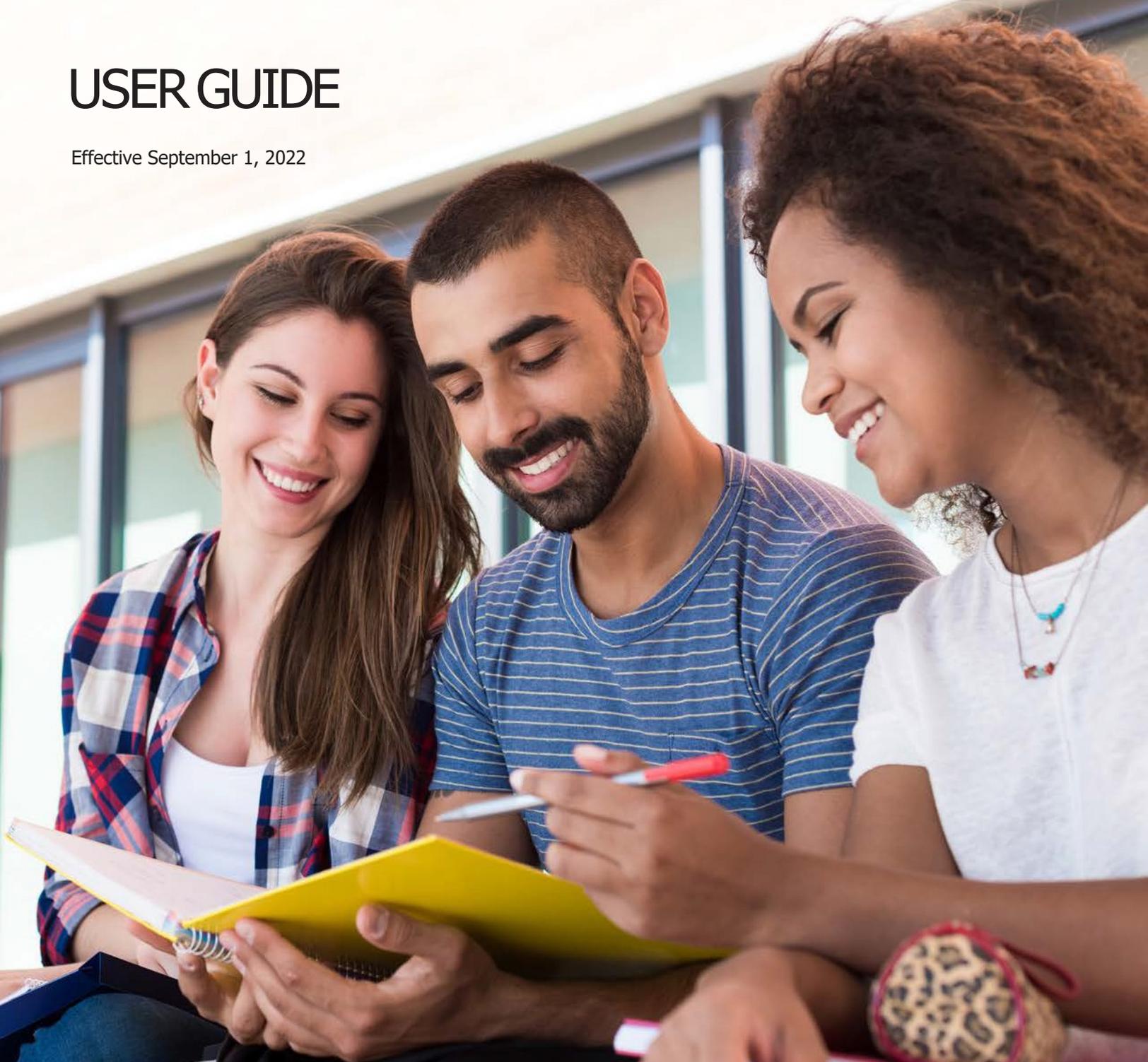


Refugee Medical Assistance

USER GUIDE

Effective September 1, 2022



Introduction

For over 100 years, the U.S. Committee for Refugees and Immigrants (USCRI) has advanced the rights and lives of people who have been forcibly or voluntarily uprooted. USCRI provides refugees and others with the opportunity to achieve their full potential in the United States. Physical and emotional wellness, as well as access to healthcare, are essential for successful transition to life in the US. USCRI administers the Refugee Medical Assistance (RMA) program to newcomers who are ineligible for the state Medicaid program and the Children's Health Insurance Program. RMA includes the same medical, dental and pharmacy benefits as the state Medicaid program. This User Guide tells you how to access RMA benefits.

RMA benefits are administered by Point Comfort Underwriters, Inc. (PCU).





Refugee Medical Assistance

Am I eligible for RMA?

To find out if you are eligible for RMA you have to complete the RMA application. Your case manager at the local resettlement agency can help you with the application. In general, if you meet the following criteria you may be eligible:

1. Your immigration status is refugee or another qualifying status
2. You meet the immigration status identification requirements
3. You meet the income and resources threshold
4. You are ineligible for the state Medicaid program, the Children's Health Insurance Program or any other public or private healthcare coverage
5. You provide the name of the resettlement agency which resettled you (if applicable)

How long can I be covered under RMA?

Your RMA benefits automatically terminate 12 months after you arrive in the U.S., unless you are an unaccompanied refugee minor (URM). If you are a URM, you could have healthcare benefits until you turn 23 years old. Talk to the case manager at the

local resettlement agency for more details about your specific situation.

Keep in mind that if you move out of the state where you live and applied for RMA, your RMA benefits automatically terminate. You will need to apply for healthcare benefits in your new state.

