

## Shifting from Alliance to Medicaid Eligibility Rules

	<b>Alliance</b> (as of June 1, 2006)	<b>Medicaid</b>	<b>Notes</b>
<b>Non-Financial Eligibility</b>			
<b>Citizenship/ Alienage</b>	No requirements.	Citizens and qualified aliens only.	"Qualified aliens" are defined in federal law. Persons who are not "qualified aliens" may simply write "OTHER" on p. 6 of the Combined Application.
<b>Disability</b>	n/a	Required for any childless adult under 65.	Disability is determined by Social Security or the Medical Review Team (MRT) at IMA.
<b>Residency</b>	Same as Medicaid.	DC residents only.	Homeless individuals do not need to provide further proof of residency.
<b>SSN</b>	Customer must supply SSN, if any.	Customer must supply SSN or proof of SSN application.	For verification, IMA requires only one document (including but not limited to Social Security card).
<b>Insurance Status</b>	Private insurance allowed; however, Medicare recipients get QMB instead of Alliance.	Private insurance and Medicare allowed.	Please provide copy of private insurance card or Medicare card with the Combined Application.
<b>Financial Eligibility</b>			
<b>Income</b>	200% FPL using gross income (with \$100 earned income disregard).	Child & Fam: 200% FPL; Aged & Dis: 100% FPL; both use "countable income" formulas; see attached income/asset scales.	Countable income excludes many types of income (e.g., work study, training stipends, etc.); it also disregards certain amounts (e.g. one-half of earnings for Aged & Dis) and permits some deductions (e.g., dependent care for Child & Fam).
<b>Assets</b>	New asset test: \$4,000 for HH of one; \$6,000 for HH of two or more.	Child & Fam: no asset test; Aged & Dis: \$4,000 for HH of one; \$6,000 for HH of two or more.	Countable assets include generally include liquid or readily-available resources (e.g., checking account, savings account, cash on hand, etc.); they do not include primary residences, vehicles, burial plots, etc.
<b>Application Processing</b>			
<b>Application Form</b>	Same as Medicaid.	Combined Application or DCHF mail-in form	Combined Application solicits information for Medicaid, Food Stamps, TANF, and IDA.
<b>Interview</b>	Same as Medicaid.	No interview requirement.	Customers wanting Food Stamps, TANF, or IDA must have a face-to-face interview with an IMA worker.
<b>Processing Timeline</b>	Same as Medicaid.	IMA determines eligibility w/in 5 days of receiving all verifications.	10- and 30-day notices if verifications are missing; 45-day denial notice mailed if not verifications not received by 45th day (unless awaiting disability determination).
<b>Recertification</b>	Same as Medicaid.	Annual recertification, unless customers get SSI, TANF, adoption subsidy, etc.	Pre-printed 90- and 30-day notices sent to all Medicaid clients who are subject to recertification; MAA mails separate notice 12 days prior to eligibility end date.
<b>Fair Hearings</b>	Same as Medicaid.	Customer has 90 days to request a hearing.	Customers can request a hearing from their IMA worker. They can also call (202) 698-4147 or (202) 727-8280. Note: if enrolled customer requests prior to termination, eligibility will continue.
<b>Miscellaneous</b>			
<b>Presumptive Eligibility</b>	Discontinued after May 31, 2006.	For pregnant women only; covers month of application and subsequent month only.	IMA provides Medicaid presumptive eligibility only to pregnant women. Please mark the Combined Application as "URGENT: PREGNANCY" and fax it to (202) 724-8963.
<b>Same-day/Next- day Eligibility</b>	Same as Medicaid.	For customers with urgent or acute medical conditions.	IMA will expedite eligibility decisions in urgent situations. Please mark the Combined Application as "URGENT" and fax it to (202) 724-8963. Also, include all verification documents and send an email to <a href="mailto:medicaid@dc.gov">medicaid@dc.gov</a> or <a href="mailto:alliance@dc.gov">alliance@dc.gov</a> to notify IMA about the situation.
<b>Retroactive Eligibility</b>	n/a	For coverage up to 90 days prior to the month of application.	Please answer both "Retro" questions on p. 5 of the Combined Application. Medicaid-eligible customers answering "yes" to both questions will automatically receive coverage for the 90-day retro period.