U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS | EVERYONE. EVERYWHERE. EQUAL VALUE.

ORR-FUNDED MEDICAL ASSISTANCE

ORR-Funded Medical Assistance Application Portal URM Agency and URD User Manual

Version 1
November 4, 2025

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1. Introduction

1.1 Purpose

The ORR-Funded Medical Assistance Application (OFMA) Application Portal is a web-based portal created by USCRI for the purpose of applying and authorizing ORR-Funded Medical Assistance (OFMA) for Unaccompanied Refugee Minors (URMs), administered by USCRI's Refugee Health Services (RHS) program.

There are four primary groups of OFMA users:

1) URM Agency - URMs agency staff act as the applicant's Authorized Representative and submit applications in the OFMA portal.

2) URDs- This role is reserved for states/replacement designees responsible for the administration of the URM program. The URD is responsible for the submission of the secondary eligibility determination, the re-verification process, and to notify USCRI of any client changes that may affect one's eligibility.

3) Refugee Medical Assistance Program Officers (RMA POs)- RMA POs are USCRI's RHS staff responsible for reviewing and approving OFMA applications.

4) Auditors- This role is reserved for Replacement Designees (RDs), or Regional Replacement Designees (RRDs) for monitoring applications submitted in their regions.

5) Administrators- This role is reserved for the Senior RMA Program Officer, a USCRI RHS Staff member responsible for the portal's maintenance, enhancement, and troubleshooting.

This user manual provides the necessary information for URM Agency and URD users to effectively and efficiently use the OFMA Portal.

1.2 Definitions

OFMA- ORR Funded Medical Assistance Program for Unaccompanied Refugee Minors

Application Date- The date an URM Agency staff member submits a OFMA application in OFMA Portal.

Enrollment Date- The date a final eligibility determination is made on a OFMA application in the OFMA Portal.

Effective Date- The date OFMA coverage begins.

Termination Date- The date OFMA coverage ends. The termination date is automatically set as:

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1. Texas - the last day of the month a youth turns 22 plus 1 day (termination date should be the first of the month following the month he/she turns 22).
2. Michigan- the last day of the month a youth turns 21 plus 1 day (termination date should be the first of the month following the month he/she turns 21).
3. Arizona - the last day of the month a youth turns 21 plus 1 day (termination date should be the first of the month following the month he/she turns 21).

Early Termination Date- The date an OFMA enrollee is terminated from OFMA prior to their standard termination date.

Medicaid Determinations-

- Eligible- The applicant is categorically eligible for Medicaid or CHIP or has applied for Medicaid and has a pending application. TEXAS ONLY

- Categorically Ineligible- The applicant applied for Medicaid or CHIP, however, based on Medicaid/CHIP eligibility criteria, they are categorically ineligible and have received a Medicaid Termination Letter. TEXAS ONLY

- Denied- The applicant applied for or was enrolled in Medicaid and was denied. TEXAS ONLY

- Terminated- The applicant was enrolled in Medicaid and was later terminated. TEXAS ONLY

Third Party Administrator (TPA)- A contracted entity that administers health coverage and maintains provider networks. RHS contracts with Point Comfort United (PCU) as the TPA.

2. Access to OFMA Portal

2.1 Registration

Any person that will use the OFMA Portal or PCU/OFMA resource portals must complete the OFMA User Access Form. This form requires information such as first name, last name, job title, email, phone number, agency name, state, and IP address. This form is provided by the RMA PO to the URM supervisors and URDs. All completed forms must be submitted to the RMA PO.

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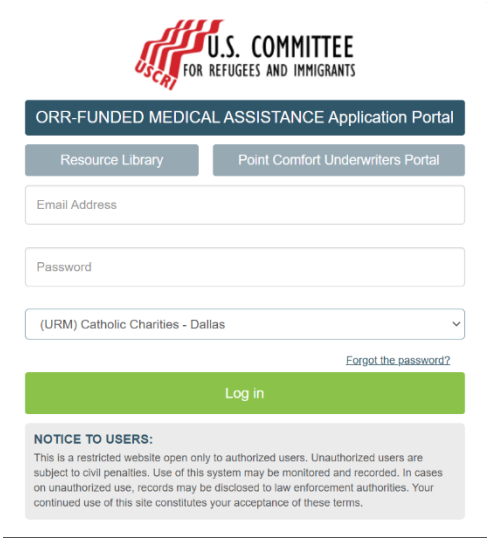
3. OFMA Portal Login

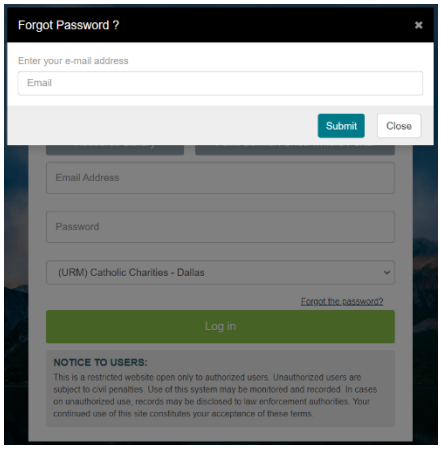
3.1 Login

After you have been approved as an authorized user, you will receive an email with your login credentials. You will log in to www.ofmauscri.org with the credentials provided to you via email. You must enter your email, password, and select your agency from the dropdown menu to sign in.



3.2 Forgot Password

If you have trouble signing in, click on "Forgot Password," and follow the instructions. If the issue persists, please contact your RMA PO or medical.assistance@refugees.org for further assistance.



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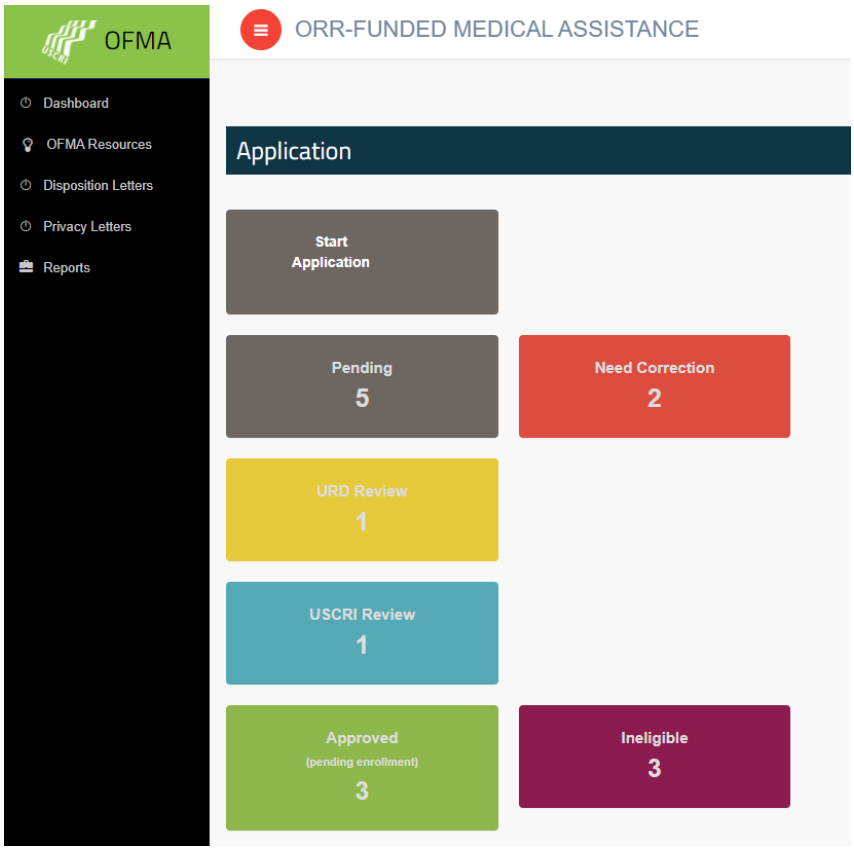
4. OFMA Portal Homepage

4.1 Homepage Introduction

The OFMA Portal homepage provides a dashboard to track the status of the OFMA applications for your applicants. You can see the applications in each category. The homepage is separated into three categories: Application, Enrollees, and Notification of Change.

The URM is responsible for reviewing applications in the Pending, Needs Correction, Approved, Ineligible, and NOC Needs Correction folders to ensure that no additional information is needed.

The URD is responsible for reviewing applications submitted by the URM in the URD Review, Approved, Ineligible and NOC URD Review.



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4.2 Folder Definitions

Application		
Folder	User Access	Definition
Start Application	URM	The "Start Application" button is used to create a new application.
Pending	URD	The "Pending" folder includes all applications that have been initiated but have not been submitted. A pending application is not considered a submitted application to the RMA PO or URD and will therefore not be reviewed by the RMA PO or URD. If an application remains in the "Pending" folder for more than 30 days, it will be deleted.
Needs Correction	URM	The "Needs Correction" folder includes all applications that have been reviewed by the URD or RMA PO and need corrections. Applications in the Need Corrections folder will automatically move to the "Not Approved" folder after being inactive for 7 business days.
URD Review	URD	The "URD Review" folder includes all applications that have been submitted and are awaiting URD review.
USCRI Review	RMA PO	The "USCRI Review" folder includes all applications that have been reviewed by the URD and are in need of the RMA PO's review. Applications in the Incorrect folder will automatically move to the "Not Approved" folder after being inactive for 7 business days.
Approved	ADMIN	The "Approved" folder includes all applications that have been approved by the RMA PO and will be submitted to PCU for enrollment into OFMA
Ineligible	ADMIN	The "Ineligible" folder includes all the applications that have been reviewed and denied by USCRI based on eligibility criteria.

Enrollees	
Folder	Definition
All Enrollees	The "All Enrollees" folder includes all applicants that have been approved for OFMA.
Active	The "Active" folder includes all applicants that are actively enrolled.
Terminated	The "Terminated" folder includes all applicants whose coverage has ended. This folder automatically updates.

Notification of Change		
Folder	User Access	Definition
Notification of Change	URM & RMA PO	The "Notification of Change" button initiates a notification of a change for an applicant that is enrolled in OFMA.
Request Change	URM, URD, USCRI	Notifies how many changes have been requested that day
NOC URD Review	URD	The "NOC URD Review" folder includes all Notification of Change Forms that have been submitted by the URM and are awaiting URD review.

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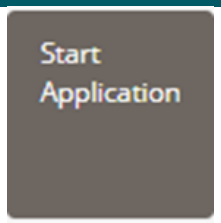
NOC USCRI Review	RMA PO	The "NOC USCRI Review" folder includes all Notification of Change Forms that have been submitted by the URD and are awaiting RMA PO review.
NOC Needs Correction	URM & URD	The "NOC Needs Correction" folder includes all Notification of change Forms in which the RMA PO has flagged for additional corrections. The URM and URD should review this folder, update the Notification of Change, and resubmit.
Approved	ADMIN	The "Approved" folder includes all Notification of Change Forms that have been approved by the RMA PO and will be submitted to PCU.

5. Application Menu

5.1 Submitting an Application in OFMA

To start an application please follow these steps:

First page: APPLICANT BASIC INFORMATION		
1	Click "Start Application."	

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2	Before beginning the application, you are required to review the Notice of Privacy Agreement with your applicant. By selecting the checkboxes in the Notice of Privacy Agreement pop-up box, you are confirming that you have completed the listed tasks. You can find the translated Notice of Privacy Practice Letters on the sidebar menu in eRED.	Privacy Agreement NOTICE OF PRIVACY AGREEMENT By submitting this eRED application, the local resettlement agency (LRA) acknowledges that they have informed the applicant of their right to consent or not consent to the disclosure of their personal information which in any way may relate to the scope and duties of the Applicant Medical Assistance (RMA) Administrator, the U.S. Committee for Refugees and Immigrants (USCRI). Thus, submission of this application verifies that the applicant has authorized the LRA, and its representatives, to discuss RMA-relevant information including the applicant's medical history, with USCRI Applicant Health Services (RHS) staff and its third-party administrator, Point Comfort Underwriters (PCU). Should the LRA and/or the applicant choose to rescind this permission, they shall first notify the RMA Program Officer in writing (refugeehealth@uscritx.org). ☐ I have reviewed the Notice of Privacy Practices with my client. ☐ I have provided my client with a copy of the Notice of Privacy Practices. ☐ I certify that the information provided in this application is true and correct, to the best of my knowledge. ☐ I have read and understand this agreement, and I accept and agree to all its terms and conditions. submit
3	Complete the information on the first page. All fields marked with an asterisk (*) are required.	Applicant Basic Information Alien Number * : A Number First Name * : FirstName Middle Name : MiddleName Last Name * : LastName Date of Birth* : Date of Birth Sex * : Select Age : Country of Origin : - Select - Preferred Language : - Select - Address 1 * : Address 1 Address 2 : Address 2 State * : Texas City * : - Select - County * : - Select - Zip Code * : - Select - Agency * : - Select Agency- Agency Email Address : Agency Email Address Agency Phone Number : Agency Phone Number Cancel Save Next

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4	If the address has a unit or apartment number, enter that information into the Address 2 field.	Address 1 * Address 1 Address 2 Address 2 State * - Select - City * - Select -
4	Click “Next” to go to the second page of the application. Entered data DOES NOT automatically save. To save data you must select either “Save” or “Next.”	Cancel Save Next

Second page:
ELIGIBILITY VERIFICATION

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5	Answer Questions 1-8 by selecting either "YES" or "NO."	1.) Is the youth eligible for Medicaid or CHIP? * ○ YES ○ NO 2.) Has the youth reached the maximum age for foster care in the state? * ○ YES ○ NO 3.) Has the youth reunited with a parent? * ○ YES ○ NO 4.) Has the youth been adopted? * ○ YES ○ NO 5.) Has the youth united with a non-parental adult with legal custody or guardianship? * ○ YES ○ NO 6.) Is the youth in an eligible immigration status? * ○ YES ○ NO Immigration Status* - Select - Immigration Documents* Choose File No file chosen 7.) Did the youth receive federal approval to enter the URM program? * ○ YES ○ NO ORR URM Approval Letter* Choose File No file chosen Michigan - URM Program Entrance Date* 8.) Is the youth living in the state where ORR has designated the MRD to provide medical assistance? * ○ YES ○ NO
5a	MICHIGAN/ARIZONA:- Answer 1-6 by selecting either YES or NO - Immigration Status: Select Special Immigration Juvenile Status (SIJs) - Immigration Documents: Upload immigration documents - 7. Did the youth receive federal approval to enter the URM program? Select either YES or NO - ORR URM Approval Letter: Upload ORR	1.) Is the youth eligible for Medicaid or CHIP? * ○ YES ○ NO 2.) Has the youth reached the maximum age for foster care in the state? * ○ YES ○ NO 3.) Has the youth reunited with a parent? * ○ YES ○ NO 4.) Has the youth been adopted? * ○ YES ○ NO 5.) Has the youth united with a non-parental adult with legal custody or guardianship? * ○ YES ○ NO 6.) Is the youth in an eligible immigration status? * ○ YES ○ NO Immigration Status* - Select - Immigration Documents* Choose File No file chosen 7.) Did the youth receive federal approval to enter the URM program? * ○ YES ○ NO ORR URM Approval Letter* Choose File No file chosen Michigan - URM Program Entrance Date* 8.) Is the youth living in the state where ORR has designated the MRD to provide medical assistance? * ○ YES ○ NO

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	URM Approval Letter to verify URM program entrance date - URM Program Entrance Date: Enter the date the ORR URM Approval Letter is dated - 8. Is the youth living in the state where ORR has designated the MRD to provide medical assistance? Select YES or NO	
5a	TEXAS: - 1. Is the youth eligible for Medicaid or CHIP? Select YES or NO - Texas – Date Terminated from Medicaid: Enter the date the Medicaid Termination Letter has listed - Texas Medicaid Termination Letter: Upload the Texas Medicaid Termination Letter to verify termination date	1.) Is the youth eligible for Medicaid or CHIP? * ○ YES ○ NO Texas – Date Terminated from Medicaid* Texas – Medicaid Termination Letter* Choose File No file chosen 2.) Has the youth reached the maximum age for foster care in the state? * ○ YES ○ NO 3.) Has the youth reunited with a parent? * ○ YES ○ NO 4.) Has the youth been adopted? * ○ YES ○ NO 5.) Has the youth united with a non-parental adult with legal custody or guardianship? * ○ YES ○ NO 6.) Is the youth in an eligible immigration status? * ○ YES ○ NO Immigration Status* - Select - Immigration Documents* Choose File No file chosen 7.) Did the youth receive federal approval to enter the URM program? * ○ YES ○ NO ORR URM Approval Letter* Choose File No file chosen 8.) Is the youth living in the state where ORR has designated the MRD to provide medical assistance? * ○ YES ○ NO

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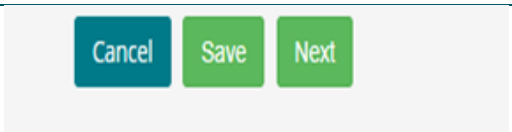
	- Answer 2-6 by selecting either YES or NO - Immigration Status: Select immigration status - Immigration Documents: Upload immigration documents - 7. Did the youth receive federal approval to enter the URM program? Select either YES or NO - ORR URM Approval Letter: Upload ORR URM Approval Letter - 8. Is the youth living in the state where ORR has designated the MRD to provide medical assistance? Select YES or NO	
9	Click "NEXT" to go to the next page of the application. By clicking "NEXT" all information entered will be saved.	

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Third page: DETERMINATION		
10	Select and answer all questions under "Determination" on the third page of the application.	Determination Application submitted by* John Smith Did you inform the youth about the Notice of Privacy Practices?* ○ YES ○ NO Did the youth designate the Authorized Representative?* ○ YES ○ NO Did the youth release all PHI?* ○ YES ○ NO Release Authorization Form [Release Authorization Form] Signed Release Authorization Form* [Choose File] No file chosen Date the Release Authorization Form was signed*
	Review OFMA COVERAGE PERIOD dates. Effective date is automated based on the URM Approval Date/Medicaid Denial Date and Termination date is calculated as the first day of the month after the applicant's 21/22 birthday.	OFMA COVERAGE PERIOD Effective Date 08/03/2022 Termination Date 05/01/2028
11	Select all questions regarding "Eligibility Determination." Refer to the OFMA policy, or the RMA PO, for guidance.	By selecting "approved" you are attesting that the client meets all eligibility requirements to be enrolled in ORR-Funded Medical Assistance for Unaccompanied Refugee Minors. Agency User - Select Agency User - URD User - Select URD User - USCRI User - Select USCRI user - Agency Comments Comments URD Comments Comments USCRI Comments Comments

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13	Once you click "Release Authorization Form," the form will automatically download at the top left corner of the browser.	Release Authorization Form U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS RELEASE AUTHORIZATION This form must be completed and signed by the client and submitted with their RMA application via eRED. This form is valid for one year from the effective RMA date, or for the full duration of RMA coverage. APPLICANT INFORMATION APPLICANT FULL LEGAL NAME (FIRST, MIDDLE, LAST): | ALIEN NUMBER: AUTHORIZED REPRESENTATIVE I want the below individual or organization to apply for benefits or act on my behalf, called an "Authorized Representative". Yes No NAME OF AUTHORIZED REPRESENTATIVE: International Institute of Southwest Missouri EMAIL: | PHONE NUMBER: RELEASE OF PRIVATE HEALTH INFORMATION I authorize the below resettlement agency to receive and review my Private Health Information (PHI) and Personal Identifying Information (PII)". This authorization covers USCRI and all applicable Business Associates as defined in the Health Insurance Portablility and Accountability Act of 1996, for actions necessary for medical treatment and claims processing and payment relating to covered individuals NAME OF LOCAL RESETTLEMENT AGENCY: International Institute of Southwest Missouri INFORMATION TO RELEASE: ALL INFORMATION Or Appeal | Financial | Referral Benefits/Coverage | Medical Records | Treatment Billing | Doctor/Hospital | Dental/Vision Claims/Payments | Precertification | Pharmacy POLICY: I understand that USCRI is not a HIPAA Covered Entity subject to the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the privacy, security and breach notification regulations promulgated thereunder (45 CFR Parts 160 and 164) (the "HIPAA Regulations"), because it is a government-funded program that is exempt from the definition of a "Health Plan" under the HIPAA Regulations. I also understand that even though USCRI is not a HIPAA Covered Entity, it chooses to follow HIPAA Regulations as a best practice. The above client has the right to revoke authorization access at any time and may do so by emailing USCRI at refugeehealth@uscritx.org.
14	The applicant must indicate to the LRA whether or not they allow them to be their authorized representative.	Authorized Representative I want the below individual or organization to apply for benefits or act on my behalf, called an "Authorized Representative." Yes No
15	Under "INFORMATION TO RELEASE", the applicant can choose "ALL INFORMATION" or can select specific categories of information to restrict.	INFORMATION TO RELEASE: ALL INFORMATION Or Appeal | Financial | Referral Benefits/Coverage | Medical Records | Treatment Billing | Doctor/Hospital | Dental/Vision Claims/Payments | Precertification | Pharmacy
16	The applicant and the Authorized Representative must sign the form.	SIGNATURE I certify that the information I have provided on the RMA application is true and complete to the best of my knowledge. By signing, I give authorization for the release of information as indicated on this form. RMA ENROLLEE'S SIGNATURE: | DATE: AUTHORIZED REPRESENTATIVE'S SIGNATURE: | DATE:
17	After making all selections, click on "SAVE & DOWNLOAD."	SAVE & DOWNLOAD

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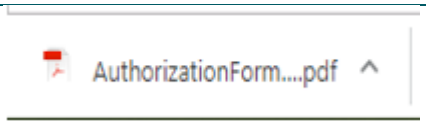
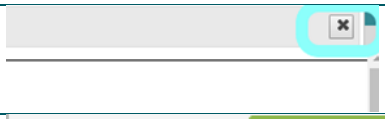
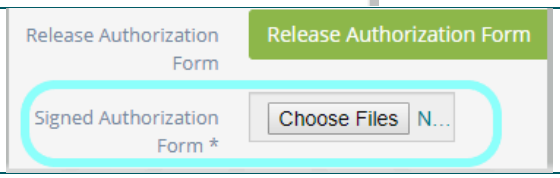
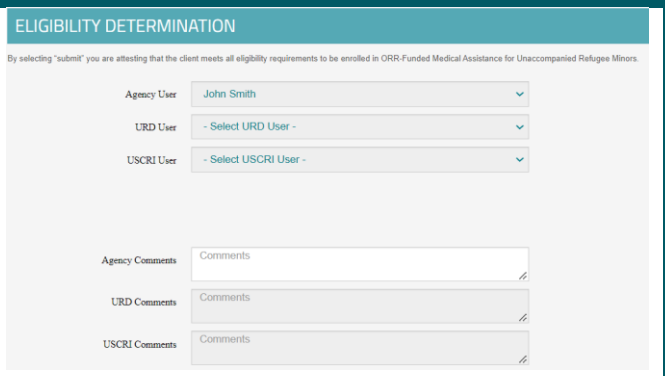
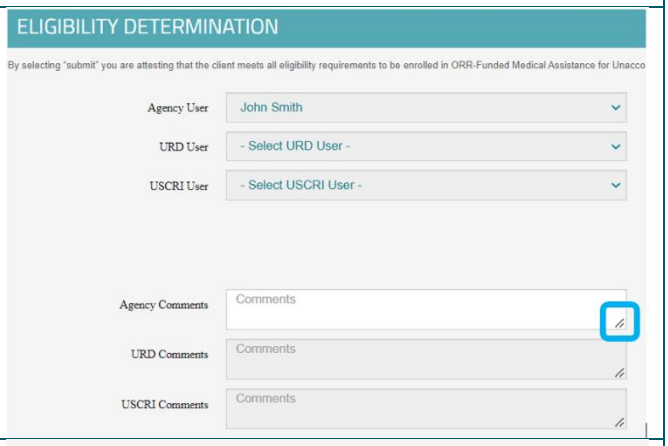
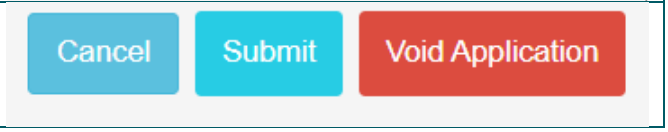
18	After clicking “SAVE & DOWNLOAD”, a PDF will automatically download. Save the Release Authorization Form PDF.	
19	Click the “X” on the Release Authorization pop-up page to exit.	
20	Choose File and Upload the Release Authorization Form.	

Third page: ELIGIBILITY DETERMINATION		
21	The form will automatically generate the URM user’s name who is completing the application. The other user dropdowns: URD User and USCRI User will be accessible for each respective role when reviewing. The URM can leave additional application comments under the Agency Comments Box. The other user comment boxes: URD Comments and USCRI Comments will be accessible for each respective role when reviewing.	
22	Leave comments, if needed. The URM can leave additional application comments under the Agency Comments Box. The other user comment boxes: URD Comments and USCRI Comments will be accessible for each respective role when reviewing. Drag the horizontal lines to expand the comment section.	
23	Click “Submit” to move the application to the “Eligible” folder.	

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	Click “Cancel” to exit without saving or submitting. If you click “Cancel,” the application will remain in the “Pending” folder. Click “Void Application” to delete your application entirely.	

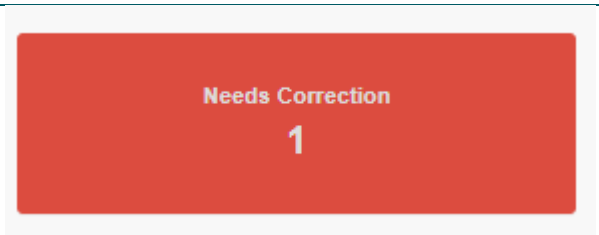
5.2 Applications URM Users Can Edit

As an URM user, you can only edit applications in the “Pending,” and “Needs Correction” folders. These folders should be monitored since these include applications that are yet to be submitted and applications that need corrections before either the URD and USCRI review them and make final approvals. To edit an application, click on the folder, search for the application, and select the application by clicking on the edit logo.

5.3 Needs Correction Application

An application may be categorized as “Needs Correction” if the application was submitted with incomplete or incorrect demographic information and/or eligibility documentation.

To correct an application please follow these steps:

1	Click on the “Needs Correction” folder from the homepage menu.	
2	Search for an applicant or an application.	

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3	Go to the 3rd page of the application by selecting the "Determination" heading at the top of the application.	3.) Determination
4	Review URD or RMA PO comments and make any necessary corrections.	ELIGIBILITY DETERMINATION By selecting "submit" you are attesting that the client meets all eligibility requirements to be enrolled in ORR-Funded Medical Assistance for Unaccompanied Agency User: Shivam Yadav Agency Comments: Comments URD Comments: Please correct name. Does not match immigration Forms USCRI Comments: Comments
5	Click 'Submit" to move the application to the "URD Review" folder for URD review. If you click "Cancel," it will exit the application without saving or submitting for further review. If you click "Void Application," it will delete the whole application without saving or submitting for further review	Cancel Submit Void Application

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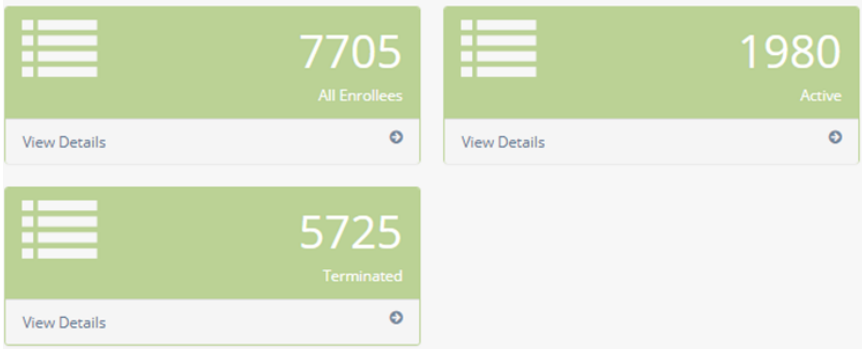
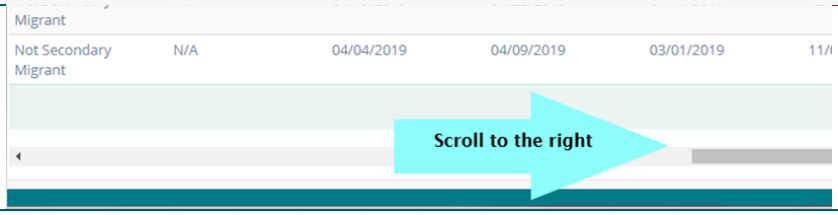
6. Enrollees Menu

6.1 Introduction

All applicants that have been approved for OFMA benefits will be listed in the “All Enrollees” folder. Applicants in this folder are either active or terminated from OFMA. The folder lists all current and historical enrollees in OFMA. The “Active” folder lists all applicants that are actively enrolled in your agency or state. All applications in the “Approved” folder are sent to PCU at 8:00 AM EST and are therefore classified as Active. The “Terminated” folder lists all applicants whose coverage has ended. The “Terminated” folder updates automatically.

6.2 Print Applications

To print an application from the Enrollees menu, please follow these steps:

1	Select any folder to print a copy of the applicant’s application.	
2	Search for an applicant.	

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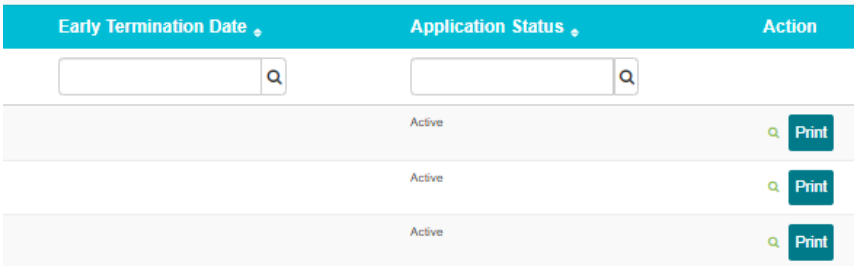
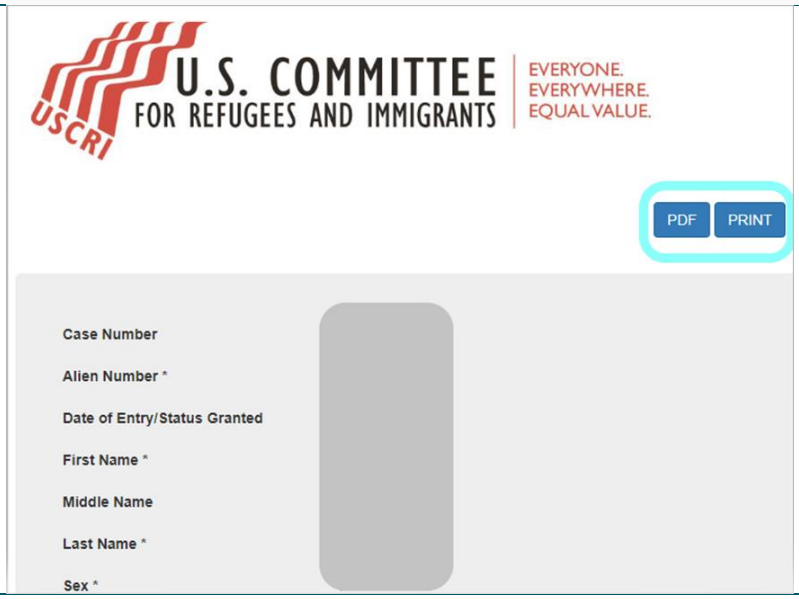
3	Click “Print”.	
4	The PDF application generates. Click “Print” to print the application. Click “PDF” to save the application.	

7. Notification of Change (NOC) Menu

7.1 Introduction

In accordance with the OFMA Policy Manual 5. SUBPART E- NOTIFICATION OF CHANGE, USCRI requires that an enrollee or Authorized Representative notify USCRI of any changes to certain life circumstances within five business days of the change (or learning of the change). The Notification of Change should be submitted through the OFMA portal.

URM users can create a Notification of Change (NOC) and make edits to the NOC in the “NOC Needs Correction” folder.

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7.2 Submit an NOC

To submit a NOC, please follow these steps:

1	Click on the "Notification of Change" folder to create a new form.	Notification of Change
2	Enter enrollee's Alien Number.	Manage Notification of Change Manage Notification of Change Enrollee's Alien Number: 123-456-788
3	Only make changes or correct the information in the applicable fields. Upload all necessary/required documents.	Applicant Basic Information Only enter the information directly related to the type of change you are requesting. If there is no change to be reported under one of the categories, please leave the field blank. Alien Number First Name Middle Name Last Name Gender Date of Birth Age Country of Origin

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4	If an enrollee is being terminated early, enter the termination date into the appropriate field. Print the RMA termination letter for the enrollee after the NOC has been approved and their RMA has been terminated.	APPROVED FOR MEDICAID/SSI Medicaid Effective Date: ☐ Pregnant ☐ Disabled ☐ 65 + ☐ Other Supporting Documentation Choose File No file chosen MOVED OUT OF STATE Date of Move: State Moved to: - Select - OPT-OUT / OTHER Date of Early Term: Supporting Documentation Choose File No file chosen
6	Enter comments regarding the NOC. The comment box is a required field.	Comments * Address changed because of move Change Request by Soukaina Laras Change Code ADD Change Request Date 8/22/2019
7	Click "Request Change" to submit and move the NOC to the "NOC URD Review" folder. Click on "Cancel" to exit without saving or submitting.	Cancel Request Change

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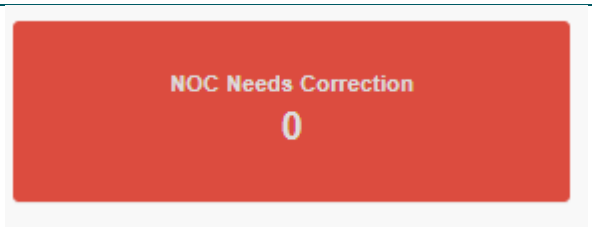
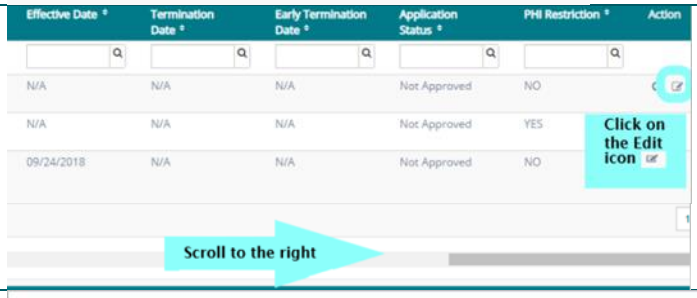
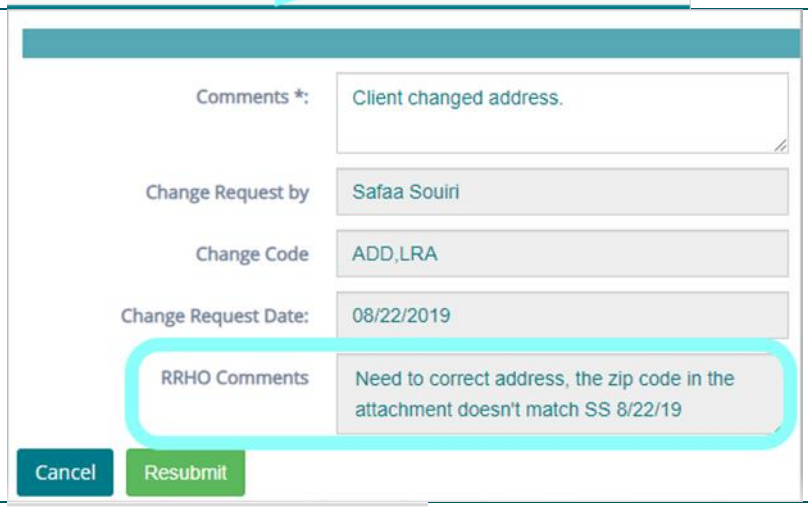
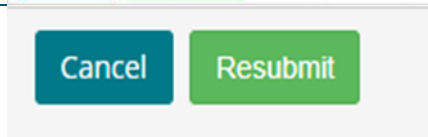
7.3 Correct an NOC

All requests in the "NOC Needs Correction" folder have been reviewed by the RMA PO and need corrections or clarifications.

To correct a NOC, please follow these steps:

1	Click on the "NOC Correction" folder.	
2	Search for the enrollee.	
3	Review RMA PO comments and make any necessary corrections.	
4	Click "Submit" to move the application to the "NOC URD Review" folder. Click "Cancel" to exit without saving or submitting.	

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8. Disposition Letters

8.1 Introduction

USCRI provides disposition letters for individuals who apply for OFMA health benefits through the OFMA Portal. You are responsible for providing the disposition letter to the applicant.

USCRI provides four types of disposition letters in OFMA:

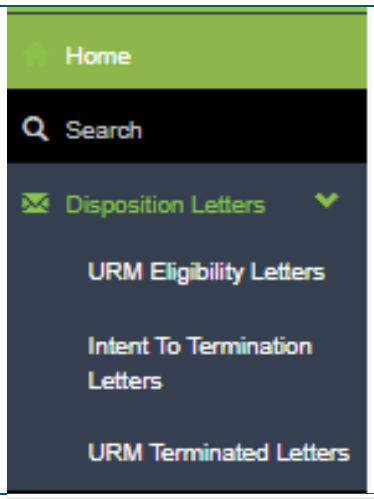
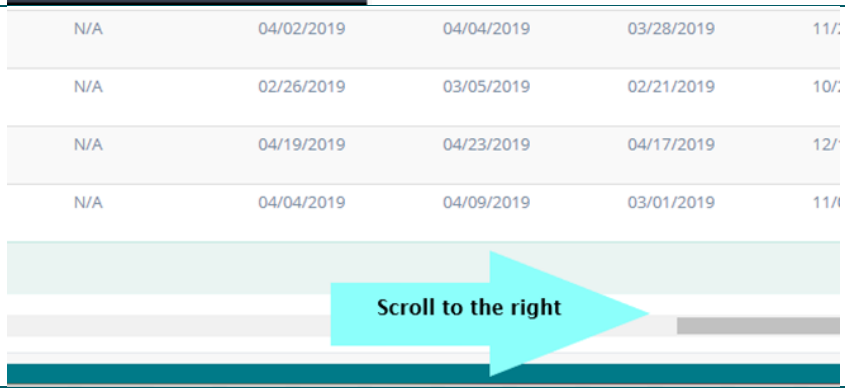
1) Eligibility Letters for applicants who have been approved and enrolled in OFMA coverage.

2) Termination Letters for enrollees whose OFMA coverage has ended.

3) Intent to Terminate Letter for enrollees whose OFMA coverage will end within a month's time from their termination date.

8.2 Print Disposition Letters

To print disposition letters, please follow these steps:

1	On the sidebar menu, click "Disposition Letters." Select the letter you need to print.	
2	Search for the applicant.	

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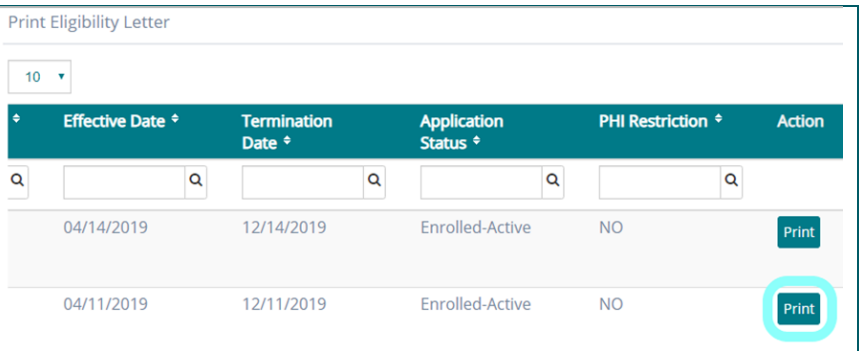
3	Click “Print.”	
4	The PDF disposition letter will generate on the screen. Click “Print” to print the disposition letter. Click “PDF” to save the disposition letter.	

9. Notice of Privacy Practices (NPP)

9.1 Introduction

Based on USCRI OFMA Policy Manual 4. SUBPART D- APPLICATION PROCESS 4.3, USCRI’s Notice of Privacy Practices details when an enrollee’s medical information may be used and disclosed and how an enrollee may access this information. As the Authorized Representative, you must provide and review USCRI’s Notice of Privacy Practices with the OFMA applicant. USCRI’s Notice of Privacy Practices letters are downloadable from OFMA and provided in multiple languages.

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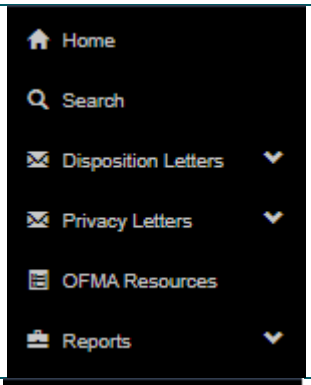
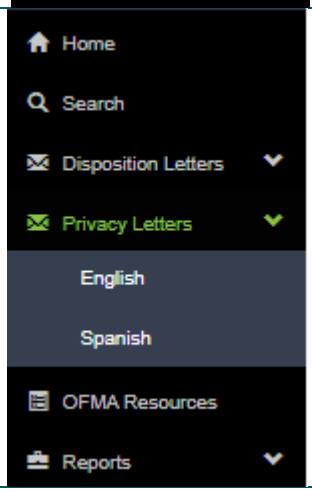
9.2 Print NPP Letters

1	On the sidebar, click on "Privacy Letters."	
2	Select the language needed. If a language is not available, you are responsible for having an interpreter verbalize the information. Please contact your RMA PO to request the translation of documents in additional languages.	
3	The PDF Notice of Privacy Practices letter generates. Click "Print" to print the Notice of Privacy Practices letter. Click "PDF" to save the NPP letter.	

10. Reports

10.1 Introduction

URM users have access to two reporting types:

1) Demographic reports
2) Termination reports

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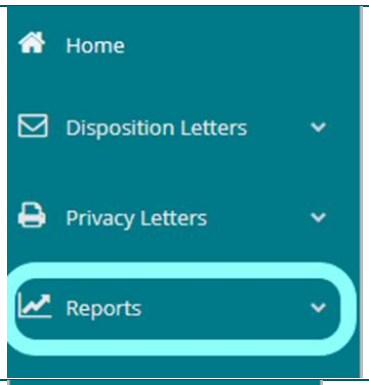
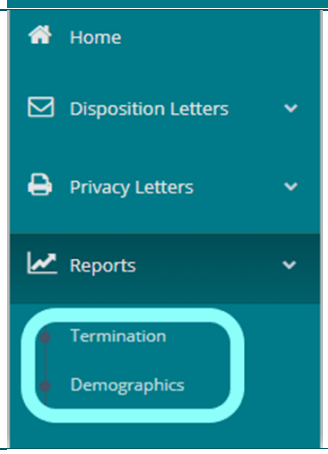
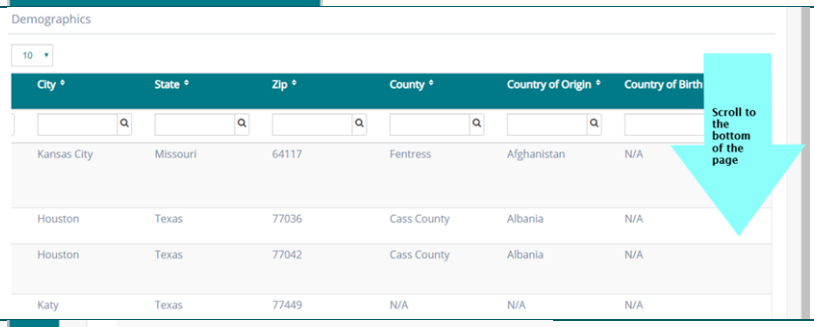
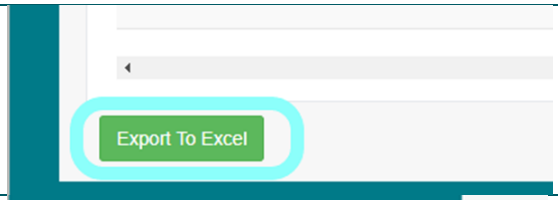
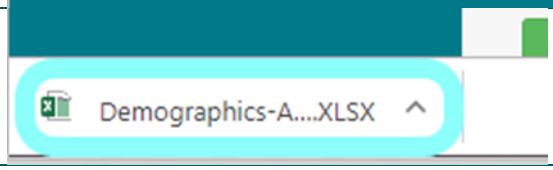
10.2 Pulling Reports

To pull a report, please follow these steps:

1	On the left sidebar menu, click on "Reports."	
2	Select the report needed.	
3	After clicking on the report, the applicant grid opens. Scroll to the bottom of the page.	
4	Click "Export to Excel" to generate the report.	
5	Click on the report name to download the report.	

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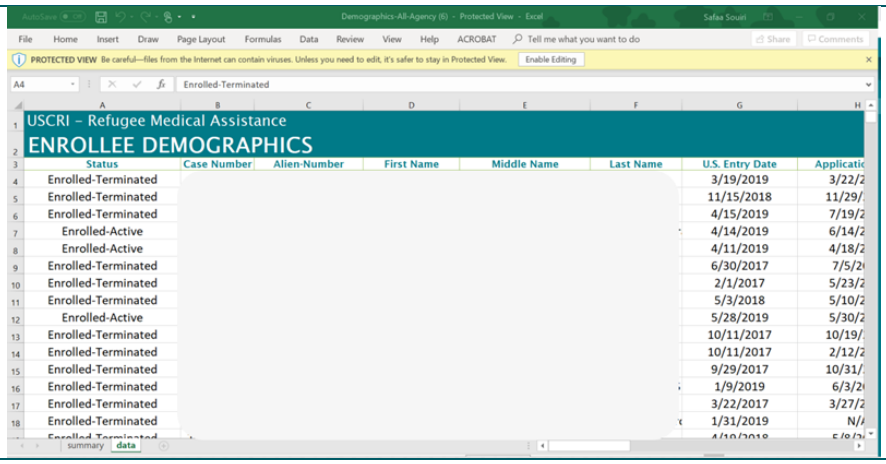
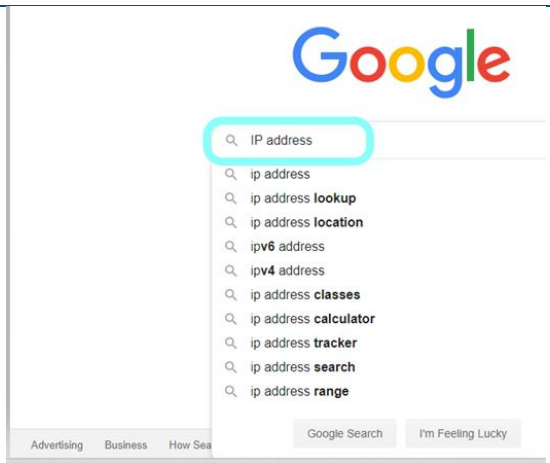
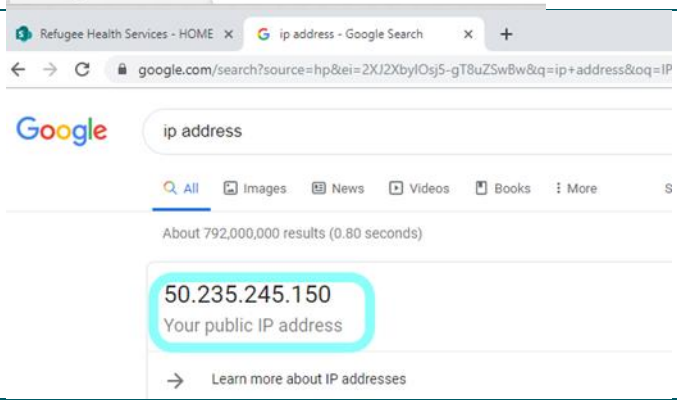
6	The report populates as an Excel spreadsheet with all relevant data points. Note: Contact your RMA PO if you have any questions about the report.	

