
MEDICARE SUBSIDY - QUALITY REVIEW CASE ANALYSIS

1. QA Office Code: _____ Sample Cycle: _____ Study ID: _____
Subsidy Level: _____% Interview date: _____
2. Beneficiary's (BN) SSN: _____
Living-with Spouse's SSN (If applicable): _____
Type of Application: Beneficiary Only Beneficiary/Living-with Spouse
Date Application Filed: _____ Protective Filing Date/MOE: _____
If death precluded interview, provide date of death & exclude: _____
 Other Exclusion (see remarks) Interview Incomplete (see remarks)
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<p>Name of BN: _____</p> <p>Address: _____ _____ _____</p> <p>Phone: () _____</p> <p>Living-with Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Spouse: _____</p> <p>Living-with Spouse contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks:</p>	<p>Other Contact:</p> <p><input type="checkbox"/> Representative Payee (if applicable)</p> <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Address: _____ _____</p> <p style="margin-left: 40px;">Phone: () _____</p> <p><input type="checkbox"/> Third Party</p> <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Address: _____ _____</p> <p style="margin-left: 40px;">Phone: () _____</p>
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SSA Records

Interview

1. Identity

SSN:
Beneficiary:

Living-with Spouse:

Date of Birth

Beneficiary:

Living-with Spouse:

Remarks:

SSN agrees with systems queries

Beneficiary	Living-with Spouse
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Marital Status

Single, Divorced, Widow(er), Married Not Living-with Spouse

Married Living-with Spouse

Remarks:

What was your marital status at the time the application was filed?

Single, Divorced, Widow(er), Married Not Living-with Spouse

Married Living-with Spouse

Has there been any change in marital status since the application date?

Yes No

If yes, indicate type of change below.

<input type="checkbox"/> Divorce	<input type="checkbox"/> Separation from Spouse
<input type="checkbox"/> Annulment	<input type="checkbox"/> Death of your Spouse
<input type="checkbox"/> Marriage	<input type="checkbox"/> Resumption of cohabitation after separation

Date of change: _____

Verification

Conclusion

<p>1. Identity verified:</p> <p>Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Living-with Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> No deficiency</p> <p><input type="checkbox"/> Deficiency</p> <p>_____</p> <p>_____</p> <p>Remarks:</p>
<p>2. Marital Status</p> <p><input type="checkbox"/> No change/Verification not required</p> <p>Documentary evidence</p> <p><input type="checkbox"/> Divorce Decree <input type="checkbox"/> Separation Agreement</p> <p><input type="checkbox"/> Annulment Decree <input type="checkbox"/> Death Certificate/SSA records</p> <p><input type="checkbox"/> Marriage Certificate</p> <p><input type="checkbox"/> Collateral contact made:</p> <p>Type/Date _____</p> <p>Place _____</p> <p>Name/Title _____</p> <p>Findings _____</p> <p>Documentary evidence unavailable</p> <p>Explanation: _____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> No change</p> <p><input type="checkbox"/> Marital status Change</p> <p><input type="checkbox"/> No Living-with Spouse</p> <p><input type="checkbox"/> Living-with Spouse</p> <p><input type="checkbox"/> No deficiency</p> <p><input type="checkbox"/> Deficiency</p> <p>_____</p> <p>_____</p> <p>Remarks:</p>

SSA Records

Interview

3. Family Size

Number of relatives living with the beneficiary and/or living-with spouse for whom they allege providing at least 1/2 financial support:

Beneficiary

Living-with Spouse

Total Alleged Family Size: _____

Remarks:

Beneficiary/living-with spouse does not provide 1/2 support to relatives in household.

Indicate below: the name, relationship, income and whether or not 1/2 support is alleged for each relative in the household of the beneficiary or living-with spouse.

NAME	RELATIONSHIP	INCOME	1/2 SUPPORT ALLEGED	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Average Monthly Household Expenses

<u>Type</u>	<u>Amount</u>	<u>Type</u>	<u>Amount</u>
Food	\$ _____	Gas	\$ _____
Rent	\$ _____	Electricity	\$ _____
Property Tax	\$ _____	Property Insurance	\$ _____
Water	\$ _____	Sewer	\$ _____
Mortgage	\$ _____	Heating/Fuel	\$ _____
Garbage Removal	\$ _____		
Total Average Monthly Household Expenses			\$ _____

Verification

Conclusion

3. Family Size

Beneficiary/living-with spouse does not provide 1/2 support to relatives in household.