HEALTHCARE

Which healthcare service providers can I use?

You may use any healthcare service provider who agrees to accept payment based on Medicaid reimbursement rates or negotiated reimbursement rates. You can find a list of providers who have agreed to these rates at rma.pointcomfort.com, or call PCU for assistance. If you want to use a provider who is not on this list, this is what you need to do:

1. Obtain the complete name, address and telephone number of the provider you want to use.
2. Provide the above information to PCU.

PCU will contact the provider in attempt to obtain agreement to provide services at approved reimbursement levels.

PCU will notify you of the outcome of these discussions.

What healthcare services are covered?

RMA covers many healthcare services when such services are medically necessary, and subject to certain limitations. A partial list of covered services follows:

HOSPITAL CHARGES

- Daily room and board and nursing services in a semi-private room or ward
- Daily room and board and nursing services in an intensive care unit
- Use of operating, treatment or recovery room
- Dressings, sutures, casts or other supplies routinely provided to inpatients
- Emergency room treatment (must be an emergency)
- Prescription drugs provided while inpatient
- Hospitalization is limited to 30 consecutive days; subsequent hospitalizations must be separated by at least 60 days

OUTPATIENT SURGICAL FACILITY

- Surgery and procedures, including services and supplies

DOCTOR AND CLINIC VISITS

- Physicians and specialists
- Licensed mental health care professionals
- Chiropractors (for treatment of an acute condition or exacerbation of a chronic condition)
- Surgeons

DIAGNOSTIC TESTING

- Radiology
 - Ultrasound
 - Laboratory
- (Psychometric, behavioral and educational testing are not included.)

PROSTHETICS

- Limbs
- Larynx
- Breasts (if necessitated by a covered surgery)

OTHER COVERED SERVICES

(Some services may be included in physician, surgeon or hospital fees and not billed separately.)

