

### 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  
If yes, exclusion code: \_\_\_\_\_

<p>Name of BN: _____</p> <p>Address: _____ _____ _____</p> <p>Phone: (    ) _____</p> <p>LWS: <input type="checkbox"/> Yes</p> <p>LWS name: _____</p> <p>LWS contacted: _____ <input type="checkbox"/> Yes</p> <p>Remarks:</p>	<p>Other Contact:</p> <p><input type="checkbox"/> Representative Payee (if applicable)</p> <p>Name: _____</p> <p>Address: _____ _____ _____</p> <p>Phone: (    ) _____</p> <p><input type="checkbox"/> Third Party</p> <p>Name: _____</p> <p>Address: _____ _____ _____</p> <p>Phone: (    ) _____</p> <p>Remarks:</p>
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**SSA Records**

**Interview**

<p><b>1. Identity</b></p> <p>SSN _____</p> <p>BN: _____</p> <p>LWS: _____</p> <p>Date of Birth _____</p> <p>BN: _____</p> <p>LWS: _____</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:</p> <p><input type="checkbox"/> No</p> <p>LWS:</p> <p><input type="checkbox"/> No</p> <p>Remarks: _____</p>	<p>Proper BN/LWS interviewed</p> <p><input type="checkbox"/> No</p> <p>Remarks: _____</p>
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**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.

- 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"/> Deemed
			<input type="checkbox"/> Yes <input type="checkbox"/> Deemed
			<input type="checkbox"/> Yes <input type="checkbox"/> Deemed
			<input type="checkbox"/> Yes <input type="checkbox"/> Deemed
			<input type="checkbox"/> Yes <input type="checkbox"/> Deemed
			<input type="checkbox"/> Yes <input type="checkbox"/> Deemed
			<input type="checkbox"/> Yes <input type="checkbox"/> Deemed
			<input type="checkbox"/> Yes <input type="checkbox"/> 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**

If BN or BN and LWS live alone, check the appropriate box.

- BN lives alone
- BN and LWS live alone

If BN or BN and LWS live with others complete the following:

Number of people in HH \_\_\_\_\_ (including the BN and LWS)

Pro rata share (total monthly expenses divided by number of people in HH) \_\_\_\_\_

1/2 support not met for the following individuals.

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1/2 support met for the following individuals.

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1/2 support deemed for the following children.

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Remarks:

Total FS: \_\_\_\_\_

Difference

- Yes

Stand Alone Deficiency

- Yes

Combined Deficiency

- Yes

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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.

	<b><u>BN</u></b>	<b><u>LWS</u></b>
	<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: \$ \_\_\_\_\_

LR caused ineligibility.

Difference

Yes

Stand Alone Deficiency

Yes

Combined Deficiency

Yes

Remarks:

**SSA Records**

**Interview**

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

Ownership:

Yes

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

Accurint NHRP lead

Yes

Accurint NHRP lead for LWS

Yes

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
- Accurint 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

Name of Source: \_\_\_\_\_

Address: \_\_\_\_\_

Method of Contact  Letter  Telephone  Internet  Other

NHRP found

Owner(s): \_\_\_\_\_

Verified CMV: \$ \_\_\_\_\_ Equity Value: \$ \_\_\_\_\_

Name of Source: \_\_\_\_\_

Address: \_\_\_\_\_

Encumbrances: \_\_\_\_\_

Property Essential for Self-Support: \$ \_\_\_\_\_

Remarks:

Non-Home Real Property:

- No NHRP
- BN  LWS

owns countable NHRP-Home

Real Property with a total equity value of: \$ \_\_\_\_\_

- BN  LWS

owns excludable NHRP-Home

Real Property

- Property Essential for Self Support

- Undue Hardship

Difference

- Yes

Stand Alone Deficiency

- Yes

Combined Deficiency

- Yes

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</p> <p>Remarks:</p>	<p>Funds expected to be used for funeral or burial expenses?</p> <p><input type="checkbox"/> Yes</p> <p>Remarks:</p>
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**Verification**

**Conclusion**

<p><b>6. Funeral/Burial Funds</b> (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</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

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**

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 #: \_\_\_\_\_

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	Yearly Amount
_____	\$ _____
_____	\$ _____

Total Yearly Unearned Income \$ \_\_\_\_\_

Remarks:

UI:

BN:  Yes

LWS:  Yes

Social Security: \_\_\_\_\_

Railroad Retirement: \_\_\_\_\_

Veterans: \_\_\_\_\_

Other pensions: \_\_\_\_\_

Other Income: \_\_\_\_\_

Total Yearly Countable UI

\$ \_\_\_\_\_

Difference

Yes

Stand Alone Deficiency

Yes

Combined Deficiency

Yes

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

If No, date last employed: \_\_\_\_\_

LWS currently working:  Yes

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: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Cafeteria Plan**  Yes

**Work Expenses**

IRWE/BWE

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

Wages  
 SEI

BN yearly countable EI:  
\$ \_\_\_\_\_

LWS yearly countable EI:  
\$ \_\_\_\_\_

Total Yearly Countable EI:  
\$ \_\_\_\_\_

Difference

Yes

Stand Alone Deficiency

Yes

Combined Deficiency

Yes

Remarks:





**REMARKS/DEFICIENCY ANALYSIS (continued)**

**Reviewer's Signature:**

**Date:**

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