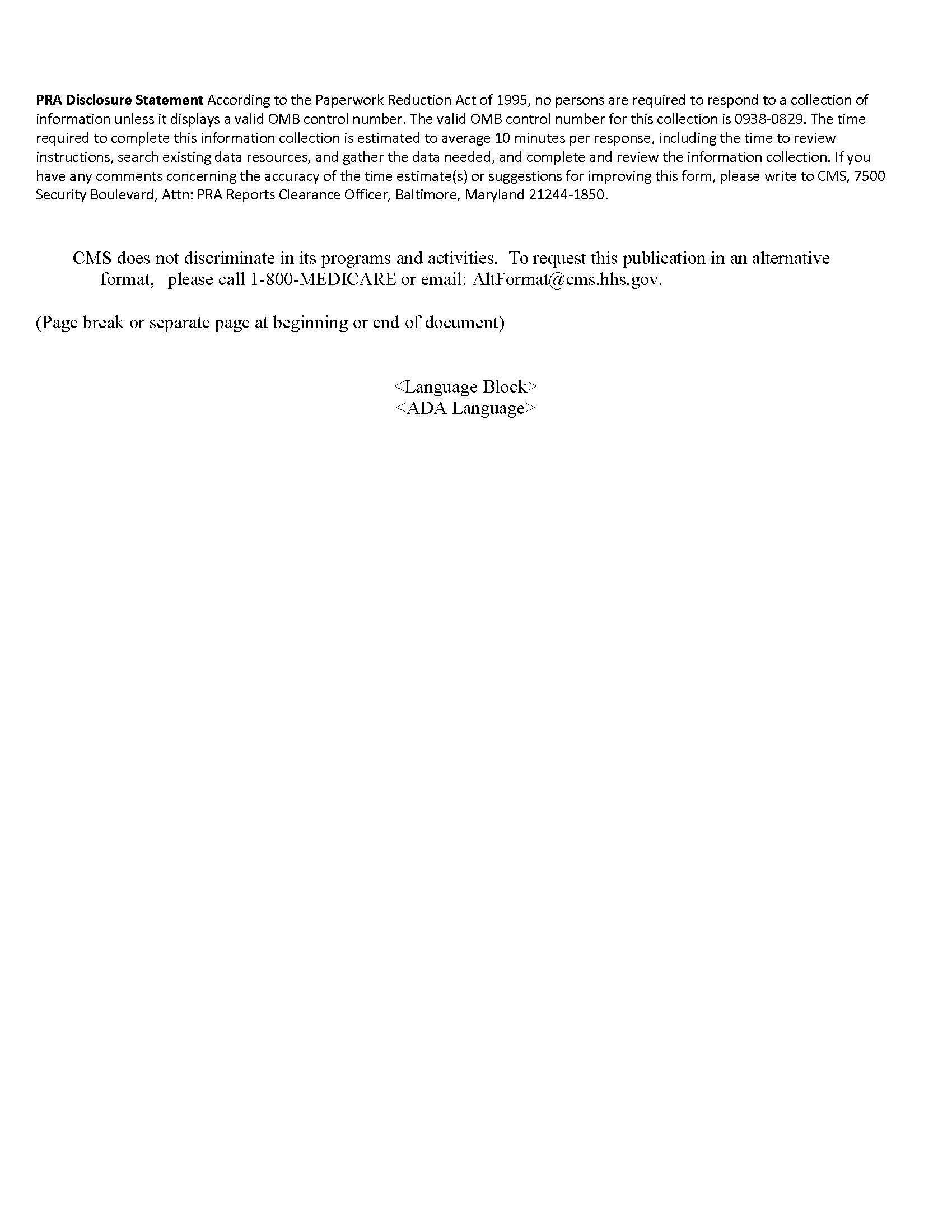
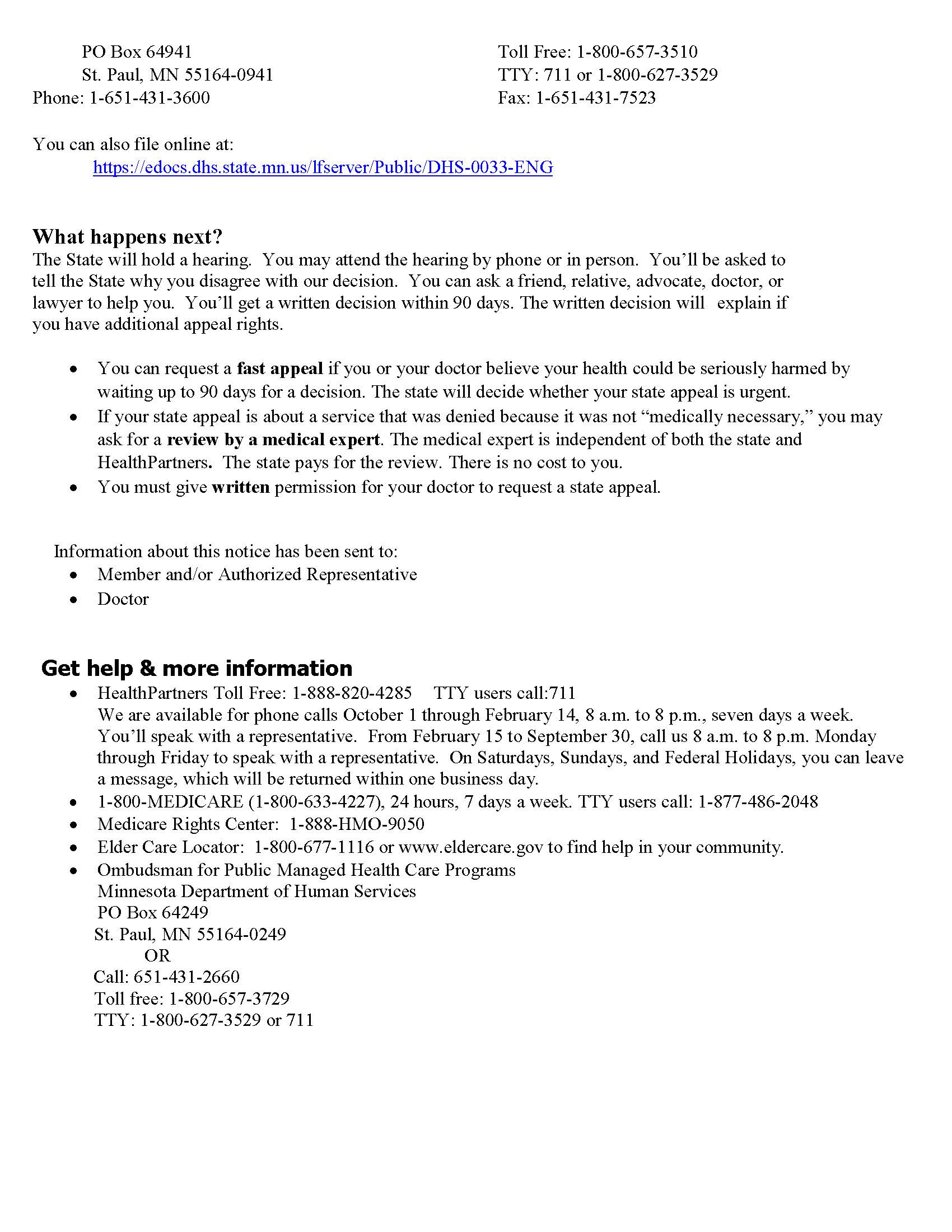
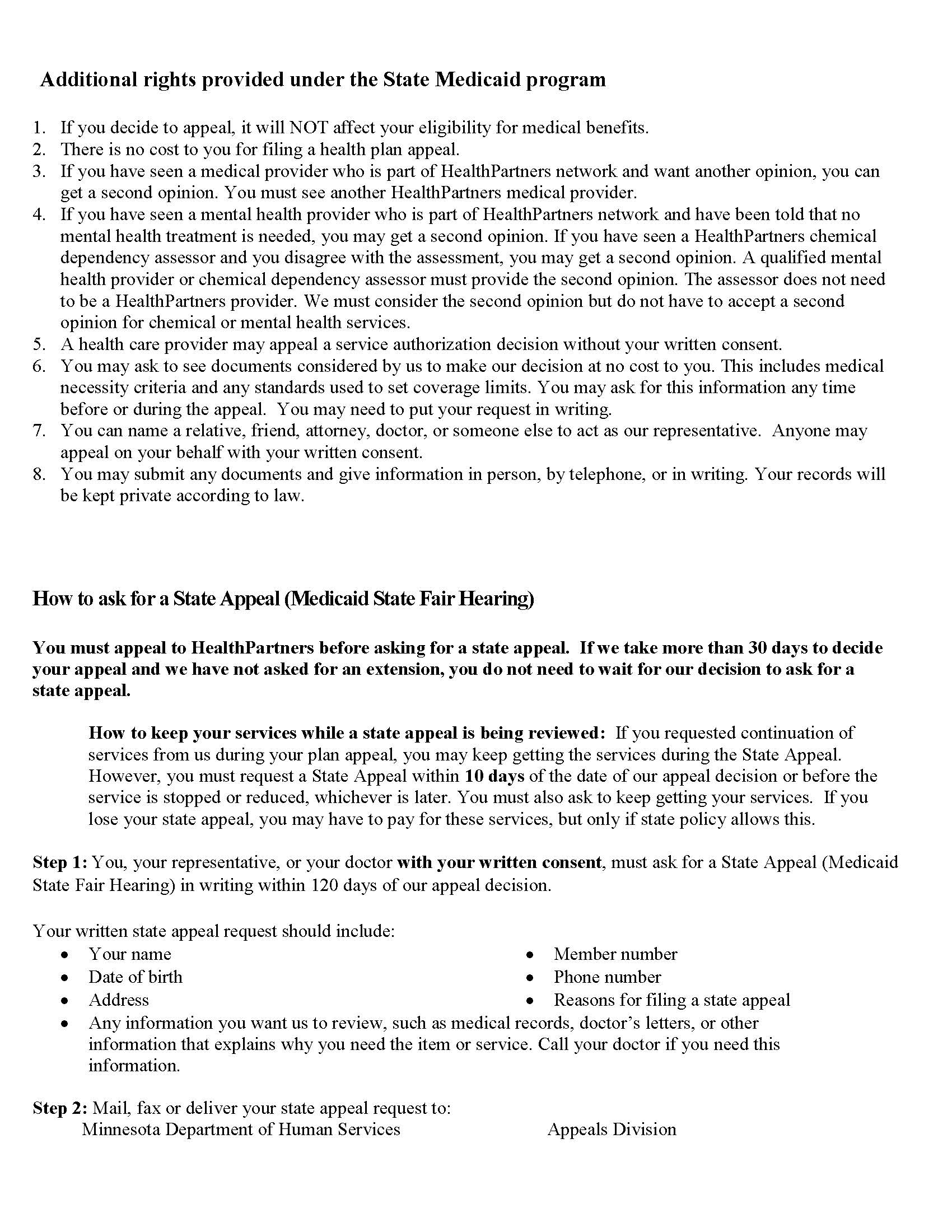
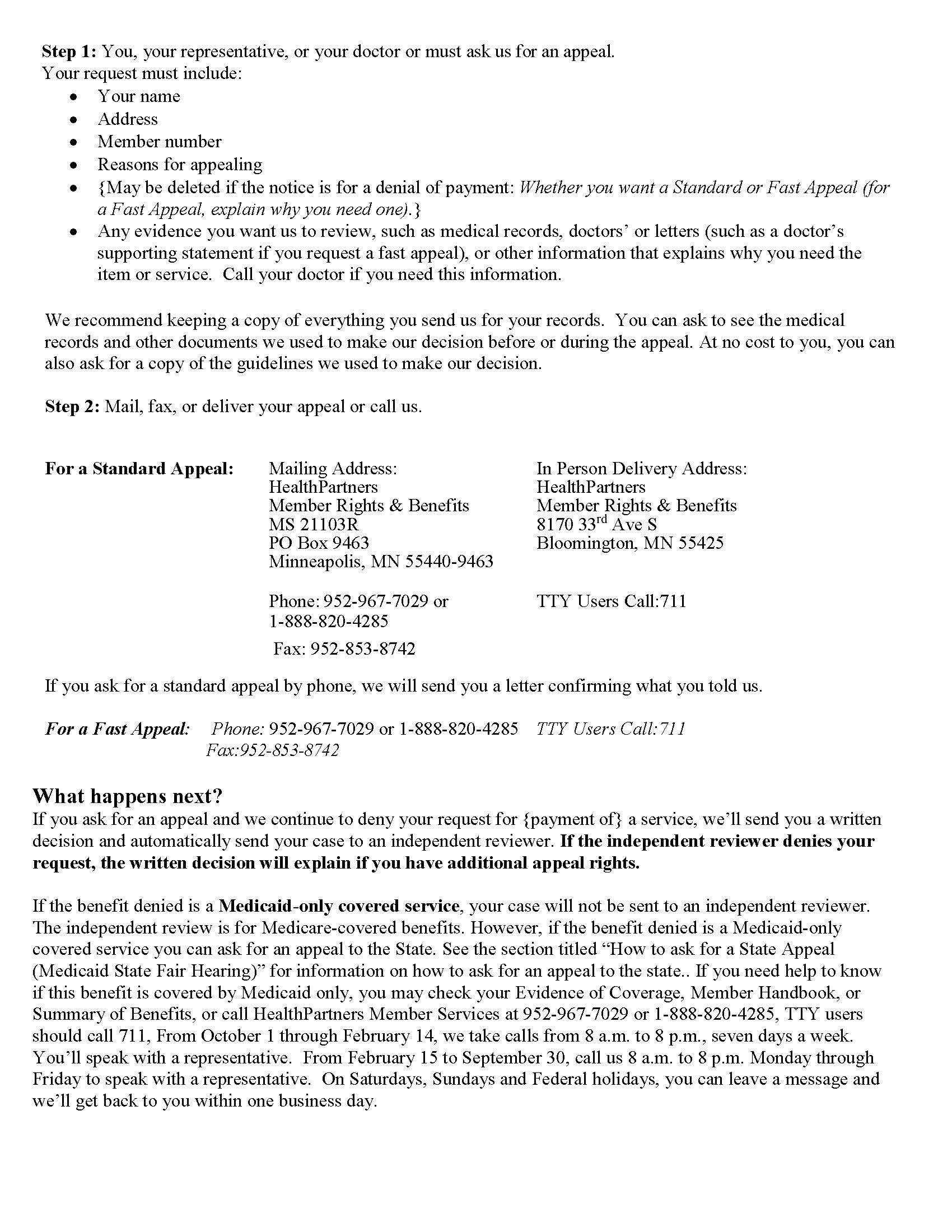
