

## **Alliance Eligibility Comes to IMA** *...and the new system that starts on June 1, 2006*

### **Eligibility Rules and Procedures**

**Application Form:** Same for DC Medicaid and the Alliance. All persons applying for DC Medicaid or the Alliance should use the Combined Application. Customers can also use this form to apply for Food Stamps and cash assistance. English and Spanish versions of the Combined Application are available at <http://dhs.dc.gov>.

**New Asset Test:** Single persons with countable assets over \$4,000 (\$6,000 for couples) are not eligible for the Alliance. Note: IMA does not count the primary residence, car, etc. If a customer has less than \$1,000 in the bank, then IMA does not need a bank statement

**Privately-insured:** Same policy for DC Medicaid and the Alliance. Privately-insured residents can also get coverage from DC Medicaid or the Alliance. Applicants should simply report their insurance information on p. 5 of the Combined Application.

**Effective Date of Eligibility:** Same for DC Medicaid and the Alliance. Eligibility begins on the first day of the month of application. However, DC Medicaid customers (but not Alliance customers) can also qualify for 90 days of retroactive eligibility.

**Fair Hearings Rights:** Same for DC Medicaid and the Alliance. To request a Fair Hearing, please call (202) 698-4147 or (202) 727-8280.

**Recertification Process:** Same for DC Medicaid and the Alliance. Customers may recertify in person at IMA, by mail, or by phone. To recertify by phone, call (202) 727-5355.

**Interview:** Neither DC Medicaid nor the Alliance require a face-to-face interview with an IMA worker. Rather, Combined Application may be mailed to 645 H St., NE, Washington, DC 20002 or faxed to (202) 724-8963. Note: Customers applying for Food Stamps or cash assistance must complete an interview with an IMA worker.

### **Benefits**

**Differences in Benefits:** The Alliance does not cover substance abuse treatment or mental health services. Alliance customers who need these services should try to qualify for Medicaid on the basis of disability. (To find out more about the disability standard, see <http://www.socialsecurity.gov/pubs/10029.html>.) Alternatively, you should refer these customers to APRA or DMH (1-888-7-WE-HELP) for assistance.

**Providers and Networks:** Customers in the Alliance will be served by either Chartered Health Plan or Health Right starting June 1, 2006. To enroll in a health plan or find out more information, customers may call (202) 639-4030.

## Examples of Verification Documents

Proof of:	Examples
<b>Income</b>	Recent paystubs; statement showing retirement income, disability income, or Workers Compensation; pension statement; etc.
<b>Assets</b> (if more than \$1,000)	Recent bank and checking account statements, etc.
<b>DC Residency</b> (unless homeless)	DC driver's license, lease, rent receipt, written statement from your landlord, utility or telephone bill, etc.
<b>Social Security Number</b>	Social Security card; tax or payroll documents with your SSN on it; DC driver's license with your SSN on it; etc.
<b>Medical Exam Report/Disability</b> (unless 65+ or getting SSDI)	Recent medical report (or Form 856) and any supporting materials from your doctor.
<b>Immigration Information</b>	Employment Authorization card, I-94, visa, passport, or other documents from the INS that lists the Alien ID or "A" number.

## Special Circumstances

**Homeless individuals:** If the customer lacks a fixed nighttime address, then the customer is homeless. You do not need to provide a letter from a shelter, etc. Just write "HOMELESS" in the current address field on p. 1 of the Combined Application. However, please ask the customer for a mailing address where they can receive letters from IMA. Otherwise, IMA will enter "645 H Street, NE" as the customer's address.

**Immigrants:** If a customer has an Alien ID or "A" number, please provide this on the form. If not, the customer can simply indicate "OTHER" for their legal status on p. 6 of the Combined Application. Customers **never** need to say that they are "undocumented."

**Urgent medical conditions:** Customers with acute medical conditions can get expedited "same-day/next-day" eligibility decisions. Please mark the complete, signed application as "URGENT," and then fax it to the Medicaid Branch on (202) 724-8963. Please include all verification documents or as much information as possible. Also, please send an email to [medicaid@dc.gov](mailto:medicaid@dc.gov) with the customer's name so that IMA is aware that you are sending an urgent request.

**After-hours pharmacy:** Customers needing prescriptions may get them through the Unity-operated Alliance pharmacies. Some have evening and/or weekend hours. The pharmacies can fill urgent prescriptions for new applicants even if IMA is closed.

## Questions? Problems?

Just email [medicaid@dc.gov](mailto:medicaid@dc.gov) or [alliance@dc.gov](mailto:alliance@dc.gov).