11. Tips and Tricks

11.1 How to Find Your Public IP Address:

Please follow these steps to find your public IP address:

1	1) Open Google. 2) Type "IP Address" into the search field and press "Enter."	
2	This search command will display your public IP address.	

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11.2 How to Upload Documents

To ensure proper document upload in eRED, all attachments should:

1) Be in PDF file format.

2) Not be saved in a private or secure folder, server, or drive. If it is in a private or secure folder or server, it will not upload into eRED and will give you an error code.

3) Not be password protected. If a document is password protected, it will not upload into eRED and will give you an error code.

4) Not include symbols in the file name. If the file name has any symbols, it will not upload into eRED and will give you an error code.

5) No two files can be saved with the same name. If you have files with the same name, it will not upload into eRED and will give you an error code.

After you upload a document, eRED will automatically re-name the attachment for USCRI's purposes.

11.3 Application Status Emails

Each time an application's status changes, the LRA user and the Auditor user will receive an email with an update.

LRA and Auditor users may opt-out from receiving automatic eRED notifications.

eRED Applicant Termination

Date: 09/30/2019 Testing Please Ignore

Dear RAvindra,

Gemini Purple has terminated from RMA on 03/01/2020. Please provide the client with the RMA termination letter from eRED.

If you have any questions, please reach out to your Regional Refugee Health Officer.

Sincerely,
USCRI

To opt out of receiving automatic eRED application status update emails please select here.
unsubscribe

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11.4 Applicants that Move from One USCRI State to Another

USCRI administers the RMA program in Texas, Maine, Kansas, Missouri, and Tennessee. When you learn that your applicant has moved from one of these states and is still time-eligible for RMA, follow the steps below:

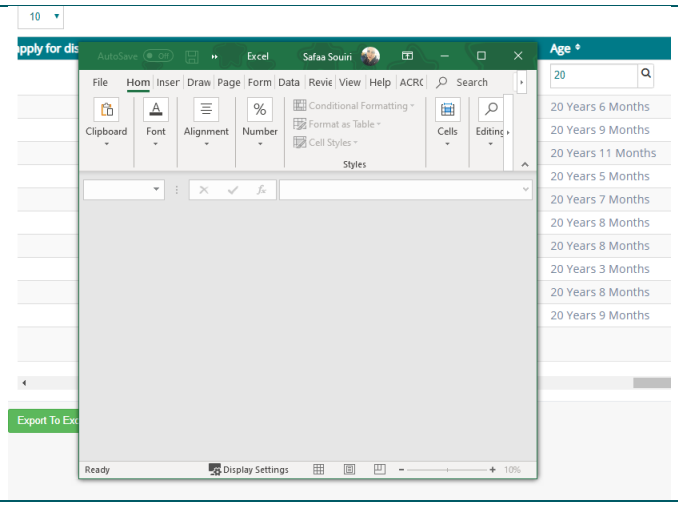
* If the applicant moves from a non-USCRI state, you do not need to follow the steps below.

1) Email your RMA PO the applicant's information, including Alien Number and the previous state of residence. The RMA PO will contact the state in which the applicant originated to ensure that their RMA is terminated. If it has not been terminated, the RMA PO will work with the LRA to ensure that a NOC is submitted to terminate the applicant's RMA. Once the applicant's original application has been terminated, your RMA PO will email you to inform you that you can now submit an application for the applicant in eRED.

2) When submitting the new eRED application for the applicant, be sure to indicate that the applicant is a secondary migrant in the "Case Type" dropdown. eRED permits duplicate Alien Numbers in the system only when the applicant is a secondary migrant.

11.5 Report Troubleshooting

If you have pulled a report and a blank spreadsheet downloads, please follow these steps:

1	If you download a report and a blank page appears, close the report and continue to step 2.	

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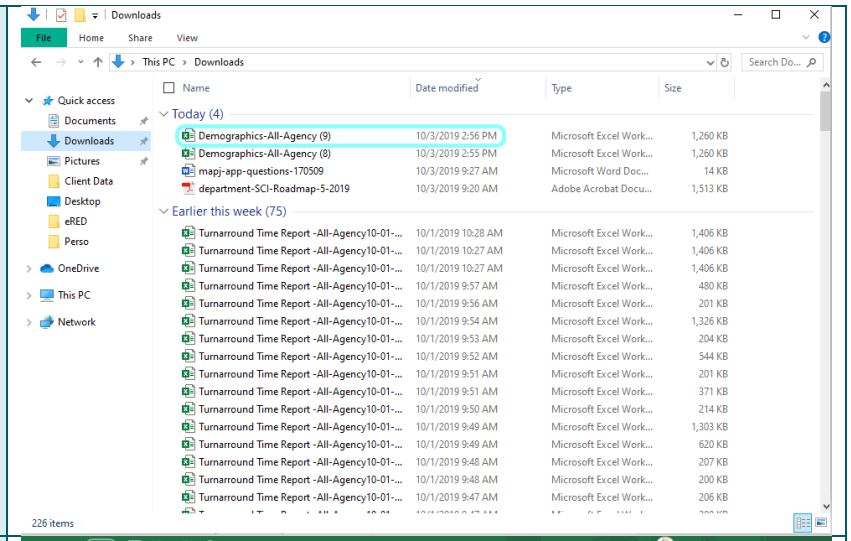
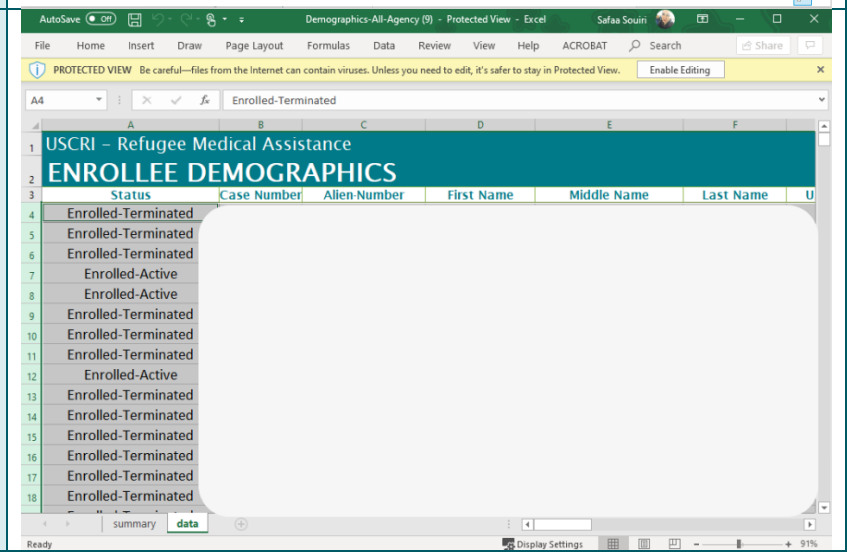
2	Go to your "Downloads" folder and select the report.	
3	The report populates as an Excel spreadsheet with all data points.	

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