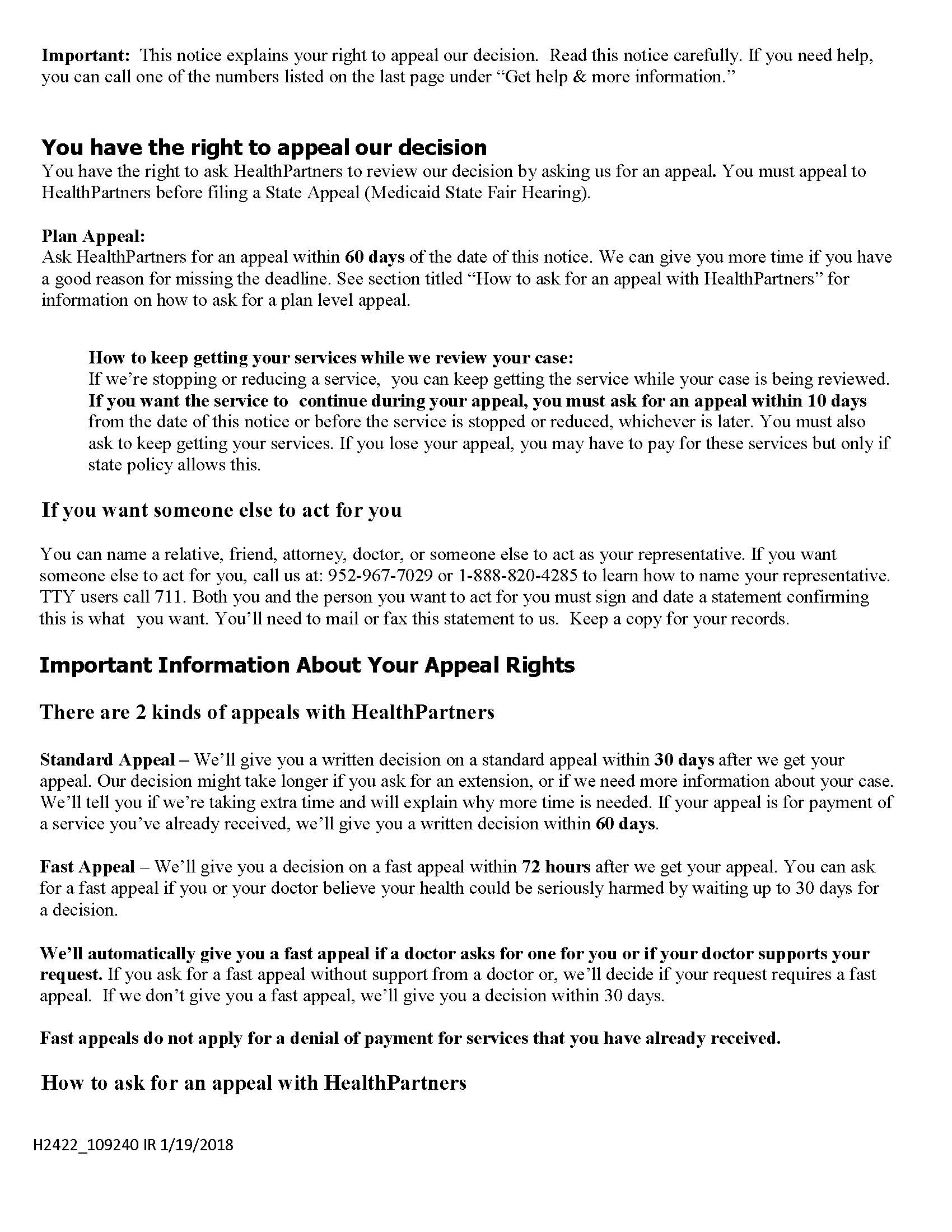
MSHO Care Coordinator

HealthPartners Case Management

Enclosures: 2 care plans, MSHO Integrated Appeal Rights, Statement of Nondiscrimination for Health Plan Members, Language Block, self- addressed stamped envelope

HealthPartners 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 HealthPartners depends on contract renewal.

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Graphical user interface, text, application

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