

200 Oceangate, Suite 100  
Long Beach, CA 90802

<Date>

<Provider Name>

<Provider Address Line 1>

<Provider Address Line 2>

[Member ID: <0000000000>]  
[Member Name: <Member Name>]  
[Member Date of Birth: <Date of Birth>]  
[Member Address: <Street Address>  
[<City, State Zip>]  
[Member Phone Number: <(000) 000-0000>]

Dear <Provider Name>:

Molina Healthcare aims to collaborate with you in the care of our members. The member referenced in this letter is currently participating in Enhanced Care Management (ECM). Through ECM, members are assigned to an ECM Provider that will assist with case management and care coordination needs. The ECM Provider is a care coordination team and will work together with you, the Primary Care Physician, as well other providers and community organizations. This program offers an additional layer of support for the member.

We ask for your participation in the development and implementation of this member's care plan. We have enclosed a copy of member's care plan for your review. Please call <ECM Provider> at <(XXX) XXX-XXXX - XXXXXX> to get connected with the Lead Care Manager or to request a care team meeting. Our hours are <8:00 a.m. to 5:00 p.m. local time, Monday – Friday>.

We look forward to collaborating with you.

Sincerely,

<Staff Name>

<ECM Provider Name>