

Refugee Medical Assistance

BENEFITS GUIDE

English



INTRODUCTION

The U.S. Committee for Refugees and Immigrants (USCRI) has been responding to the needs and advocating on behalf of refugees and immigrants since 1911. USCRI administers the Refugee Medical Assistance (RMA) program to newcomers who are ineligible for their state Medicaid programs. RMA includes the same medical, dental, vision and pharmacy benefits as Medicaid. This Benefits 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 must 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 threshold.
4. You are ineligible for the state Medicaid program, the Children's Health Insurance Program or any other public or private healthcare coverage.

How long can I be covered under RMA?

Your RMA benefits automatically terminate 8 months after you arrive in the U.S. Talk to your 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 of Kentucky, you must notify your local resettlement agency and you will no longer be eligible for your Kentucky RMA benefits.

RMA IDENTIFICATION CARD

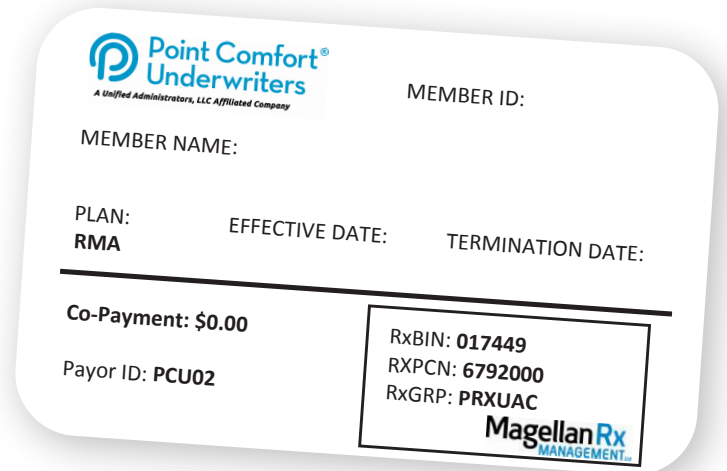
What is an RMA Identification card?

All individuals enrolled in the RMA program receive personalized RMA ID cards. You may obtain your ID card from the local resettlement agency. You may also request your RMA ID card from PCU. Just call PCU or email service@pointcomfort.com.

Your RMA ID card contains your name, your identification number and other important information about RMA benefits. **It is essential that you present your RMA ID card every time you obtain services.** If more than one member of your family is enrolled in RMA, a separate ID card will be issued for each family member. Only the person named on the ID card may use the card. **Do not loan or give your ID card to any other person.**

How do I use my RMA Identification card?

You should keep your RMA ID card with you at all times. Present your card to your doctor, hospital, dentist or pharmacy when seeking services. Your providers will use this ID card to verify your eligibility for RMA benefits and to obtain important information on who to bill for services provided to you. **Failure to present your ID card to providers will cause delays in payment of claims and possible forfeiture of benefits.**



What if I lose my RMA Identification card?

You may obtain a replacement ID 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 ID card.

If personal information such as your home address, telephone number or email address change, be sure to notify PCU at service@pointcomfort.com. Always be sure PCU has your current email address.

HEALTHCARE

Which healthcare service providers can I use?

You may use any healthcare service provider who agrees to accept payment based on reimbursement rates approved for the RMA program. 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 this information to PCU.

PCU will contact the provider and attempt to obtain an agreement to provide services at approved reimbursement rates. PCU will notify you of the outcome of these discussions.

Remember, you should always go to the nearest Emergency Room in the event of an emergency.

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 and recovery rooms
- Dressings, sutures and other supplies routinely provided to inpatients
- Emergency Room treatment (must be an emergency)
- Prescription drugs provided while inpatient
- Radiology, laboratory and ultrasound services
- Physical therapy, Occupational therapy and Speech therapy while inpatient
- Professional services, including doctors
- Inpatient Mental Health Services

OUTPATIENT HOSPITAL/OUTPATIENT SURGICAL FACILITY SERVICES

- Professional services including doctors
- Dressings, sutures and supplies routinely provided while outpatient

DOCTOR AND CLINIC VISITS

- Doctors and specialists
- Physical therapy, Occupational therapy and Speech therapy
- Licensed Behavioral/Mental Health professionals
- Radiology, laboratory and ultrasound services
- Chiropractic services

OTHER COVERED SERVICES

- Local emergency ambulance transportation
- Durable medical equipment
- Preventive Health Services
- Home health care
- Hospice care
- Radiation therapy or treatment
- Chemotherapy
- Hemodialysis
- Oxygen and other gasses and their administration
- Anesthetics and their administration
- 1 Routine Vision exam and 1 pair of glasses
- Hearing services including the prescribing, fitting or changing of hearing aids

What healthcare services are not covered?

- Pregnancy and newborn expenses
- Personal convenience items
- Telephone consultations or failure to keep a scheduled appointment
- Any modification of the body made to improve psychological, mental or emotional well-being
- Exercise programs, whether or not prescribed by a doctor
- Cosmetic or aesthetic procedures
- Treatment for infertility, impotency or any sexual dysfunction
- Services or supplies that are investigational, experimental or for research purposes
- Eye surgery to correct nearsightedness, farsightedness or astigmatism
- Biofeedback, recreational, sleep or music therapy
- Services performed or supplies provided by your relative or any person who resides with you
- Services or supplies provided at no cost
- Accommodations or travel expenses
- Treatment to promote hair growth, whether or not prescribed by a doctor
- Treatment to prevent hair loss
- Treatment of sleep disorders
- Any supply or service that is not Medically Necessary Service of supplies for which benefits or payments are available under any other contract or policy
- Inpatient coverage is limited to 30 days unless separated by 60 days from the last hospitalization

(Some exclusions do not apply for individuals under age 21. Contact PCU for additional information.)

PRESCRIPTION DRUGS

Which pharmacy can I use?

Prescription 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. **You must present your ID card to the pharmacist every time you need to obtain prescription drugs.** The pharmacist will verify their participation in the network and your eligibility for prescription drug coverage.

Which prescription drugs are not covered?

- Brand drugs when a generic equivalent is available
- Any prescription drug associated with an excluded healthcare expense
- Drugs that are available over the counter or without a prescription by a doctor
- Maximum prescription is 30 days

DENTAL

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 DenteMax providers are authorized to provide RMA dental services. **You must present your RMA ID card to the Dentist every time you need to obtain dental services.**

What dental services are covered?

- Limited but includes oral exams, emergency visits, x-rays, extractions and fillings
- Comprehensive Oral Evaluation 1 visit every 12 months
- Prophylaxis 1 visit/12 mos, not covered in conjunction with scaling or root planing

Pre-certification is not required for emergency treatment.

What dental services are not covered?

Only the services listed are covered.

PRE-CERTIFICATION

Which services must be Pre-certified?

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

- Inpatient care
- Any surgery
- Care in an extended care facility
- Hospice care
- Home health services
- Chiropractic care
- Physical therapy
- Occupational therapy
- Speech therapy
- Allergy testing
- Durable medical equipment
- Mental/Behavioral 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 or your provider 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's 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.

In most cases, your provider will initiate Pre-certification for you. They will need the information contained on your RMA ID card. Providers can submit Pre-certification requests to PCU at pcf.pointcomfort.com.

You should always present your RMA ID card when seeking care.

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

If you have a 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 appeals 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 the names and contact information for all 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