

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>1. Identity</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>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:</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

<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</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

<p>2. Marital Status (Verification not required)</p> <p>Remarks:</p>	<p>LWS</p> <p><input type="checkbox"/> Yes</p> <p>Deficiency</p> <p><input type="checkbox"/> Yes</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.

1/2 support met for the following individuals.

1/2 support deemed for the following children.

Remarks:

Total FS: _____

Difference

- Yes

Stand Alone Deficiency

- Yes

Combined Deficiency

- Yes

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.

	<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: \$ _____

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>6. Funeral/Burial Expenses</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>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</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

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: _____

	<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

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.