Indicate below: the name, relationship, income and whether or not 1/2 support is alleged for each relative in the household of the beneficiary or living-with spouse.

NAME	RELATIONSHIP	INCOME	1/2 SUPPORT ALLEGED	
			Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Average Monthly Household Expenses

<u>Type</u>	<u>Amount</u>	<u>Type</u>	<u>Amount</u>
Food	\$ _____	Gas	\$ _____
Rent	\$ _____	Electricity	\$ _____
Property		Property	
Tax	\$ _____	Insurance	\$ _____
Water	\$ _____	Sewer	\$ _____
Mortgage	\$ _____	Heating/Fuel	\$ _____
Garbage			
Removal	\$ _____		
Total Monthly Household Expenses \$ _____			

Collateral Contact:

Name: _____

Address: _____

Phone: () _____

Findings: _____

No ISM involved

Total Yearly ISM: \$ _____

No deficiency

Deficiency: _____

Remarks:

SSA Records

Interview

<p>4. Liquid Resources</p>	<p>Indicate the type(s) of liquid resources involved and the amount. Provide the information needed to contact collateral sources.</p>	
<p><input type="checkbox"/> None</p>	<p><u>Applicant</u></p>	<p><u>Living-with Spouse</u></p>
<p>Bank Accounts: \$ _____</p>	<p><input type="checkbox"/> None</p>	<p><input type="checkbox"/> None</p>
<p>Stocks, bonds, savings bonds, mutual funds, IRA or similar accounts: \$ _____</p>	<p>Cash \$ _____</p>	<p>\$ _____</p>
<p>Cash: \$ _____</p>	<p>Checking Account \$ _____</p>	<p>\$ _____</p>
<p>Other: _____</p>	<p>Savings Account \$ _____</p>	<p>\$ _____</p>
<p>_____</p>	<p>Cert. of Deposit \$ _____</p>	<p>\$ _____</p>
<p>\$ _____</p>	<p>Mutual Funds \$ _____</p>	<p>\$ _____</p>
<p>Computer Match: \$ _____</p>	<p>Credit Union Accts. \$ _____</p>	<p>\$ _____</p>
<p>Remarks:</p>	<p>Other Bank Account</p>	
	<p>(Christmas Club, etc.) \$ _____</p>	<p>\$ _____</p>
	<p>Patient Accounts \$ _____</p>	<p>\$ _____</p>
	<p>Savings Bonds \$ _____</p>	<p>\$ _____</p>
	<p>Stocks/Bonds \$ _____</p>	<p>\$ _____</p>
	<p>Promissory Notes \$ _____</p>	<p>\$ _____</p>
	<p>401K Plans/Keogh</p>	
	<p>Accounts \$ _____</p>	<p>\$ _____</p>
	<p>Trusts \$ _____</p>	<p>\$ _____</p>
	<p>Other (Explain) _____</p>	<p>\$ _____</p>
	<p>_____ \$ _____</p>	<p>\$ _____</p>
	<p>Account type _____ Account ID _____</p>	
	<p>Name of Source: _____</p>	
	<p>Address: _____</p>	
	<p>_____</p>	
	<p>Owner(s): _____</p>	
	<p>Balance: \$ _____</p>	
	<p>Account type _____ Account ID _____</p>	
	<p>Name of Source: _____</p>	
	<p>Address: _____</p>	
	<p>_____</p>	
	<p>Owner(s): _____</p>	
	<p>Balance: \$ _____</p>	
	<p>Remarks: _____</p>	
	<p>_____</p>	

Verification

Conclusion

4. Liquid Resources

Evidence viewed: Yes No

Account type _____ Account ID _____

Owner(s): _____

Balance: \$ _____

Account type _____ Account ID _____

Owner(s): _____

Balance: \$ _____

Account type _____ Account ID _____

Owner(s): _____

Balance: \$ _____

Collateral contact made?: Yes No

Name of Source: _____

Address: _____

Account type _____ Account ID _____

Owner(s): _____

Balance: \$ _____

Name of Source: _____

Address: _____

Account type _____ Account ID _____

Owner(s): _____

Balance: \$ _____

Name of Source: _____

Address: _____

Account type _____ Account ID _____

Owner(s): _____

Balance: \$ _____

None

Total Countable Liquid Resources:

Cash: \$ _____

Checking: \$ _____

Savings: \$ _____

Other: \$ _____

Total: \$ _____

Total countable liquid resources did not exceed resource limit during the Evidentiary Period.

