FORM APPROVED
OMB No. 0960-0707

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: _____

Name of BN:_____

Address:_____
_____

Residence Address (if difference from Address):
_____

Phone: ( )_____

LWS: ☐ Yes ☐ No

LWS name:_____

LWS contacted:

☐ Yes ☐ No

Remarks:_____
_____

Other Contact (if applicable):

Representative Payee

Name:_____

Address:_____
_____

Phone:( )_____

Third Party

Name:_____

Address:_____

_____

Phone:( )_____

Remarks:_____
_____

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

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
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: :_____ _____

Commented [PD5]: Adds back Yes boxes for BN and LWS in Verification and Conclusion.

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:_____ _____

Commented [PD6]: Add No box back.

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

Commented [PD7]: Add No box back for LWS and Deficiency

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 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 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

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
3. FS If BN or BN and LWS live alone, check the appropriate box and complete FS Conclusion column. ☐ 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. _____ _____ _____ _____ _____ 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:_____ _____

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) ☐ 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** ☐ **No LR** / **LWS** ☐ **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
5. Non-home Real Property (NHRP) Ownership: ☐ Yes ☐ No CMV $ _____ Accurint NHRP lead for BN ☐ Yes ☐ No 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: $_____ Equity Value $_____ Property Essential for Self-Support: $_____ Lien Holder:_____ Name/Source:_____ Address: _____ _____ Phone: ( )_____ Encumbrances:_____ _____ Ownership ☐ BN ☐ LWS ☐ Joint ownership Joint owner's Name:_____ Address:_____ _____ Phone: ( )_____ Property Address:_____ _____ _____ CMV: $_____ Mortgage balance: $_____ Equity Value $_____ Property Essential for Self-Support: $_____ Lien Holder: Name/Source:_____ Address: _____ _____ Phone: ( )_____ Encumbrances:_____ _____ Remarks:_____ _____

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
5. Non-Home Real Property ☐ Accurint produced NHRP leads for BN or LWS that affects the subsidy level 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/Internet address_____ Method of Contact ☐Letter ☐Telephone ☐Internet ☐Other _____ ☐ Other (e.g. deed, sales contract, etc.) _____ Non-government collateral contact made Name of Source:_____ Address/Internet 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 ☐ No Stand Alone Deficiency ☐ Yes ☐ No Combined Deficiency ☐ Yes ☐ No Remarks:_____ _____

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
6. Funeral/Burial Expenses Funds expected to be used for funeral or burial expenses? BN ☐ Yes ☐ No LWS ☐ Yes ☐ No Remarks:_____ _____	Funds expected to be used for funeral or burial expenses? Beneficiary ☐ Yes ☐ No LWS ☐ Yes ☐ No Remarks:_____ _____

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
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

Remarks:_____
_____

Commented [PD24]: Adds back No box

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 — **LWS** ☐ 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:_____ <u>Summary of Total UI</u> (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:_____ **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:_____ _____ _____ _____ _____ **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 sent to have in Verification column.

Total Yearly Countable Income Summary

Unearned Income:	$ _____	
Earned Income:	$ _____	
Total	**$ _____**	

Commented [PD36]: Deleted below. No longer required for this review.

Deleted: Income caused ineligibility or affected the Subsidy Level: ¶
¶
☐ Yes ~~No~~¶

REMARKS/DEFICIENCY ANALYSIS

☐ The beneficiary allegation or verified amount for resources causes ineligibility. Further development ceased and deficiency coded.
☐ The beneficiary allegation or verified amount for income and family size causes ineligibility. Further development ceased and deficiency coded.

Commented [PD37]: Added check boxes and statements to save time for reviewers.

Reviewer's Signature:	Date:

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