



# Community Partnership Program

Sentara Health Plans is a leader recognized for service, collaboration, and innovation in caring for the Medicaid population. We serve members in all regions of Virginia. Sentara Health Plans, through its Outreach and Education program, strives to:

- Promote healthy behavior and improve health every day
- Educate and assist members in navigating their benefits
- Engage members and teach them to be better healthcare consumers
- Empower members to advocate for themselves and their families
- Address health inequalities and inequities
- Support quality improvement initiatives to improve health outcome measures
- Provide support and education for new and changing programs

Sentara Health Plans understands that a “one size fits all” approach is insufficient for member and community outreach. Therefore, we have created a sponsorship program that promotes both traditional and non-traditional means to reach our member population. We collaborate with community organizations and stakeholders to build strong partnerships to support our members to establish trust, share knowledge, and solve problems.

## **Application Process**

The Sentara Health Plans Community Partnership Program committee reviews applications on the 15<sup>th</sup> of each month. Submission should be received by the 1<sup>st</sup> of each month.

- The event and requesting organization must be located within the Sentara Health Plans service area and reach or impact at least 100 people.
- The event theme and purpose must align with the Sentara Health Plans vision and core values of promoting health and wellness, address health-related social needs, and assist with health inequities and care gap closure.
- Application must be submitted via email to [COMM\\_OUTREACH@sentara.com](mailto:COMM_OUTREACH@sentara.com)
- Only one request per form; however, organizations may submit multiple requests simultaneously.
- Please fill out the application completely. Incomplete or illegible applications will not be considered. Do not send any other information with your application.
- All organizations that receive sponsorship must furnish a W-9 and a supplier verification form to receive funding. Documentation must be received within 30-days of notification of final approval of sponsorship award.

## **Timeframe**

All requests will be considered monthly. A final sponsorship determination email will be sent to the contact listed on the *Community Partnership Form*.

Requests should be submitted at least three months before the scheduled event to ensure that sponsorship requests are addressed promptly. There are regulatory approvals included in our process that may affect the determination timeframe. A provisional approval will be given initially. Once regulatory approvals have been received, then a final approval notification will be sent to awardee.

## Criteria

Funds are limited, and we regret that we cannot approve every request we receive or possibly at the level requested. Those requests that fit our mission, values, and demonstrate community benefits through improving community health and quality of life will generally be prioritized.

All partnership activities where signage, advertisement, or media exposure are involved, must provide Sentara Health Plans with the following:

- An opportunity to convey key messages about our services, mission, etc
- An opportunity to have input into and approve all references to Sentara Health Plans (i.e., signage, press releases, use of logo, etc.)
- Ability to promote the participation of Sentara Health Plans per the marketing objectives of the event within our style guides

To be considered, a request for partnership, sponsorship, or funding must meet at least one of the following criteria:

- Benefit a group or organization that promotes medical, physical, mental, and emotional health, safety, and wellness
- Promotes community cohesiveness, cultural enrichment, and/or cultural diversity
- Has an educational impact on children and/or adults
- Assists in the aftermath of a community crisis
- Demonstrate collaboration and coordination with other community organizations
- Event/activity is relevant to the needs of the community
- Social determinants of health
- Maternal and child health
- Foster care
- Caregiver support
- Screenings and preventive health
- Chronic and disease management

Sentara Health Plans will not contribute to or sponsor requests that benefit:

- Individuals
- Tournaments of any kind
- Organizations already supported by our Employee Giving Campaigns (i.e., United Way, American Heart Association)
- Political and labor organizations
- Little leagues, sports teams, or booster clubs
- Alcohol, tobacco, or gambling-themed events

## **Additional Information**

If an award is granted, payment will be processed via check or EFT from the Sentara Health Plans Accounts Payable department once an invoice with the event name, the award amount, the organization's EIN, a W-9, and the supplier verification form are submitted. Payment request information should be submitted via email to [COMM\\_OUTREACH@sentara.com](mailto:COMM_OUTREACH@sentara.com) Payment will be processed within 7-14 business days of receiving the referenced paperwork. Please indicate the payee and mailing address on the invoice.

No funds will be disbursed before the final award determination notification and receipt of all proper documentation.

For questions or to learn more about our Community Partnership Program, please email [COMM\\_OUTREACH@sentara.com](mailto:COMM_OUTREACH@sentara.com)

# Community Partnership Form

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6. Support quality improvement initiatives to improve health outcome measures
7. Provide support and education for new or changing programs

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Please complete the following information completely and submit it via email to [COMM\\_OUTREACH@sentara.com](mailto:COMM_OUTREACH@sentara.com) *Only one request per form.*

## Organization Details

<b>Name of Organization:</b>			
<b>Contact Name:</b>		<b>Contact Phone:</b>	
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>	<b>Email:</b>
<b>Sentara Health Plans representative you are working with:</b>			

<b>Has your organization received sponsorship support from Sentara Health Plans in the past? If yes, when was your last award and how much was the award?</b>	<b>Date donation needed by:</b>
<b>Amount or type of donation requested (include sponsorship levels and benefits if applicable):</b>	

**Briefly describe your organization:**

## **Event Details**

<b>Event Date:</b>	<b>Event Start Time:</b>	<b>Event End Date:</b>
<b># of Attendees Expected:</b>		<b>Target Audience:</b>
<b>Location of Event (address):</b>		
<b>Region:</b>		
<b>Event Name:</b>		
<b>Event Description (Include how the donation will be used and how the event meets the partnership eligibility criteria. Please be specific):</b>		

**How will the Sentara Health Plans sponsorship of this event support the community and contribute to our mission to “Improve Health Every Day?”**

**What are your success metrics for this project/event? How will your project/event positively affect underserved communities?**

<b>Will your project/event be completed this year, or is it ongoing?</b>	<b>Are there any other MCOs involved in this project/event?</b>
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**Other information you would like considered for evaluation of this application:**

**For Sentara Health Plans Use Only**

<b>Date Partnership Request Submitted:</b>		<b>Partnership Approved/Denied:</b>	
<b>Date Requested Presented to Committee:</b>		<b>Amount/Type of Sponsorship Approved:</b>	
<b>Regulatory Submission – Event:</b>	Yes or No	Event Submission Date	
<b>Regulatory Submission – Collateral:</b>	Yes or No	Collateral Submission Date	
<b>Regulatory Approval Received:</b>	Yes or No	Approval Date	
<b>Community Outreach Staff Signature:</b>			
<b>Director Signature:</b>			



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