Liquid resources caused or contributed to ineligibility or affected the Subsidy Level.

No deficiency

Deficiency _____

Remarks:

SSA Records

Interview

5. Non-home Real Property

Ownership:

Yes No

CMV \$ _____

Remarks:

Allegation of Non-Home Real Property ownership by Beneficiary/Living-with Spouse:

Yes No

Sole Ownership
 Beneficiary Living-with Spouse
 Joint ownership

Joint owner's Name: _____

Address: _____

Phone: () _____

Property Address: _____

CMV: \$ _____ Mortgage balance: \$ _____

Property Essential for Self-Support: \$ _____

Lien Holder:

Name/Source: _____

Address: _____

Phone: () _____

Encumbrances: _____

Sole ownership
 Beneficiary Living-with Spouse
 Joint ownership

Joint owner's Name: _____

Address: _____

Phone: () _____

Property Address: _____

CMV: \$ _____ Mortgage balance: \$ _____

Property Essential for Self-Support: \$ _____

Lien Holder:

Name/Source: _____

Address: _____

Phone: () _____

Encumbrances: _____

Verification

Conclusion

5. Non-Home Real Property

Allegations verified by:

- Government records
- Tax Assessment Statement
- Other (i.e. deed, sales contract, etc.) _____

Collateral contact made:

Name of Source: _____
Address: _____
Owner(s): _____
Verified CMV: \$ _____ Equity Value: \$ _____

Name of Source: _____
Address: _____
Owner(s): _____
Verified CMV: \$ _____ Equity Value: \$ _____

Encumbrances: _____

Property Essential for Self-Support: \$ _____

No Non-Home Real Property ownership for Beneficiary or Living-with Spouse

Beneficiary or Living-with Spouse owns excluded Non-Home Real Property

Beneficiary or Living-with Spouse owns countable Non-Home Real Property with a total equity value of: \$ _____

Property Essential for Self Support: \$ _____

No deficiency

Deficiency: _____

Remarks:

SSA Records

Interview

6. Funeral/Burial Expenses

Funds expected to be used for funeral or burial expenses?

Yes No

Remarks:

Funds expected to be used for funeral or burial expenses?

Yes No

Verification

Conclusion

<p>6. Funeral/Burial Funds</p>	<input type="checkbox"/> Exclusion does not apply <input type="checkbox"/> Exclusion applies <input type="checkbox"/> Beneficiary only <input type="checkbox"/> Living-with Spouse only <input type="checkbox"/> Both <input type="checkbox"/> No deficiency <input type="checkbox"/> Deficiency: _____ _____ _____ Remarks:
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Total Countable Resources Summary

<u>Type of Resource</u>	<u>Total Value</u>	
Liquid Resources	\$ _____	<input type="checkbox"/> No deficiency <input type="checkbox"/> Deficiency: _____ _____ _____ _____ _____ Resources caused ineligibility or affected the subsidy level: <input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Home Real Property	\$ _____	
Subtotal	\$ _____	
Minus Burial Fund Exclusion (If applicable)	\$ _____	
Total	\$ _____	

SSA Records

Interview

7. Unearned Income

Indicate the type(s) of unearned income involved and provide the amount and source of verification.

Beneficiary

None

Income type:

Amount: \$ _____

Income type:

Amount: \$ _____

Computer Match:
\$ _____

Living-with Spouse

None

Income type:

Amount: \$ _____

Income type:

Amount: \$ _____

Computer Match:
\$ _____

Remarks:

Beneficiary

Living-with Spouse _

Title II	\$ _____	\$ _____
Title XVI	\$ _____	\$ _____
Bank Deposits	\$ _____	\$ _____
VA Pension	\$ _____	\$ _____
VA Compensation	\$ _____	\$ _____
Gov't Pension	\$ _____	\$ _____
Private Pension	\$ _____	\$ _____
Railroad Retire.	\$ _____	\$ _____
Black Lung	\$ _____	\$ _____
Educational Assistance	\$ _____	\$ _____
State Dib. Pymt	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Worker's Comp.	\$ _____	\$ _____
Sick Pay	\$ _____	\$ _____
Royalties	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Gifts	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Patrimony	\$ _____	\$ _____
Gambling Proceeds	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Cash	\$ _____	\$ _____
Other	\$ _____	\$ _____

Source:

Name: _____

Address: _____

Phone: () _____

Claim #: _____

Name: _____

Address: _____

Phone: () _____

Claim #: _____

Verification

Conclusion

7. Unearned Income

- None
- Title II (verified by the MBR)
- Title XVI (verified by the SSR - *Informational only*)
- Verified by award letter or other evidence in Beneficiary's/living-with Spouse's possession.
- Collateral contact made:
Source: _____
Addr: _____

Phone: () _____
Findings: _____

- Collateral contact made:
Source: _____
Addr: _____

Phone: () _____
Findings: _____

- Collateral contact made:
Source: _____
Addr: _____

Phone: () _____
Findings: _____

- Unearned Income exclusion established per HI 03020.ff

Type: _____ Amount: \$ _____
Type: _____ Amount: \$ _____
Type: _____ Amount: \$ _____

Total Yearly Unearned Income

\$ _____

Total Yearly Excludable Unearned Income

\$ _____

Total Yearly Countable Unearned Income

\$ _____

Remarks:

SSA Records

Interview

8. Earned Income

Beneficiary

None

Wages: \$ _____

SEI : \$ _____

Amounts decreased:

Yes No

Stopped or plans to stop work?

Yes No

When? _____

Work expenses?

Yes No

Computer Match:

\$ _____

Living-with Spouse

None

Wages: \$ _____

SEI : \$ _____

Amounts decreased:

Yes No

Stopped or plans to stop work? Yes No

When? _____

Work expenses?

Yes No

Computer Match:

\$ _____

Remarks:

Date last worked: Beneficiary _____ Spouse _____

Date plans to stop work: Beneficiary _____ Spouse _____

Beneficiary

Living-with Spouse

Wages \$ _____

\$ _____

NESE \$ _____

\$ _____

Sheltered

Workshop

Earnings \$ _____

\$ _____

Royalties \$ _____

\$ _____

Honoraria \$ _____

\$ _____

In-Kind Earned

Income \$ _____

\$ _____

Source Name: _____

Address : _____

Phone : () _____

Source Name: _____

Address : _____

Phone : () _____

Explanation of decrease in earnings: _____

Work Expenses

IRWE/BWE Yes No

Type(s): _____

Amount: \$ _____

Frequency: Weekly Monthly Yearly

Verification

Conclusion

8. Earned Income and Earned Income Exclusions

- None
- Earned Income established:
 - See employer contact in file
 - See systems query (DEQY, SEQY)
 - See SSA-4201
 - See tax return
 - See copy of other business record
 - See summary of beneficiary's/living-with Spouse's records (i.e. pay stubs)

Collateral contact made:
 Source: _____

Date of Contact: _____
 Finding: _____

Source: _____

Date of Contact: _____
 Finding: _____

- Earned Income Exclusion established per HI 03020.ff:
 - Type: _____ Amount: \$ _____
 - Type: _____ Amount: \$ _____
 - Type: _____ Amount: \$ _____

Work Expense(s) established:

- IRWE BWE
- Type: _____
- Amount: \$ _____
- Frequency: Weekly Monthly Yearly

Findings: _____

Neither Beneficiary nor Living-with Spouse has Earned Income

Beneficiary has yearly Earned Income of:
 \$ _____

Living-with Spouse has yearly Earned Income of:
 \$ _____

Total Yearly Earned Income:
 \$ _____

Total Earned Income Exclusion:
 Type: _____
 Amount: \$ _____

Work Expense(s):
 IRWE BWE:
 \$ _____

Total Yearly Countable Earned Income:
 \$ _____

Remarks:

