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 (LWS) SSN (If applicable): _____
   Date Application Received _____

3. Exclusion: ☐ Yes ☐ No
   If yes, exclusion code: _____

   If excluding, were Special Procedures considered? Yes ☐ No ☐

Name of BN: _____ Address: _____ _____ _____ Phone: ( ) _____ LWS: ☐ Yes ☐ No LWS name: _____ LWS contacted: ☐ Yes ☐ No Remarks:	Other Contact: ☐ Representative Payee (if applicable) Name: _____ Address: _____ _____ Phone: ( ) _____ ☐ Third Party Name: _____ Address: _____ _____ Phone: ( ) _____ Remarks:

SSA Records	Interview
1. Identity SSN BN: _____ LWS: _____ Date of Birth BN: _____ LWS: _____ _____ _____ _____ Remarks:	**BN** SSN _____ Name on Record_____ Date of Birth _____ Birthplace _____ Parents _____ **LWS** SSN _____ Name on Record_____ Date of Birth _____ Birthplace _____ Parents _____ Remarks:

Verification	Conclusion
1.Identity SSN agrees with systems queries BN: ☐ Yes ☐ No LWS: ☐ Yes ☐ No Remarks:	Proper BN/LWS interviewed ☐ Yes ☐ No Remarks:

SSA Records	Interview
2. Marital Status ☐ Single, Divorced, Widow(er), Married Not LWS ☐ Married LWS Remarks:	What was your marital status at the time the application was filed? ☐ Single, Divorced, Widow(er), Married Not LWS ☐ Married LWS Has there been any change in marital status since the application date? ☐ Yes ☐ No If yes, indicate type of change below. ☐ Divorce ☐ Annulment ☐ Marriage ☐ Separation from Spouse ☐ Death of your Spouse ☐ Resumption of cohabitation after separation Date of change: _____ Remarks:

Verification	Conclusion
2. Marital Status (Verification not required) Remarks:	☐ LWS ☐ Yes ☐ No Deficiency ☐ Yes ☐ No Remarks:

SSA Records	Interview
3. Family Size (FS) Number of relatives living with the BN/LWS for whom they allege providing at least ½ financial support: _____ _____ Alleged FS (include BN/LWS) Remarks:	Household Composition Check all applicable boxes: ☐ BN ☐ LWS ☐ Deemed children. Number: ___ ☐ Other related individuals. Number: ___ ☐ Unrelated people in the HH. Number: ___ Total number people in household (HH) counting non relatives_____ Indicate below: the name, relationship, income and whether or not ½ support is alleged for each relative in the HH of the BN or LWS. *(If none, proceed to conclusion column for completion.)*

NAME	RELATION-SHIP	INCOME	½ SUPPORT ALLEGED
			☐ Yes ☐ No ☐ Deemed
			☐ Yes ☐ No ☐ Deemed
			☐ Yes ☐ No ☐ Deemed
			☐ Yes ☐ No ☐ Deemed
			☐ Yes ☐ No ☐ Deemed
			☐ Yes ☐ No ☐ Deemed
			☐ Yes ☐ No ☐ Deemed
			☐ Yes ☐ No ☐ Deemed
			☐ Yes ☐ No ☐ Deemed

Average Monthly HH Expenses

Type	Amount	Type	Amount
Food	$_____	Gas	$_____
Rent	$_____	Electricity	$_____
Property Tax	$_____	Property Insurance	$_____
Water	$_____	Sewer	$_____
Mortgage	$_____	Heating/Fuel	$_____
Garbage Removal	$_____		
Total Average Monthly HH Expenses	$_____		

Remarks:

Verification	Conclusion
3. FS Number of people in HH _____ Pro rata share (total monthly expenses divided by number of people in HH)_____ ☐1/2 support not met for the following individuals. _____ _____ _____ _____ _____ ☐1/2 support met for the following individuals. _____ _____ _____ _____ _____ _____ ☐1/2 support deemed for the following children. _____ _____ _____ _____ _____ _____ Remarks:	Total FS:_____ Difference ☐ Yes ☐ No Stand Alone Deficiency ☐ Yes ☐ No Combined Deficiency ☐ Yes ☐ No _____ _____ _____ _____ Remarks:

SSA Records	Interview
4. Liquid Resources (LR) ☐ No Liquid Resources Bank Accounts: $_____ Stocks, bonds, savings bonds, mutual funds, IRA or similar accounts: $_____ Cash: $_____ Other:_____ _____ $_____ Computer Match: **BN** Source: _____ Amount:$_____ Source: _____ Amount:$_____ Source: _____ Amount:$_____ Source: _____ Amount:$_____ **LWS** Source: _____ Amount:$_____ Source: _____ Amount:$_____ Source: _____ Amount:$_____ Source: _____ Amount:$_____ Remarks:	Indicate the type(s) of liquid resources involved and the amount. Provide the information needed to contact collateral sources. **BN** **LWS** ☐ **No LR** ☐ **No LR** Cash $_____ $_____ Checking Account $_____ $_____ Savings Account $_____ $_____ Cert. of Deposit $_____ $_____ Mutual Funds $_____ $_____ Credit Union Accts. $_____ $_____ Other Bank Account (Christmas Club, etc.) $_____ $_____ Patient Accounts $_____ $_____ Savings Bonds $_____ $_____ Stocks/Bonds $_____ $_____ Promissory Notes $_____ $_____ 401K Plans/Keogh Accounts $_____ $_____ Trusts $_____ $_____ Other (Explain) _____ $_____ $_____ Account type _____ Account ID_____ Name of Source: _____ Address:_____ _____ Owner(s): _____ Balance: $_____ Account type _____ Account ID_____ Name of Source: _____ Address: _____ _____ Owner(s): _____ Balance: $_____ Remarks: _____ _____

Verification	Conclusion
4. Liquid Resources Evidence provided by BN: ☐ Yes ☐ No Source document:_____ Account type _____Account ID_____ Owner(s): _____ Balance: $_____ Source document:_____ Account type _____Account ID_____ Owner(s): _____ Balance: $_____ Source document:_____ Account type _____Account ID_____ Owner(s): _____ Balance: $_____ Evidence provided by collateral contact: ☐ 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: $_____ Remarks:	☐ No Liquid Resources Total Countable LR: Bank Accounts: $_____ Stocks, etc: $_____ Cash: $_____ Other: $_____ Total: $_____ ☐ Total countable LR not over resource limit. ☐ LR caused ineligibility. ☐ LR affected co-pay/deductible only. Difference ☐ Yes ☐ No Stand Alone Deficiency ☐ Yes ☐ No Combined Deficiency ☐ Yes ☐ No Remarks:

SSA Records	Interview
5. Non-home Real Property (NHRP) Ownership: ☐ Yes ☐ No CMV $ _____ Accurint NHRP lead ☐ Yes ☐ No Lexis-Nexis NHRP lead for LWS ☐ Yes ☐ No Remarks:	Allegation of NHRP ownership by BN/LWS: ☐ Yes ☐ No ☐ Sole Ownership ☐ BN ☐ LWS ☐ 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 ☐ BN ☐ LWS ☐ 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: _____ _____ Remarks:

Verification	**Conclusion**
5. Non-Home Real Property ☐ Accurint produced no NHRP leads for BN ☐ Lexus-Nexus produced no NHRP leads for LWS Allegations verified by: ☐ Government Records (e.g., Tax Assessment Statement) ☐ Contact with applicable government records office (e.g., Assessor's office) Date of contact _____ Agency name _____ Name of contact _____ Address _____ Method of Contact ☐Letter ☐Telephone ☐Internet ☐Other _____ ☐ Other (e.g. deed, sales contract, etc.) _____ Non-government collateral contact made ☐ Yes ☐ No Name of Source: _____ Address: _____ Method of Contact ☐Letter ☐Telephone ☐Internet ☐Other NHRP found ☐ Yes ☐ No Owner(s): _____ Verified CMV: $_____ Equity Value: $_____ _____ Name of Source: _____ Address: _____ Encumbrances: _____ _____ _____ ☐ Property Essential for Self-Support: $_____ Remarks:	Non-Home Real Property: BN : ☐ Yes ☐ No LWS: ☐ Yes ☐ No ☐ BN or LWS owns countable NHRP-Home Real Property with a total equity value of: $ _____ ☐ BN or LWS owns excludable NHRP-Home Real Property ☐ Property Essential for Self Support ☐ Undue Hardship Difference ☐ Yes ☐ No Stand Alone Deficiency ☐ Yes ☐ No Combined Deficiency ☐ Yes ☐ No 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 Remarks:

Verification	Conclusion
6. Funeral/Burial Funds (Verification not required)	☐ Exclusion does not apply ☐ Exclusion applies ☐ BN only ☐ LWS only ☐ Both ☐ Difference ☐ Yes ☐ No *Note: Difference may affect total resource amount.* Remarks:

Total Countable Resources Summary

Type of Resource	**Total Value**
Liquid Resources	$ _____
Non-Home Real Property	$_____
Subtotal	**$_____**
Minus Burial Fund Exclusion (If applicable)	$_____
Total	**$ _____**

Resources caused ineligibility: ☐ Yes ☐ No

Resources affected the co-pay/deductible only: ☐ Yes ☐ No

Remarks:

SSA Records	Interview
7. Unearned Income (UI) **BN** ☐ No UI Income type: _____ Amount: $ _____ Income type: _____ Amount: $ _____ Computer Match: Source:_____ Amount: $_____ **LWS** ☐ No UI Income type: _____ Amount: $ _____ Income type: _____ Amount: $ _____ Computer Match: Source:_____ Amount: $_____ Remarks:	Indicate the type(s) of Unearned Income involved and provide the amount and source of verification. **BN** **LWS** _ ☐ No UI ☐ No UI Title II $_____ $_____ ☐ BN receives no other unearned income ☐ LWS receives no other unearned income Title XVI $_____ $_____ Bank Deposits $_____ $_____ VA Pension $_____ $_____ VA Compensation $_____ $_____ Gov't Pension $_____ $_____ Private Pension $_____ $_____ Railroad Retirement $_____ $_____ Black Lung $_____ $_____ Educational Assistance $_____ $_____ State Dib Payment $_____ $_____ 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 #: _____ Name: _____ Address: _____ _____ Phone: ( )_____ Claim #: _____

	Name: _____ Address: _____ _____ Phone: ( )_____ Claim #: _____ Remarks

Verification	Conclusion
7. UI ☐ Title II (verified by the MBR) ☐ Title XVI (verified by the SSR - *Informational only*) ☐ Verified by award letter or other evidence in BN/LWS possession. Source:_____ Addr: _____ _____ Phone: ( ) _____ Total Yearly Amount:_____ Source:_____ Addr: _____ _____ Phone: ( ) _____ Total Yearly Amount:_____ ☐ Collateral contact made: Source:_____ Addr: _____ _____ Phone: ( ) _____ Total Yearly Amount:_____ Source:_____ Addr: _____ _____ Phone: ( ) _____ Total Yearly Amount:_____ Source:_____ Addr: _____ _____ Phone: ( ) _____ Total Yearly Amount:_____ <u>Summary of Total UI</u> Type of Income Yearly Amount _____ $_____ _____ $_____ Total Yearly Unearned Income $_____ Remarks:	Total Yearly Countable UI $ _____ Difference ☐ Yes ☐ No Stand Alone Deficiency ☐ Yes ☐ No Combined Deficiency ☐ Yes ☐ No Remarks:

SSA Records	Interview
8. Earned Income (EI) **BN** ☐ No EI Wages: $ _____ SEI : $ _____ Amounts decreased: ☐ Yes ☐ No Stopped or plans to stop work? ☐ Yes ☐ No When? _____ Work expenses? ☐ Yes ☐ No Computer Match: $_____ **LWS** ☐ No EI Wages: $ _____ SEI : $ _____ Amounts decreased: ☐ Yes ☐ No Stopped or plans to stop work? ☐ Yes ☐ No When? _____ Work expenses? ☐ Yes ☐ No Computer Match: $_____ Remarks:	BN currently working: ☐ Yes ☐ No If No, date last employed:_____ LWS currently working: ☐ Yes ☐ No If No, date last employed:_____ **BN** **LWS** ☐ No EI ☐ No EI Wages $_____ $_____ NESE $_____ $_____ Sheltered Workshop Earnings $_____ $_____ Royalties $_____ $_____ Honoraria $_____ $_____ In-Kind Earned Income $_____ $_____ Source Name: _____ Address : _____ _____ Phone : ( ) _____ Remarks: Source Name: _____ Address : _____ _____ Phone : ( ) _____ Explanation of increase or decrease in earnings: _____ _____ _____ _____ _____ **Work Expenses** IRWE/BWE ☐ Yes ☐ No Type(s): _____ Amount: $_____ Frequency: ☐ Weekly ☐ Monthly ☐ Yearly Remarks:

Verification	Conclusion
8. EI and EI Exclusions ☐ No EI ☐ EI established: ☐ Employer contact in file ☐ Systems query (DEQY, SEQY) ☐ Tax return ☐ Copy of other business record ☐ BN's pay stubs ☐ Spouse's pay stubs ☐ Collateral contact made: Source: _____ _____ _____ Date of Contact: _____ Total: $_____ Source: _____ _____ _____ Date of Contact: _____ Total: $_____ Work Expense(s) established: ☐IRWE ☐ BWE Type: _____ Amount: $_____ Frequency: ☐ Weekly ☐ Monthly ☐ Yearly Remarks: _____ _____	☐ Neither BN nor LWS has EI ☐ BN yearly countable EI : $ _____ ☐ LWS yearly countable EI: $ _____ Total Yearly Countable EI: $_____ Difference ☐ Yes ☐ No Stand Alone Deficiency ☐ Yes ☐ No Combined Deficiency ☐ Yes ☐ No Remarks:

Total Yearly Countable Income Summary

Unearned Income:	$ _____	Income caused ineligibility or affected the Subsidy Level:
Earned Income:	$ _____	☐ Yes ☐ No
Total	**$ _____**	_____ _____ _____ _____

REMARKS/DEFICIENCY ANALYSIS

REMARKS/DEFICIENCY ANALYSIS (continued)

Reviewer's Signature:	Date:

Attach all Reports of Contacts, Available Documentation, Other Related Worksheets and Continuation Pages.