- Radiation therapy or treatment
- Chemotherapy
- Hemodialysis
- Oxygen and other gasses and their administration
- Anesthetics and their administration by a physician
- Hearing aids and related services by an audiologist
- One medical screening exam
- Hospice Care for up to 30 days
- Care in an extended care facility (upon direct transfer from hospital)
- Home nursing care
- Emergency local ambulance
- Testing strips for treatment/management of diabetes
- Occupational, physical and speech therapy
- Rental of durable medical equipment, up to the purchase price
- Rehabilitative and habilitative services

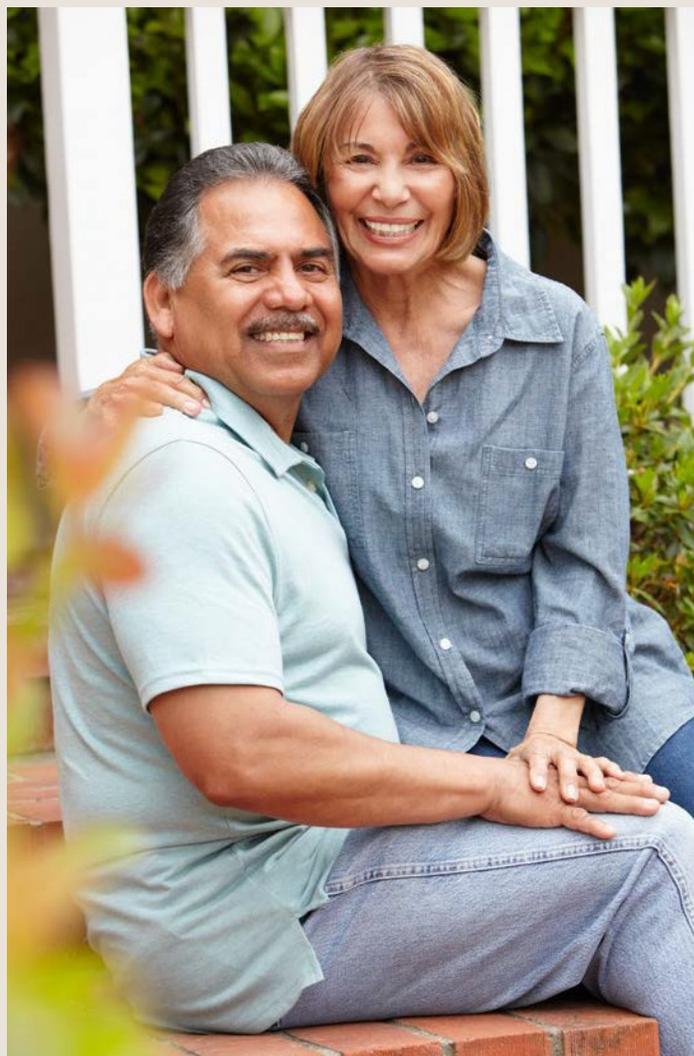
This is a partial list of services generally covered if medically necessary. Pre-certification may be required and coverage may be denied for services that are not Pre-certified. Be sure to review Pre-certification requirements contained in this User Guide.

What healthcare services are not covered?

Not all healthcare services are covered. Here is a partial list of exclusions.

- Telephone consultations or failure to keep a scheduled appointment
- Weight modification or surgical treatment of obesity
- Any modification of the body made to improve psychological, mental or emotional well-being
- Exercise programs whether or not prescribed by a physician
- Cosmetic or aesthetic procedures
- Services or supplies that are investigational, experimental or for research purposes
- Treatment for infertility, impotency or any sexual dysfunction
- Hearing aid replacement or repair
- Eye surgery to correct nearsightedness, farsightedness or astigmatism
- Biofeedback, acupuncture, recreational, sleep or music therapy
- Pregnancy and newborn expenses
- Educational programs
- Services performed or supplies provided by your relative or any person who resides with you
- Services or supplies provided to you at no cost
- Accommodations or travel expenses
- Treatment to promote hair growth whether or not prescribed by a physician
- Treatment of sleep disorders
- Treatment of flatfoot conditions for solely cosmetic purposes, the prescription of supportive devices (including special shoes), orthotics, and the treatment of subluxations of the foot
- Hair analysis, treatment for hair loss
- Any test or procedure that is not specifically ordered by a provider who is responsible for diagnosis and treatment of the condition

- Services and supplies that are not medically necessary for diagnosis and treatment
- Services provided by an interpreter
- Social and educational counseling
- Services or supplies for which benefits or payment is available under any other contract, policy or insurance which is available, or would have been available in the absence of this program (including Workers Compensation insurance, Auto insurance, any government plan and any other legally liable third party)
- Services provided by Veterans Administration or US Public Health Service Hospitals



PRESCRIPTION DRUGS

RMA covers most prescription drugs that are medically necessary.

Which pharmacy can I use?

Prescriptions drugs are provided through the MagellanRx Management network of pharmacies. This network includes all major chains, such as Walmart and CVS, and many local chains and stores. Just present your ID card to the pharmacist who will then verify their participation in the network and your eligibility for this coverage.

Which prescription drugs are not covered?

- Brand drugs when a generic equivalent is available
- Any prescription associated with an excluded healthcare expense
- Maximum prescription is 30 days
- Replacement of lost, stolen, damaged, expired or otherwise compromised drugs
- Drugs that are available over the counter or without a prescription by a physician



DENTAL

RMA provides limited dental coverage.

Which dentist can I use?

You may use any dental service provider in the DenteMax network. You can find a list of DenteMax providers at www.dentemax.com/findadentist, or call PCU for assistance. Only providers are authorized to provide RMA dental services.

What dental services are covered?

- Emergency dental treatment necessary to restore sound, natural teeth lost or damaged in an accident
- Emergency dental treatment to alleviate acute pain, if treatment is sought within 24 hours of the onset of the pain
- Pre-certification is not required for emergency treatment; however, you must Pre-certify as soon as reasonably possible after the emergency treatment, but no more than 48 hours later.

What dental services are not covered?

Only the services listed above are covered. All other services are excluded.



RMA IDENTIFICATION CARD

What is an RMA Identification card?

All individuals enrolled in the RMA program receive personalized RMA Identification cards. You will get your RMA Identification card by email or regular mail. You can click the link in the email to download your Identification card and print it. Your case manager can help you with this. Your RMA Identification card contains your name, your identification number, and other important information about the RMA program. If more than one member of your family is enrolled in RMA, a separate Identification card will be issued for each family member. Only the person named on the Identification card may use the card. Do not loan or give your Identification card to any other person.

How do I use my RMA Identification card?

You should keep your RMA Identification card with you at all times. Present the card to your doctor,

hospital, dentist or pharmacy when seeking services. Your providers will use this Identification card to verify your eligibility for RMA benefits and to obtain important information on who to bill for services provided to you.

What if I lose my RMA Identification card?

You may obtain a replacement Identification card from PCU. Just contact PCU at Service@pointcomfort.com. You may be required to provide personal details so that PCU can confirm your identity before issuing a replacement Identification card.



PRE-CERTIFICATION

Which services must be Pre-certified?

Many covered services require Pre-certification. That means you must obtain approval from PCU prior to treatment. The following must be Pre-certified:

- Inpatient care
- Any surgery or surgical procedure
- Care in extended care facility
- Hospice care
- Home nursing care
- Chiropractic care
- Physical therapy
- Occupational therapy
- Speech therapy
- Allergy testing
- Any treatment of the skin
- Any treatment of the foot
- Durable medical equipment
- Mental health care
- Artificial limbs
- Prosthetic devices
- Computerized Tomography (CAT Scan)
- Magnetic Resonance Imaging (MRI)
- Human Organ/Tissue Transplants.

How do I obtain Pre-certification?

As soon as you know you are going to have a service that requires Pre-certification, you should contact PCU at RMAClinical@pointcomfort.com, or by telephone. You will need to provide your name, ID Number, the name of the provider you plan to utilize and their contact information, and a description of the planned treatment. Many times PCU can provide Pre-certification immediately; however sometimes

Pre-certification can take up to 48 hours to complete. That's why it is important to contact PCU as soon as you know you are going to have treatment. Pre-certification is not required for emergency treatment; however, you must Pre-certify as soon as reasonably possible after the emergency treatment, but no more than 48 hours later.

Although it is your responsibility to obtain Pre-certification, your provider may do so for you by contacting PCU as indicated on your ID card. You should always present your ID card when seeking care.

What is limited Pre-certification?

Sometimes PCU will provide Limited Pre-certification. For example, you may be Pre-certified for up to 5 visits to a Chiropractor. If treatment continues beyond the 5 visits, you will need to Pre-certify for additional visits.

If you are hospitalized, PCU will always provide a Limited Pre-certification indicating the number of authorized days. Additional hospitalization days will need to be Pre-certified.

Any limitations on your Pre-certification will be advised to you and to your provider in writing.

What if I disagree with the results of my Pre-certification?

If you believe that your Pre-certification has been erroneously declined, or if you believe that erroneous limitations have been placed on your Pre-certification, it is important that you follow the Appeal procedures described in this User Guide.

What if I have treatment that is not Pre-certified?

If you have any treatment that requires Pre-certification and you fail to Pre-certify, then the expenses will become your responsibility.

APPEALS

What if I disagree with a Pre-certification or claim decision?

You should immediately begin the Appeal process by following these steps:

1. Call or write PCU and provide complete details of your appeal within 30 days of the date your Pre-certification or adverse claim decision was communicated to you. You must include names and contact information for all service providers involved in your care.
2. Within 10 business days, PCU will respond with an acknowledgment and estimated time for completion of any required investigation.
3. Within 30 days, PCU will provide a written response to you with details concerning the disposition of your appeal.

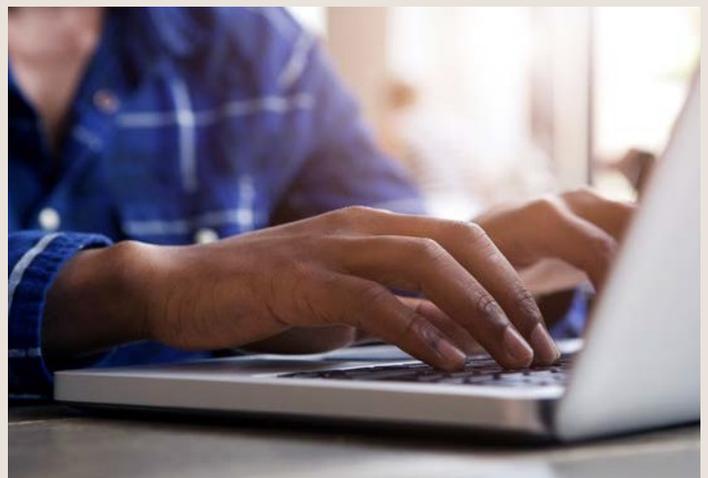


PRIVACY

Every time you get a healthcare service, your doctor writes down what happened and puts it in your file. This file is kept private. Your doctor can give your file to others only if you agree.

PCU is required to keep information concerning your healthcare private. PCU can provide information to third parties only if you agree.

You have the right to obtain copies of your medical records from your providers and from PCU. You can also ask for changes to your records if you know something is wrong. You may be required to pay your provider(s) or PCU a fee for photocopying expense.



YOUR RMA SERVICE DIRECTORY

Questions concerning
eligibility or coverage:

Service@pointcomfort.com
1-844-210-2010

Questions concerning
provider networks:

Medical & Dental

Providers@pointcomfort.com
1-844-210-2010
rma.pointcomfort.com

Prescription Drugs:

RxNetworksDept@magellanhealth.com
1-800-424-0472

Pre-certification:

RMAclinical@pointcomfort.com
1-844-210-2010
rma.pointcomfort.com

Claim Status:

Service@pointcomfort.com
1-844-210-2010
claims.pointcomfort.com

Appeals:

Claims@pointcomfort.com
1-844-210-2010

