
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 No
If yes, exclusion code: _____
If excluding, were Special Procedures considered? Yes No
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<p>Name of BN: _____</p> <p>Address: _____ _____</p> <p>Phone: () _____</p> <p>LWS: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>LWS name: _____</p> <p>LWS contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Remarks:</p>	<p>Other Contact:</p> <p><input type="checkbox"/> Representative Payee (if applicable)</p> <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Address: _____ _____</p> <p style="margin-left: 40px;">Phone: () _____</p> <p><input type="checkbox"/> Third Party</p> <p style="margin-left: 40px;">Name: _____</p> <p style="margin-left: 40px;">Address: _____ _____</p> <p style="margin-left: 40px;">Phone: () _____</p> <p>Remarks:</p>
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SSA Records

Interview

<p>1. Identity</p> <p>SSN BN: _____</p> <p>LWS: _____</p> <p>Date of Birth</p> <p>BN: _____</p> <p>LWS: _____</p> <p>_____</p> <p>_____</p> <p>_____</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: <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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Verification

Conclusion

2. Marital Status (Verification not required)

Remarks:

LWS

Yes No

Deficiency

Yes No

Remarks:

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

Check all applicable boxes:

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

Total number people 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
			<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

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

Number of people in HH _____

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:

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

LWS

No LR

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: _____

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Verification

Conclusion

<p>4. Liquid Resources</p> <p>Evidence provided by BN: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Source document: _____ Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Source document: _____ Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Source document: _____ Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Evidence provided by collateral contact: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Source: _____ Address: _____ Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Name of Source: _____ Address: _____ Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Name of Source: _____ Address: _____ Account type _____ Account ID _____ Owner(s): _____ Balance: \$ _____</p> <p>Remarks:</p>	<p><input type="checkbox"/> No Liquid Resources</p> <p>Total Countable LR:</p> <p>Bank Accounts: \$ _____</p> <p>Stocks, etc: \$ _____</p> <p>Cash: \$ _____</p> <p>Other: \$ _____</p> <p>Total: \$ _____</p> <p><input type="checkbox"/> Total countable LR not over resource limit.</p> <p><input type="checkbox"/> LR caused ineligibility.</p> <p><input type="checkbox"/> LR affected co-pay/deductible only.</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>Remarks:</p>
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SSA Records

Interview

5. Non-home Real Property (NHRP)

Ownership:

Yes No

CMV \$ _____

Accurint NHRP lead

Yes No

Lexis-Nexis 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: \$ _____

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

5. Non-Home Real Property

- Accurint produced no NHRP leads for BN
- Lexus-Nexus 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 Yes No

Name of Source: _____
 Address: _____
 Method of Contact Letter Telephone Internet Other

NHRP found Yes No

Owner(s): _____
 Verified CMV: \$_____ Equity Value: \$_____

Name of Source: _____
 Address: _____

Encumbrances: _____

Property Essential for Self-Support: \$_____

Remarks:

Conclusion

Non-Home Real Property

BN: Yes No
 LWS: Yes No

BN or LWS owns countable NHRP-Home Real Property with a total equity value of: \$ _____

BN or LWS owns excludable NHRP

- Property Essential for Self Support
- Undue Hardship

Difference

Yes No

Stand Alone Deficiency

Yes No

Combined Deficiency

Yes No

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 <input type="checkbox"/> No</p> <p>Remarks:</p>	<p>Funds expected to be used for funeral or burial expenses?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</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><input type="checkbox"/> Exclusion applies</p> <p style="padding-left: 20px;"><input type="checkbox"/> BN only</p> <p style="padding-left: 20px;"><input type="checkbox"/> LWS only</p> <p style="padding-left: 20px;"><input type="checkbox"/> Both</p> <p><input type="checkbox"/> Difference</p> <p style="padding-left: 20px;"><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: Yes No

Resources affected the co-pay/deductible only: Yes No

Remarks:

SSA Records

Interview

7. Unearned Income (UI)	Indicate the type(s) of Unearned Income involved and provide the amount and source of verification.
<u>BN</u>	
<input type="checkbox"/> No UI	
Income type: _____	
Amount: \$ _____	
Income type: _____	
Amount: \$ _____	
Computer Match:	
Source: _____	
Amount: \$ _____	
<u>LWS</u>	
<input type="checkbox"/> No UI	
Income type: _____	
Amount: \$ _____	
Income type: _____	
Amount: \$ _____	
Computer Match:	
Source: _____	
Amount: \$ _____	
Remarks:	

	<p>Name: _____</p> <p>Address: _____</p> <p>Phone: () _____</p> <p>Claim #: _____</p> <p>Remarks</p>
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Verification

Conclusion

7. UI

- Title II (verified by the MBR)
- Title XVI (verified by the SSR - *Informational only*)
- Verified by award letter or other evidence in BN/LWS possession.

Source: _____

Addr: _____

Phone: () _____

Total Yearly Amount: _____

Source: _____

Addr: _____

Phone: () _____

Total Yearly Amount: _____

- Collateral contact made:

Source: _____

Addr: _____

Phone: () _____

Total Yearly Amount: _____

Source: _____

Addr: _____

Phone: () _____

Total Yearly Amount: _____

Source: _____

Addr: _____

Phone: () _____

Total Yearly Amount: _____

Summary of Total UI

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

Total Yearly Unearned Income \$ _____

Remarks:

Total Yearly Countable UI

\$ _____

Difference

Yes No

Stand Alone Deficiency

Yes No

Combined Deficiency

Yes No

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 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: _____

Work Expenses

IRWE/BWE Yes No

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
- BN yearly countable EI :
\$ _____
- LWS yearly countable EI:
\$ _____

Total Yearly Countable EI:
\$ _____

Difference
 Yes No

Stand Alone Deficiency
 Yes No

Combined Deficiency
 Yes No

Remarks:

