RSI/DI QUALITY REVIEW CASE ANALYSIS – SAMPLED NUMBER HOLDER

NOTE TO REVIEWER: In opening the interview, explain that this case is one of a small number selected by chance for review and that the purpose of this review is to find out how well the Social Security program is working. Tell them that the review consists of asking questions about their entitlement to Social Security benefits and that we may need to talk to others who have information about their entitlement. If necessary, point out that the Social Security Administration is authorized by law to review from time to time the entitlement of beneficiaries.

1. IDENTIFYING AND REVIEW INFORMATION

A. Study ID Code (SIC):

B. NH's SSN:

C. Sample Month (as shown in Sample Cycle field):

D. Review Amount (as shown in Dollar tab): $

E. Review Amount Determined by OQR (as shown in PHUS): $

F. Explanation of review amount change (if OQR determination is different):

G. NH's Name (As Shown on MBR):

H. NH's Address/Phone

Address:

Phone (Include Area Code): ( )

I. Payee Name Address/Phone

Name:

Address:

Phone (Include Area Code): ( )

☐ NH Under FRA and Entitled to RIB in Closed Year (Complete SSA-4281/SSA-4659)

DESK REVIEW

2. NUMBER HOLDER

A. Identity ☐ TELEPHONE ☐ OTHER _____

B. Other Names and SSNs Shown in Claims Folder/Numident ☐ N/A

1. Other Names:

2. Other SSNs:

C. Date of Birth/U.S. Citizenship/Alien Status

1. Date of Birth and Proof Code on MBR Printout:

2. Place of Birth:

3. MN:	FN:

4. Applications Filed 12/1/96 or Later: ☐ U.S. Citizen/National ☐ Lawfully-Present Alien

5. Evidence/Documentation in Claims Folder/MCS Screens:

6. Evidence Needing Verification:

7. Date of Birth Established by Desk Review:

8. U.S. Citizenship/Alien Status Established by Desk Review:

Remarks:

TELEPHONE REVIEW

2. NUMBER HOLDER	Consolidated Review
A. Identity 1. Existence Verified by: ☐ Telephone 2. SSN Verified by: ☐ Other:	A. Identity
B. Other Names and SSNs Used ☐ N/A ☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain	B. Other Names/SSNs
C. Date of Birth and U.S. Citizenship/Alien Status ☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain: ☐ Evidence Obtained in Field Review:	C. DOB and U.S. Citizenship/Alien Status

DESK REVIEW

2. NUMBER HOLDER

D. Application

1. Benefit Type: ☐ RIB ☐ DIB If DIB, Established Onset Date:

2. Date Claim Filed:

3. MOE (and MOEL Option Code if RIB):

4. MOE Determined by Desk Review:

Remarks:

E. Multiple Entitlement Involved ☐ YES (Complete Below) ☐ NO

1. Claim Number on Non-sampled SSN:

2. Scope of Review on Non-sampled SSN:

☐ Full Review ☐ Limited Review ☐ Not in Scope of Review

F. Other Claims Activity

1. Did the NH ever file for any other benefits (including SSI)?

☐ YES (Explain) ☐ NO

2. Does the NH have any eligible children who have not filed for benefits?

☐ YES (Explain) ☐ NO

3. Unadjudicated Claims Issues: ☐ NONE APPLY

☐ Unprocessed Application ☐ Deemed Filing

☐ Protective Filing ☐ Open Application

☐ Partial Adjudication ☐ Potential Entitlement (Leads)

☐ Delayed Claim ☐ Misinformation

Remarks:

TELEPHONE REVIEW

2. NUMBER HOLDER	Consolidated Review
D. Application ☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain:	D. Application
E. Multiple Entitlement ☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain:	E. Multiple Entitlement
F. Other Claims Activity ☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain:	F. Other Claims Activity

DESK REVIEW

2. NUMBER HOLDER

G. Underpayment on Sampled SSN Needed to be Addressed

☐ YES (Explain) ☐ NO ☐ N/A

H. Recovery of Overpayment in Sample Month

☐ YES (Explain) ☐ NO ☐ N/A

I. SMI Determination ☐ N/A

The SMI determination, including the premium deduction and penalty amounts (if any), is correct.

☐ YES ☐ NO (Explain)

J. Payment Amount

1. Amount of CMA/SM Check: $, Sample Month:

2. Payment Cycle Indicator (CYI):

3. Payment Combined with Other Benefit:

☐ YES ☐ NO

4. Check Amount Affected by Withholding/Deductions (e.g., Medicare Premiums, Voluntary Tax Withholding, Alien Tax, Garnishment, Treasury Offset Program, etc.)

☐ YES (Explain) ☐ NO

Remarks:

TELEPHONE REVIEW

2. NUMBER HOLDER	Consolidated Review
G. Underpayment ☐ N/A ☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain:	G. Underpayment
H. Recovery of Overpayment in Sample Month ☐ N/A ☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain:	H. Recovery of Overpayment in Sample Month
I. SMI Determination ☐ N/A ☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain:	I. SMI Determination
J. Payment Amount ☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain:	J. Payment Amount

DESK REVIEW

2. NUMBER HOLDER	☐ NH NEVER MARRIED
K. Marital History of Sampled NH	
1. Current/Last Marriage to:	
a. Age/Date of Birth:	b. SSN:
c. Date of Marriage:	d. Type:
e. Place of Marriage:	
f. How Terminated:	g. Date Terminated:
h. Place Terminated:	
i. Evidence/Documentation in Claims Folder/MCS Screens:	
j. Evidence Needing Verification:	
2. Prior Marriage to:	
a. Age/Date of Birth:	b. SSN:
c. Date of Marriage:	d. Type:
e. Place of Marriage:	
f. How Terminated:	g. Date Terminated:
h. Place Terminated:	
i. Evidence/Documentation in Claims Folder/MCS Screens:	
j. Evidence Needing Verification:	
3. Prior Marriage to:	
a. Age/Date of Birth:	b. SSN:
c. Date of Marriage:	d. Type:
e. Place of Marriage:	
f. How Terminated:	g. Date Terminated:
h. Place Terminated:	
i. Evidence/Documentation in Claims Folder/MCS Screens:	
j. Evidence Needing Verification:	

TELEPHONE REVIEW

2. NUMBER HOLDER

K. Marital History of Sampled NH

☐ NH Agrees With Marital History in DR Summary

☐ NH Disagrees With Marital History in DR Summary: (Complete Below)

1. Current/Last Marriage to:	
a. Age/Date of Birth:	b. SSN:
c. Date of Marriage:	d. Type:
e. Place of Marriage:	
f. How Terminated:	g. Date Terminated:
h. Place Terminated:	
i. Evidence Obtained:	

2. Prior Marriage to:	
a. Age/Date of Birth:	b. SSN:
c. Date of Marriage:	d. Type:
e. Place of Marriage:	
f. How Terminated:	g. Date Terminated:
h. Place Terminated:	
i. Evidence Obtained:	

3. Prior Marriage to:	
a. Age/Date of Birth:	b. SSN:
c. Date of Marriage:	d. Type:
e. Place of Marriage:	
f. How Terminated:	g. Date Terminated:
h. Place Terminated:	
i. Evidence Obtained:	

Consolidated Review:

DESK REVIEW

2. NUMBER HOLDER

L. Computation Information

1. Work Issues	Explanation
☐ Wages	
☐ Self-Employment	
☐ Lag Wages/SEI	
☐ Gaps	
☐ Annual Reports	
☐ Duplicates/Incompletes	
☐ Other	

2. Military Service ☐ NONE

a. Branch of Service:	b. Serial Number:

c. Dates of Active Military Duty After September 7, 1939:

From	To	☐ ALG	☐ PRV	☐ PRE
From	To	☐ ALG	☐ PRV	☐ PRE

d. If MS prior to 1957, NH Receives/Eligible for Military/Civilian Federal Pension?
☐ YES ☐ NO

e. Evidence/Documentation in Claims Folder/MCS Screens:

f. Evidence Needing Verification:

3. Railroad Employment ☐ NONE

a. Number of Service Months on Earnings Record:

b. Were 5 or more years of railroad work alleged?
☐ YES ☐ NO

4. Prior Period of Disability (PPD): ☐ NONE

a. PPD Shown on MBR:	Date of Onset:	Term Date:

b. Documentation in File:

c. PPD Established by Desk Review:	Date of Onset:	Term Date:

TELEPHONE REVIEW

2. NUMBER HOLDER	Consolidated Review
L. Computation Information 1. Work Issues ☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain:	L. Computation Information 1. Work Issues
☐ Evidence Obtained in Field Review:	
2. Military Service	2. Military Service
☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain:	
☐ Evidence Obtained in Field Review:	
3. Railroad Employment ☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain:	3. Railroad Employment
4. Prior Period of Disability ☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain:	4. Prior Period of Disability

DESK REVIEW

2. NUMBER HOLDER

L. Computation Information

5. Windfall Elimination Provision – COMPLETE IF NH BORN JANUARY 2, 1924 OR LATER

a. NH has 30 or More Years of Coverage (YOCs)

☐ YES ☐ NO

b. NH Entitled to a Pension or Lump Sum (in Lieu of a Monthly Pension) Based on Work After 1956 Not Covered by Social Security.

☐ YES ☐ NO

(1) Date of Eligibility to Pension (MM/YYYY):

(2) Date of Entitlement to Pension (MM/YYYY):

(If either date is prior to 1986, go to 5.d.)

(3) If NH does not have 30 YOCs, does other WEP Exception Apply:

☐ YES Go to 5.d ☐ NO

c. Information About the Pension

(1) Agency or Organization from Which the Pension Is Received:

Name:

Address:

(2) Total Period(s) of Employment Used to Determine Pension (Both Covered and non-Covered Employment): From (MM/YYYY): To (MM/YYYY):

From (MM/YYYY): To (MM/YYYY):

(3) Period(s) of Employment After 1956 Not Covered by Social Security Used to Determine Pension:

From (MM/YYYY): To (MM/YYYY):

From (MM/YYYY): To (MM/YYYY):

(4) Amount of the Pension in First Month of Concurrent Entitlement to Pension and Social Security Benefit:

Monthly Amount $: (Obtain proof if guarantee applies.)

d. Evidence/Documentation in Claims Folder/MCS Screens:

e. Evidence Needing Verification:

TELEPHONE REVIEW

2. NUMBER HOLDER	Consolidated Review
L. Computation Information 5. Windfall Elimination Provision ☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain:	L. Computation Information 5. WEP
☐ Evidence Obtained in Field Review:	

DESK REVIEW

2. NUMBER HOLDER

M. Current DIB Entitlement ☐ N/A

1. Period(s) of Disability

a. Current Established Onset Date:	b. MOE:

c. Prior Period of DIB:

☐ YES (Complete Below) ☐ NO

Effect on Current Entitlement:

☐ Waiting Period ☐ Comps ☐ Medicare ☐ Other

2. Disability-Related Work Information

a. Earnings After Current Established Onset Date:

☐ YES (Complete Below) ☐ NO

b. Disability-Related Work Issues	Explanation
☐ Trial Work Period	
☐ Substantial Gainful Activity	
☐ Unsuccessful Work Attempt	
☐ Cessation	
☐ Extended Period of Eligibility	
☐ Termination	
☐ Expedited Reinstatement	
☐ Other	

c. Evidence/Documentation in File:

d. Evidence Needing Verification:

<table>
<tr><td colspan="2">TELEPHONE REVIEW</td></tr>
<tr><td>2. NUMBER HOLDER</td><td>Consolidated Review</td></tr>
<tr><td>M. Current DIB Entitlement
☐ N/A
1. Period(s) of Disability
☐ NH Agrees With DR Summary
☐ NH Disagrees With DR Summary
Explain:</td><td>M. Current DIB Entitlement
1. Period(s) of Disability</td></tr>
<tr><td>2. Disability-Related Work Information
☐ NH Agrees With DR Summary
☐ NH Disagrees With DR Summary
Explain:</td><td rowspan="2">2. Disability-Related Work Information</td></tr>
<tr><td>☐ Evidence Obtained in Field Review:</td></tr>
</table>

DESK REVIEW

2. NUMBER HOLDER

M. 3. Worker's Compensation/Public Disability Benefit (WC/PDB)

a. NH Filed for WC/PDB:

☐ YES ☐ NO

b. Status of Claim:

☐ Awarded (Complete Below) ☐ Denied ☐ Pending

c. Employer Name and Address

Payer Name and Address

d. Describe Type of Payments Received:

e. WC/PDB Affects Review Period Payment:

☐ YES ☐ NO

(Explain)

f. Documentation in Claims Folder/MCS Screens:

g. Evidence Needing Verification:

4. Child-Care Dropout (Less than 3 Regular Drop-Out Yrs):

☐ YES ☐ NO

a. Child Under Age 3 Lived With NH During a Year That NH Had No Earnings:

☐ YES ☐ NO

b. Documentation in Claims Folder/MCS Screens:

c. Evidence Needing Verification:

TELEPHONE REVIEW

2. NUMBER HOLDER	Consolidated Review
M. Current DIB Entitlement 3. Worker's Compensation/Public Disability Benefit (WC/PDB) ☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain: ☐ Evidence Obtained in Field Review:	M. Current DIB Entitlement 3. WC/PDB
4. Child-Care Dropout Years ☐ NH Agrees With DR Summary ☐ NH Disagrees With DR Summary Explain: ☐ Evidence Obtained in Field Review:	4. Child-Care Dropout

DESK REVIEW

2. NUMBER HOLDER

N. Fugitive Felon

a. Are there any unsatisfied felony warrants for NH's arrest or for violations of probation/parole?

☐ YES ☐ NO

b. Evidence/Documentation in Claims Folder/MCS Screens:

c. Evidence Needing Verification:

O. Criminal Activities

☐ NH Not Involved in Any Criminal Activities Listed Below

- ☐ Removal (formerly Deportation)
- ☐ Offenses Against the National Security (Hiss Act)
- ☐ Subversive Activities
- ☐ Confined for a Criminal Offense

☐ Disability Determination Based on a Condition That Occurred During the Commission of a Felony After October 19, 1980

☐ Disability Determination Based on a Condition That Occurred During Confinement for a Felony Conviction

Evidence/Documentation in Claims Folder/MCS Screens:

Evidence Needing Verification:

P. Representative payee

Does the desk review indicate that an unresolved representative payee issue exists (need for payee change, etc.) for the sampled NH?

☐ YES (Explain) ☐ NO

Remarks:

TELEPHONE REVIEW

2. NUMBER HOLDER	Consolidated Review
N. Fugitive Felon NH states/desk review summary shows that there are no unsatisfied felony warrants for arrest or for violations of probation/parole. ☐ YES ☐ NO (Explain) Remarks: ☐ Evidence Obtained in Field Review:	N. Fugitive Felon
O. Criminal Activities If any of the criminal activities listed in 2.O. of the desk review summary are involved, discuss and resolve below.	O. Criminal Activities
P. Representative Payee There is an indication that an unresolved representative payee issue exists (need for payee change, etc.) for the sampled NH. ☐ YES (Explain) ☐ NO Remarks:	P. Representative Payee

CASE SUMMARY

2. NUMBER HOLDER

Q. Consolidated Review Summary

☐ Desk and field review findings are in agreement.
☐ Desk and field review findings are not in agreement.

Indicate the section(s) where the disagreement exists.

☐ Section A	☐ Section B	☐ Section C	☐ Section D
☐ Section E	☐ Section F	☐ Section G	☐ Section H
☐ Section I	☐ Section J	☐ Section K	☐ Section L
☐ Section M	☐ Section N	☐ Section O	☐ Section P

Additional Development/Findings/Remarks:

SIGNATURE OF REVIEWER(S)

Desk Reviewer	Date:
Field Reviewer	Date:
Consolidated Reviewer	Date:

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments relating to our time estimate above to***: *SSA, 6401 Security Blvd., Baltimore, MD 21235-6401*.

Privacy Act Statement
Collection and Use of Personal Information

Sections 205(a), 228(a), 1614(a) and 1836 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from verifying your eligibility for benefits.

We will use the information to check data for accuracy and to verify documentation used to establish your eligibility for benefits. We may also share your information for the following purposes, called routine uses:

1. To third party contacts in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manage their affairs or eligibility for or entitlement to benefits under the Social Security program when the data are needed to establish the validity of evidence or to verify the accuracy of information presented by the individual; and
2. To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We will disclose information under the routine use only in situations in which SSA may enter into a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0040, entitled Quality Review System; and, 60-0090, entitled Master Beneficiary Record. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.