



200 Oceangate, Suite 100
Long Beach, CA 90802

<Date>

<Member Name>

<Member Address Line 1>

<Member Address Line 2>

Dear <Member Name>,

Thank you for enrolling in Enhanced Care Management (ECM). Your ECM provider is <ECM Provider Name>. A Lead Care Manager from <ECM Provider Name> will be calling you to find how we can help you. You may also contact them directly at <(XXX) XXX-XXXX> - <XXXXXXX>.

We believe you will find ECM helpful to get the care you need. We will work with you and your doctor to help you. Thank you again for your participation in ECM.

Sincerely,

<Staff Name>

<Molina Healthcare of California>