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**MEDICARE SUBSIDY - QUALITY REVIEW CASE ANALYSIS**

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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
- 

<p>Name of BN: _____</p> <p>Address: _____ _____</p> <p>Phone: (    ) _____</p> <p>LWS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>LWS name: _____</p> <p>LWS 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> <p>Remarks:</p>
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**SSA Records**

**Interview**

<p><b>1. Identity</b></p> <p>SSN BN: _____</p> <p>LWS: _____</p> <p>Date of Birth</p> <p>BN: _____</p> <p>LWS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Remarks:</p>	<p><b>BN</b></p> <p>SSN _____</p> <p>Name on Record _____</p> <p>Date of Birth _____</p> <p>Birthplace _____</p> <p>Parents _____</p> <p><b>LWS</b></p> <p>SSN _____</p> <p>Name on Record _____</p> <p>Date of Birth _____</p> <p>Birthplace _____</p> <p>Parents _____</p> <p>Remarks:</p>
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**Verification**

**Conclusion**

<p><b>1. Identity</b></p> <p>SSN agrees with systems queries</p> <p>BN: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>LWS: <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Remarks:</p>	<p>Proper BN/LWS interviewed <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Remarks:</p>
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**SSA Records**

**Interview**

<p><b>2. Marital Status</b></p> <p><input type="checkbox"/> Single, Divorced, Widow(er), Married Not LWS</p> <p><input type="checkbox"/> Married LWS</p> <p>Remarks:</p>	<p>What was your marital status at the time the application was filed?</p> <p><input type="checkbox"/> Single, Divorced, Widow(er), Married Not LWS</p> <p><input type="checkbox"/> Married LWS</p> <p>Has there been any change in marital status since the application date?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, indicate type of change below.</p> <table border="0"><tr><td><input type="checkbox"/> Divorce</td><td><input type="checkbox"/> Separation from Spouse</td></tr><tr><td><input type="checkbox"/> Annulment</td><td><input type="checkbox"/> Death of your Spouse</td></tr><tr><td><input type="checkbox"/> Marriage</td><td><input type="checkbox"/> Resumption of cohabitation after separation</td></tr></table> <p>Date of change: _____</p> <p>Remarks:</p>	<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
<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						

**Verification**

**Conclusion**

**2. Marital Status** (Verification not required)

Remarks:

LWS

Yes  No

Deficiency

Yes  No

Remarks:

**SSA Records**

**Interview**

**3. Family Size (FS)**

**Household Composition**

Number of relatives living with the BN/LWS for whom they allege providing at least 1/2 financial support:

\_\_\_\_\_

\_\_\_\_\_ Alleged FS (include BN/LWS)

Remarks:

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) from boxes checked above \_\_\_\_\_**

In the chart below, show the name, relationship, income and whether or not 1/2 support is alleged for each relative in the HH of the BN or LWS. (If none, proceed to conclusion column for completion.)

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

**Average Monthly HH Expenses**

Type	Amount	Type	Amount
Food	\$_____	Gas	\$_____
Rent	\$_____	Electricity	\$_____
Property		Property	
Tax	\$_____	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: \_\_\_\_\_  
 \_\_\_\_\_

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**Verification**

**Conclusion**

<p><b>4. Liquid Resources</b></p> <p>Evidence provided by BN: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Source document: _____ Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Source document: _____ Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Source document: _____ Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Evidence provided by collateral contact: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Source: _____ Address: _____ Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Name of Source: _____ Address: _____ Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Name of Source: _____ Address: _____ Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Remarks:</p>	<p><input type="checkbox"/> No Liquid Resources</p> <p>Total Countable LR:</p> <p>Bank Accounts: \$ _____</p> <p>Stocks, etc: \$ _____</p> <p>Cash: \$ _____</p> <p>Other: \$ _____</p> <p>Total: \$ _____</p> <p><input type="checkbox"/> Total countable LR not over resource limit.</p> <p><input type="checkbox"/> LR caused ineligibility.</p> <p><input type="checkbox"/> LR affected co-pay/deductible only.</p> <p>Difference <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Stand Alone Deficiency <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Combined Deficiency <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks:</p>
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**SSA Records**

**Interview**

**5. Non-home Real Property (NHRP)**

Ownership:

Yes  No

CMV \$ \_\_\_\_\_

Accurint NHRP lead

Yes  No

Lexis-Nexis Accurint 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**

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:

**Conclusion**

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  
 Property Essential for Self Support  
 Undue Hardship

Difference

Yes  No

Stand Alone Deficiency

Yes  No

Combined Deficiency

Yes  No

Remarks:

**SSA Records**

**Interview**

<p><b>6. Funeral/Burial Expenses</b></p> <p>Funds expected to be used for funeral or burial expenses?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Remarks:</p>	<p>Funds expected to be used for funeral or burial expenses?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Remarks:</p>
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**Verification**

**Conclusion**

<p><b>6. Funeral/Burial Funds (Verification not required)</b></p>	<p><input type="checkbox"/> Exclusion does not apply</p> <p><input type="checkbox"/> Exclusion applies</p> <p>    <input type="checkbox"/> BN only</p> <p>    <input type="checkbox"/> LWS only</p> <p>    <input type="checkbox"/> Both</p> <p><input type="checkbox"/> Difference</p> <p>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><i>Note: Difference may affect total resource amount.</i></p> <p>Remarks:</p>
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### Total Countable Resources Summary

<u>Type of Resource</u>	<u>Total Value</u>
Liquid Resources	\$ _____
Non-Home Real Property	\$ _____
<b>Subtotal</b>	<b>\$ _____</b>
Minus Burial Fund Exclusion (If applicable)	\$ _____
<b>Total</b>	<b>\$ _____</b>

**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.

	<b><u>BN</u></b>	<b><u>LWS</u></b> _
	<input type="checkbox"/> No UI	<input type="checkbox"/> No UI
Title II	\$ _____	\$ _____
<input type="checkbox"/> BN receives no other unearned income		
<input type="checkbox"/> 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 #: \_\_\_\_\_

	<p>Name: _____</p> <p>Address: _____</p> <p>Phone: ( ) _____</p> <p>Claim #: _____</p> <p>Remarks</p>
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**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: \_\_\_\_\_

Summary of Total UI

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: \_\_\_\_\_

	<b><u>BN</u></b>	<b><u>LWS</u></b>
	<input type="checkbox"/> No EI	<input type="checkbox"/> 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:



