

Go from Uninsured to Reassured.

Find affordable Individual & Family health plan options.



Q + A Medicaid Unwinding

What's Happening?

From March 2020 through March 2023, Medicaid members maintained continuous enrollment/renewals so there was no gap in care during the COVID-19 pandemic Federal Public Health Emergency.

What does Medicaid Unwinding mean?

As of March 2023, the Department of Medical Assistance Services (Virginia Medicaid) returned to the normal Medicaid renewal process. In this process, the state reviews members' eligibility to make sure they still qualify for Medicaid. Medicaid will not cancel or reduce coverage for members without asking for updated information. These members will receive official mail, email, or texts from Virginia Medicaid that will explain what they need to do to renew their health coverage. It is important that members respond right away and share any updated information, including any changes in their address and income.

Members may receive information in the mail that they may lose their Medicaid benefits. What do they need to do now?

Medicaid members will need to recertify their eligibility by completing a renewal form from Virginia Medicaid. There are several ways they can complete their renewal form, including:



ONLINE: Submit the completed form/documents at commonhelp.virginia.gov.



BY PHONE: Call Cover Virginia at **1-855-242-8282** (TTY: **1-888-221-1590**) and provide the requested information over the phone.



BY MAIL: Send the completed form/documents to the address listed on the form or checklist by the due date using the prepaid return envelope Medicaid provides.



IN PERSON: Hand deliver or fax the form/documents to their local Department of Social Services.

What are the next steps once members have completed the form and submitted the required documents?

Virginia Medicaid will review their case and send a letter letting them know if they are still eligible for Medicaid or provide them with further instructions and information if they are ineligible. This is when you, as a broker, might begin to receive calls from individuals seeking other healthcare coverage options.

If a Medicaid member no longer qualifies for Virginia Medicaid, how can they get affordable health coverage?

Health plans offered through the Marketplace can help lower the cost of private health insurance. Sentara Health Plans, formerly Optima Health, offers Individual & Family Health Plans with a variety of deductible and copayment options. You can provide this education and grow your business.

What benefits are included in a Sentara Individual & Family Health Plans?

Sentara Individual & Family Health Plans include essential health benefits¹, value-added benefits, and useful tools for managing healthcare costs. Here are some of the plan features:

- on-demand virtual consults²
- \$0 preventive care³
- diabetes and asthma prevention, and healthy eating programs
- maternity care
- affordable prescription drugs from a pharmacy or mail-order
- mental health benefits
- gym membership discounts
- health and wellness services
- 24/7 Nurse Advice and Behavioral Health Crisis Lines

Can I enroll a member in a new health plan even though it is past the Open Enrollment Period?

Yes. Losing their Medicaid coverage is considered a life change and it qualifies them for the Special Enrollment Period. Individuals have 60 days after losing their Medicaid coverage to sign up for another health plan. Learn more about Qualifying Life Events at sentarahealthplans.com/plans/individual/enrollment-periods

If I have employer plans in my book of business, how can I help these employers who might have employees who will lose their Medicaid coverage?

Please reach out to your Sentara Health Plans representatives for assistance.



I am ready to help members enroll in Sentara Health Plans! How can I get appointed?

Working with Sentara Health Plans is easier than ever with our enhanced online tools and broker support services.

STEP 1: Gather and complete the needed forms. Visit sentarahealthplans.com/brokers/appointments-and-certifications to download and complete the Broker Agreement and Portal User Profile forms.

You will also need:

- Virginia Life and Health License or Virginia Health License (required)
- Agency License (if applicable)
- W9 (SF-W9) Form

STEP 2: Submit your online application.

Simply click on the "I Agree, Start Application" button and complete the steps to finish your application process. You can expect a response via email, usually within 24 hours.

Once appointed, sign in to sentarahealthplans.com/brokers to learn more about the resources available to you such as training opportunities, user guides, and step-by-step videos. You can also access plan information and underwriting guides; learn about our special incentive and bonus programs designed specifically for our brokers; and find marketing resources—everything you need to start selling Sentara Health plans.



Learn
more at
ChooseSentaraIFP.com

¹ Essential health benefits are a set of 10 categories of services covered under the Affordable Care Act. These include inpatient and outpatient hospital care, prescription drug coverage, pregnancy and childbirth, mental health services, and more.

² Cost share may apply for HSA plans.

³ Office visit copayment or coinsurance may apply.

Sentara Health Plans is the trade name of Sentara Health Plans, Sentara Health Insurance Company, Sentara Behavioral Health Services, Inc., and Sentara Health Administration, Inc. Sentara Individual & Family Health Plans are issued by Sentara Health Plans. All plans have benefit exclusions and limitations and terms under which the policy may be continued in force or discontinued.