



## PENSION AND FIDUCIARY SERVICE

PMC VSR Core Course  
Phase 5: Stages of a Claim  
Part 5: Award Adjustments

# **Lesson 1: Determine Qualifying Expense Adjustments**

Appendix A

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**Lesson 1: Determine Qualifying Expense Adjustments**  
**Appendix A**

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**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: \_\_\_\_\_

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**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?

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**Part C: Enter Medical Expenses Worksheet**

Use Example Claim 2 to identify the information below. Enter the medical expenses in VBMS-A. 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?

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**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?

✓	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)	

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**Part E: Medical Expense Adjustment Worksheet**

Use the Example Claim 4 to enter the medical expenses in VBMS-A. 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?

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**Part F: Final Expense Adjustment**

Use the Example Claim 5 to add final expenses to VBMS-A. Use this space to show your work, if needed.

**Effective (Entitlement) Date:**

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

**Final Expenses:**

Statement as to the nature of death	Amount Paid	Date Paid	Identity of creditor (For Whom Paid)

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**Part G: Educational Expense Adjustment**

Use the Example Claim 6 to enter educational expenses to VBMS-A. 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