# **DOCUMENT EXPLANATION SCRIPT**

The purpose of this document is to provide guidance to Unaccompanied Refugee Minor (URM) agencies on the important information to share with clients regarding the OFMA documents. Please show examples to the client when explaining.

(0470)	
PRIST AND LAST NAME) (ADDRESS LINE 1) (ADDRESS LINE 2)	
(CITY), (STATE) (24)	ENROLLED IN ORR FUNDED MEDICAL ASSISTANCE
	Your health coverage began on (DATE) and will last until ingits
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## **Eligibility Letter**

This is an official letter that states that you have been accepted into OFMA and lists the date when your OFMA coverage begins. If we entered your email address on the application, the letter informs you on how you can log into the OFMA Resource Portal. The letter states your responsibility to notify your URM agency within 5 business days if you move out of the state, withdraw from OFMA, become pregnant, become disabled, or become eligible for other health benefits.

Payor ID:	R+GRP: Magellan Rx
Co-Payment: \$0.00	RxBIN RXPCN:
DENTIFICATION NUMBER	TERMINATION DATE
MEMBER NAME:	EFFECTIVE DATE:
Point Comfort" Underwriters	MEMBER ID:

### **OFMA ID Card**

This is the card for your OFMA coverage. The company that provides your health coverage is Point Comfort Underwriters (PCU). It is important that you show this card at every doctor's appointment or pharmacy visit. It is a \$0 co-pay, so you will not be charged for services. Please note the dates where your coverage has started and when it ends on the card. This card only works for you; do not give this card for others to use. Remember: OFMA IS NOT MEDICAID.



# **Notice of Privacy Practices**

This is the Notice of Privacy Practices. This letter tells you that USCRI has your medical information and will protect it. USCRI will only give your medical information to authorized parties. USCRI must receive your permission before sharing your health records for any other reason. You have rights to access your private health information and to submit a complaint to USCRI if you believe your privacy rights have been violated.

#### Paint Comfort'

ORR-Funded Medical Assistance BENEFITS GUIDE



# **OFMA Benefits Guide**

This document covers basic information about the OFMA health benefits you can receive including, the services that are and are *not* covered and the services that require "pre-certification". Electronic copies of the OFMA Benefits Guide in both English and Spanish can be found on the PCU portal (<u>https://rma.pointcomfort.com</u>) at the top of the page under the DOCUMENTS tab.





# **Release Authorization Form**

This is the Release Authorization form. This must be completed and signed by you to provide permission for someone to apply for RMA benefits on your behalf. This form also gives USCRI permission to communicate private health information (PHI) and Personal Identifying Information (PII) with your resettlement agency, only when necessary.

Please know USCRI will attempt to speak to you before disclosing sensitive information to your resettlement agency.



## **Support Services Informational**

This letter tells you about your **FREE** medically related transportation and interpretation benefits with OFMA.



## **Support Services Wallet Card**

It is a small card that you can carry around with you. It has the phone number to call to schedule transportation or interpretation services for medical appointments. It also lists your preferred language to help those scheduling for you.

