Pension and fiduciary service

PMC VSR Intermediate Core Course

Phase 5: Proficiency Development

Part 5: Award Adjustments

Determine Qualifying Expense Adjustments

Appendix A

June | 2024

Worksheet

Refer to the following job aids to complete the activity/exercise:

* **Award Adjustment** job aid
* **Care Expense Guide** job aid
* **Income and Net Worth Status** job aid
* **Initial Year** job aid
* **Time Limit** job aid

Part A: Review Initial Year

Using Example Claim 1, determine the period for establishing entitlement. Refer to the **Initial Year** job aid for assistance.

* Effective (Entitlement) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Payment (Financial Decision Effective) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Beginning of “A” period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* End of “A” period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Beginning of first full calendar year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Beginning of overlap period or “B” period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* End of overlap period or “B” period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* End of initial year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Beginning of “C” period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* End of first full calendar year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part B: Compare Medical Expenses Worksheet

Use Example Claim 1 to identify the information below. Use this space to show your work if needed.

**Effective (Entitlement) Date:**

**Payment (Financial Decision Effective) Date:**

**Medical Expenses:**

| Description  | Amount Paid  | Date Paid | Provider | Paid For | UME or CME? |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Part C: Enter Medical Expenses Worksheet

Use Example Claim 2 to identify the information below. Use this space to show your work if needed.

**Effective (Entitlement) Date:**

**Payment (Financial Decision Effective) Date:**

**Medical Expenses:**

| Description  | Amount Paid  | Date Paid | Provider | Paid For | UME or CME? |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Part D: Develop for Medical Expenses Worksheet

Use Example Claim 3 and the following checklist to decide what medical expense information is missing and development is needed.

Does each medical expense include the following required information?

| ü | Required Information | Details of Missing Information |
| --- | --- | --- |
|  | Purpose  |  |
|  | Amount paid by claimant |  |
|  | Date paid |  |
|  | Name of provider |  |
|  | For whom paid |  |
|  | Nursing home or other facility care statement (if applicable) |  |
|  | Doctors statement in order to allow an specific expenses (if applicable) |  |

Part E: Medical Expense Adjustment Worksheet

Use the Example Claim 4 to identify the information below. Use this space to show your work if needed.

**Effective (Entitlement) Date:**

**Payment (Financial Decision Effective) Date:**

**Medical Expenses:**

| Description  | Amount Paid  | Date Paid | Provider | Paid For | UME or CME? |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Part F: Final Expense Adjustment

Use the Example Claim 5 to identify the information below. Use this space to show your work, if needed.

**Effective (Entitlement) Date:**

**Payment (Financial Decision Effective) Date:**

Final Expenses:

| To Whom Paid | Nature of Debt | Debt Amount | Amount Paid  | Date Paid  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Part G: Educational Expense Adjustment

Use the Example Claim 6 to identify the information below. Use this space to show your work, if needed.

**Effective (Entitlement) Date:**

**Payment (Financial Decision Effective) Date:**

Educational Expenses:

| Description  | Amount Paid  | Date Paid | Provider | Paid For |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |