



MEDICAID ELIGIBILITY CASE READING CHECKLIST
Quality Assurance Monitoring System

1. Case Name		First		MI	2. Worker Name			3. Empl. No.
4. Case No.	5. Trans.	1=Granted App. 2=Review		3=Denied App. 4=Denied Review		6. Case Read By:		7. Date Read
8. Trans. Date	9. Reg.	Unit	10. TP	10a. BP	11. Client Type (codes): 1. Individual 2. Couple 3. Companion 4. Spousal			12. Case Reader Emp. #

13. Was MAO eligibility decision correct? <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No <input type="checkbox"/> 3-N/A				13.a. Cause of eligibility finding: <input type="checkbox"/> 1-Income <input type="checkbox"/> 2-Resources <input type="checkbox"/> 3-Other			
14. Was Medicare Program eligibility decision correct? <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No <input type="checkbox"/> 3-N/A				14.a. Cause of eligibility finding: <input type="checkbox"/> 1-Income <input type="checkbox"/> 2-Resources <input type="checkbox"/> 3-Other			
15. Were prior MAO effective dates correct? <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No <input type="checkbox"/> 3-N/A				15.a. Cause of effective date finding: <input type="checkbox"/> 1-Income <input type="checkbox"/> 2-Resources <input type="checkbox"/> 3-SNF/NF Admit Date <input type="checkbox"/> 4-CBA Start Date <input type="checkbox"/> 5-Medical Bills <input type="checkbox"/> 6-Other			
16. Were ongoing MAO effective dates correct? <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No <input type="checkbox"/> 3-N/A				16.a. Cause of effective date finding: <input type="checkbox"/> 1-Income <input type="checkbox"/> 2-Resources <input type="checkbox"/> 3-SNF/NF Admit Date <input type="checkbox"/> 4-CBA Start Date <input type="checkbox"/> 5-Medical Bills <input type="checkbox"/> 6-Other			
17. Were prior Medicare Program effective dates correct? <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No <input type="checkbox"/> 3-N/A				17.a. Cause of effective date finding: <input type="checkbox"/> 1-Income <input type="checkbox"/> 2-Resources <input type="checkbox"/> 3-Continuous QMB <input type="checkbox"/> 4-QI Calendar Yr. Start Date <input type="checkbox"/> 5-No Medicare <input type="checkbox"/> 6-Other			
18. Were ongoing Medicare Program effective dates correct? <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No <input type="checkbox"/> 3-N/A				18.a. Cause of effective date finding: <input type="checkbox"/> 1-Income <input type="checkbox"/> 2-Resources <input type="checkbox"/> 3-Continuous QMB <input type="checkbox"/> 4-QI Calendar Yr. Start Date <input type="checkbox"/> 5-No Medicare <input type="checkbox"/> 6-Other			

19. Were client rights procedures followed? If client rights are not applicable, check this box..... N/A
Code applicable forms as follows:
1- Correct; 2- Inaccurate Notice; 3- No Notice; 4- Wrong Notice; 5- 12-Day Hold; 6- Invalid Admin. Denial

01-FH1207	04-FH1232	07-FH1274	10-FH2065-C	13-FH4808
02-FH1226	05-FH1235	08-FH1277	11-FH2067	14-FH1259
03-FH1230	06-FH1247	09-FH1279	12-FH3080	15-Other

20. Were prior AI/Co-pay amounts correct? <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No <input type="checkbox"/> 3-N/A		20.a. If NO, Error caused by: <input type="checkbox"/> 1-Variable Income <input type="checkbox"/> 2-Incurred Med. <input type="checkbox"/> 3-Income <input type="checkbox"/> 4-Spousal <input type="checkbox"/> 5-Other	
21. Were ongoing AI/Co-pay amounts correct? <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No <input type="checkbox"/> 3-N/A		21.a. If NO, Error caused by: <input type="checkbox"/> 1-Variable Income <input type="checkbox"/> 2-Incurred Med. <input type="checkbox"/> 3-Income <input type="checkbox"/> 4-Spousal <input type="checkbox"/> 5-Other	

22. Was income correct? If income is not applicable, check this box. N/A
Code income items as follows: **1- Correct; 2- Error; 3- Requires Development; 4- Eligibility Cause; 5-MED Cause; 6- AI Cause**

01-RSDI (2452.1)	06-Rents (2453.4)	11-Self-Employment (2441)	16-Spousal Diversion
02-VA (2452.3)	07-Interest (2453.1)	12-Notes (2453.7)	17-Incurred Medical
03- Railroad (2452.2)	08-Royalty (2453.7)	13-Gifts (2453.5)	18-QIT
04-Civil Service (2452.4)	09-Farming (2442)	14-Prizes (2453.8)	19-Other
05-Annuities (2452.4)	10-Earnings (2240)	15-Supp & Maint (2451)	

23. Were resources correct? If resources are not applicable, check this box. N/A
Code resource items as follows: **1- Correct; 2- Error; 3- Requires Development; 4- Eligibility Cause; 5-MED Cause**

01-Bank Account (2331.2)	06-Bonds (2331.7)	11-Life Estate (2341.3)	16-Personal Prop. (2342)
02-Transfers (2320)	07-Notes (2331.8)	12-Insurance (2342.3)	17-Prot. Res. Amount
03- Trusts (2313.2)	08-Pat.Trust Fund (2331.4)	13-Burial Spaces (2341.5)	18-Automobiles (2342)
04-Cash (2331.1)	09-Home (2341.11/14)	14-Burial Funds (2342.4)	19-Other
05-Stocks (2331.7)	10-Other Real Prp. (2341.3)	15-Minerals (2341.4)	

Comments:

24. Other Correction

25. Correction Required

26. Due Date	27. Error Correction Date
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Signature

Date