

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 code if applicable: _____

Commented [PD1]: Reword for simplicity. Remove Yes box and reword so only exclusion code entry is necessary.

Name of BN: _____	Other Contact (if applicable):
Address: _____	Representative Payee
Residence Address (if difference from Address): _____	Name: _____
Phone: () _____	Address: _____
LWS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Phone: () _____
LWS name: _____	Third Party
LWS contacted:	Name: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Address: _____
Remarks: _____	Phone: () _____
	Remarks: _____

Commented [PD4]: Check boxes deleted for Representative Payee and Third Party as redundant. Moved (if applicable) to Other Contact so applies to both Representative Payee and Third Party

Commented [PD2]: Add Residence since Address may be PO Box

Commented [PD3]: Add No box back for LWS and LWS contacted

SSA Records

Interview

<p>I. Identity</p> <p>SSN BN: _____</p> <p>LWS: _____</p> <p>Date of Birth BN: _____</p> <p>LWS: _____</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>I. 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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Commented [PD5]: Adds back Yes boxes for BN and LWS in Verification and Conclusion.

SSA Records

Interview

3. Family Size (FS)

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: _____

Household Composition

If BN or BN and LWS live alone, check the appropriate box and proceed to Family Size Verification column

- BN lives alone
- BN and LWS live alone

If BN or BN and LWS live with others complete the following: Check all applicable boxes:

- BN
- LWS
- Deemed children. Number: _____
- Other related individuals. Number: _____
- Unrelated people in the HH. Number: _____

Total number 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

Average Monthly HH Expenses

(Complete only when non deemed relative(s) live with BN/LWS)

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: _____

Commented [PD8]: Wording added for clarification.

Commented [PD9]: Adds back all No boxes

Commented [PD10]: Clarification

Verification	Conclusion
<p>3. FS If BN or BN and LWS live alone, check the appropriate box and complete FS Conclusion column. <input type="checkbox"/> BN lives alone <input type="checkbox"/> BN and LWS live alone</p> <p>If BN or BN and LWS live with others complete the following:</p> <p>Number of people in HH _____ (including the BN and LWS)</p> <p>Pro rata share (total monthly expenses divided by number of people in HH) _____</p> <p>1/2 support not met for the following individuals. _____ _____ _____ _____</p> <p>1/2 support met for the following individuals. _____ _____ _____ _____</p> <p>1/2 support deemed for the following children. _____ _____ _____ _____</p> <p>Remarks: _____ _____</p>	<p>Total FS: _____</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>_____ _____ _____</p> <p>Remarks: _____ _____</p>

Commented [PD11]: Clarifies next action

Commented [PD12]: Adds back No boxes for Difference, Stand Alone and Combined Deficiency

SSA Records

Interview

4. Liquid Resources (LR)

Indicate the type(s) of liquid resources involved and the amount. Provide the information needed to contact collateral sources.

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: _____

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

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

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

Bank Accounts: \$ _____
(Checking, Savings, CD)

Stocks, bonds, savings
bonds, mutual funds,
IRA or other similar
Investments: \$ _____

Cash: \$ _____

Other \$ _____

Total: \$ _____

Difference
 Yes No

Stand Alone Deficiency
 Yes No

Combined Deficiency
 Yes No

Remarks: _____

Commented [PD13]: Deleted LR caused ineligibility. Is not needed.
Commented [PD14]: Add No box back for Difference, Stand Alone and Combined Deficiency

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 for BN <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Accurint 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>Sole Ownership <input type="checkbox"/> BN <input type="checkbox"/> LWS</p> <p>Joint ownership Joint owner's Name: _____ Address: _____ Phone: () _____ Property Address: _____ CMV: \$ _____ Mortgage balance: \$ _____ Equity Value \$ _____</p> <p>Property Essential for Self-Support: \$ _____ Lien Holder: _____ Name/Source: _____ Address: _____ Phone: () _____ Encumbrances: _____</p> <p>Ownership <input type="checkbox"/> BN <input type="checkbox"/> LWS <input type="checkbox"/> Joint ownership Joint owner's Name: _____ Address: _____ Phone: () _____ Property Address: _____ CMV: \$ _____ Mortgage balance: \$ _____ Equity Value \$ _____</p> <p>Property Essential for Self-Support: \$ _____ Lien Holder: _____ Name/Source: _____ Address: _____ Phone: () _____ Encumbrances: _____</p> <p>Remarks: _____ _____</p>
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Commented [PD15]: Add back No box in Ownership, Accurint NHRP leads for BN and LWS.

Commented [PD16]: Added "for BN" to match wording for LWS

Commented [PD17]: Added Equity Value

Commented [PD18]: Removed Sole for clarification

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

Commented [PD19]: Reworded for clarify.

Commented [PD20]: Adds internet address

Commented [PD21]: Adds back No box for Difference, Stand Alone and Combined Deficiency

SSA Records

Interview

<p>6. Funeral/Burial Expenses</p> <p>Funds expected to be used for funeral or burial expenses?</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>Funds expected to be used for funeral or burial expenses?</p> <p>Beneficiary <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>LWS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks: _____ _____</p>
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Commented [PD22]: Added no boxes back in for SSA Records, Interview, and Conclusion

Commented [PD23]: SSA Records and Interview, separated Beneficiary and LWS answers since could be separate answers.

Verification

Conclusion

<p>6. Funeral/Burial Funds (Verification not required)</p>	<p><input type="checkbox"/> Exclusion does not apply</p> <p>Exclusion applies</p> <p><input type="checkbox"/> BN only</p> <p><input type="checkbox"/> LWS only</p> <p><input type="checkbox"/> Both</p> <p>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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks: _____	

Commented [PD24]: Adds back No box

SSA Records

Interview

7. Unearned Income (UI)

Indicate the type(s) of Unearned Income involved and provide the amount and source of verification.

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: _____

BN

No UI

LWS

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 #: _____

Remarks _____

Verification

Conclusion

7. UI

- Title II (verified by the MBR)
- Title XVI (verified by the SSR - *Informational only – not used for subsidy determination*)

Verified by award letter or other evidence in BN/LWS possession

Source: _____
 Address: _____
 Phone: () _____
 Total Yearly Amount: _____

Source: _____
 Address: _____
 Phone: () _____
 Total Yearly Amount: _____

Collateral contact made:

Source: _____
 Address: _____
 Phone: () _____
 Total Yearly Amount: _____

Source: _____
 Address: _____
 Phone: () _____
 Total Yearly Amount: _____

Source: _____
 Address: _____
 Phone: () _____
 Total Yearly Amount: _____

Summary of Total UI (Drop all cents for monthly amounts of UI except Social Security before converting to a yearly amount)

Type of Income	Monthly Amount	Yearly Amount
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Total Yearly Unearned Income \$ _____

Minus

Unearned Income Exclusion \$ _____

Total Yearly Countable Unearned Income \$ _____

Remarks: _____

UI:

BN Yes No

LWS: Yes No

Total Yearly Countable UI

\$ _____

Difference

Yes No

Stand Alone Deficiency

Yes No

Combined Deficiency

Yes No

Remarks: _____

Commented [PD27]: Adds back No box for BN and LWS, Difference, Stand Alone Deficiency, and Combined Deficiency

Commented [PD28]: Deleted Social Security, Railroad Retirement, Veterans, Other pensions and Other Income. It is unnecessary to list separately.

Commented [PD25]: Added Monthly for ease when calculating yearly amount

Commented [PD26]: Moved calculations here rather than showing in Conclusion column.

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: _____

Cafeteria Plan Yes No

Work Expenses

IRWE/BWE

Type(s): _____

Amount: \$ _____

Frequency: Weekly Monthly Yearly

Remarks: _____

Commented [PD29]: Adds back No box BN and LWS

Commented [PD30]: Adds back No box

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

Summary of Total Earned Income

Type of Income	Monthly Amount	Yearly Amount
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Total Yearly Earned Income \$ _____

Minus

Earned Income Exclusion (1) \$ _____
 Earned Income Exclusion (2) \$ _____
 Earned Income Exclusion (3) \$ _____

Total \$ _____

Divide Total in half. Enter in Total Yearly Countable Unearned Income

Total Yearly Countable Earned Income \$ _____

Remarks: _____

BN Yes No

LWS: Yes No

Total Yearly Countable EI:
 \$ _____

Difference
 Yes No

Stand Alone Deficiency
 Yes No

Combined Deficiency
 Yes No

Remarks: _____

Commented [PD32]: Deleted Neither BN nor LWS has EI. Replaced with language for UI Conclusion for consistency.

Deleted: Neither BN nor LWS has EI

Commented [PD33]: Deleted Wages and SEI boxes. No need for these boxes.

Commented [PD34]: Adds back No box for Difference, Stand Alone and Combined Deficiency

Commented [PD31]: Added section to mimic UI for consistency. Removed calculation from Conclusion as it makes more sense to have in Verification column.

Reviewer's Signature:	Date:
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Attach all Reports of Contacts, Available Documentation, Other Related Worksheets, and Continuation Pages.