

## Tribal Health Improvement Program Welcome Letter- Sample

<<date>>

Dear <<member>>,

Congratulations! You are eligible for the Montana Medicaid Tribal Health Improvement Program (T-HIP). T-HIP's purpose is to support Medicaid members who have increased health care needs. A care coordinator is assigned to work directly with you to help you understand your health concerns. In addition to assisting you to obtain and coordinate your health-related services, a care coordinator will work with you in providing:

- ✓ Health education,
- ✓ Maximizing Medicaid benefits and other support systems,
- ✓ Improving knowledge of disease and self-management skills,
- ✓ Communicating with your healthcare providers, and
- ✓ Finding resources or other services you may need.

You are the most important member of your healthcare team. Your care coordinator is committed to working with you and your primary care provider to help you achieve the best quality of life possible.

A T-HIP team member will be calling you within the next two weeks at <<member phone number>> to explain this free and confidential service. The team member will explain and discuss your participation in T-HIP. This is a voluntary program, and you can choose to not participate in T-HIP at any time. This can be done by informing the care coordinator who will provide an opt-out form to you.

If you have received this letter and have any questions, would like to schedule an appointment, or do not want to take part in this program, please call <<THIP phone number>> during the hours of 8am- 5pm, Monday through Friday. I look forward to talking with you.

Sincerely,

Care Coordinator  
Tribal Health Improvement Program  
<<THIP provider>>  
<<Street address>>  
<<THIP phone number>>  
<<THIP fax number>>

## Attachment J

If you need interpretation services, including oral interpretation or the use of auxiliary aids such as TTY/TDY and American Sign Language, notify the T-HIP. These can be provided free of charge. The Medicaid Member Guide can be found on the [dphhs.mt.gov](https://dphhs.mt.gov) website. Enter Medicaid Member Guide in the search option. Medicaid questions can be directed to the Member Help Line at 1-800-362-8312 or 1-800-253-4091 (TDD).