

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

<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>1. Identity</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>BN</p> <p>SSN _____</p> <p>Name on Record _____</p> <p>Date of Birth _____</p> <p>Birthplace _____</p> <p>Parents _____</p> <p>LWS</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>1. Identity</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>2. Marital Status</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) counting non relatives _____

Indicate below: 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

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

<p>5. Non-home Real Property (NHRP)</p> <p>Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>CMV \$ _____</p> <p>Accurint NHRP lead <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Lexis-Nexis NHRP lead for LWS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks:</p>	<p>Allegation of NHRP ownership by BN/LWS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Sole Ownership <input type="checkbox"/> BN <input type="checkbox"/> LWS</p> <p><input type="checkbox"/> Joint ownership Joint owner's Name: _____ Address: _____ Phone: () _____</p> <p>Property Address: _____ _____ _____</p> <p>CMV: \$ _____ Mortgage balance: \$ _____</p> <p><input type="checkbox"/> Property Essential for Self-Support: \$ _____ Lien Holder: Name/Source: _____ Address: _____ Phone: () _____</p> <p>Encumbrances: _____ _____</p> <p><input type="checkbox"/> Sole ownership <input type="checkbox"/> BN <input type="checkbox"/> LWS</p> <p><input type="checkbox"/> Joint ownership Joint owner's Name: _____ Address: _____ Phone: () _____</p> <p>Property Address: _____ _____ _____</p> <p>CMV: \$ _____ Mortgage balance: \$ _____</p> <p><input type="checkbox"/> Property Essential for Self-Support: \$ _____ Lien Holder: Name/Source: _____ Address: _____ Phone: () _____</p> <p>Encumbrances: _____ _____</p> <p>Remarks:</p>
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Verification

5. Non-Home Real Property

- Accurant 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-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

<p>6. Funeral/Burial Expenses</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>6. Funeral/Burial Funds (Verification not required)</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	\$ _____
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.

	<u>BN</u>	<u>LWS</u> _
	<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: _____

	<u>BN</u>	<u>LWS</u>
	<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:

