

## MinnesotaCare:

MMIS does not record case history. Document case history through the use of case notes. Include the following information:

- < Household's choice of enrollment site.
- < Household size.
- < Household members requesting MinnesotaCare coverage.
- < Household members not requesting MinnesotaCare coverage.
- < A description of how current household income was verified and calculated and whether there have been any changes. Document whether household income is below 150% FPG, 175% FPG, and 275% FPG.
- < Other health insurance coverage including current access to ESI. Document begin and end dates of other coverage, begin and end dates of access to ESI, and whether ESI access was verified.
- < Medical support issues, including decisions on good cause claims.
- < Immigration documentation.
- < Date a denied household member may be eligible in the future (for example, household members who have a 4- or 18-month wait due to other coverage).
- < Premium amount.
- < Phone calls, office visits and correspondence with a client or authorized representative.
- < Contacts with state/county staff or grantee agencies.
- < Changes in household composition, address, state residency, income, employment, insurance, pregnancy, births, deaths, name changes, benefit set, major program changes and any other factors affecting eligibility.
- < How and when changes were verified for factors requiring verification.

- < Managed care health plan changes.
- < Any other information needed to document case history.

MA and GAMC:

MAXIS documents case history. Use case notes to summarize client contacts and to explain or elaborate on eligibility factors or changes.

For more information see TEMP manual

TE02.08.093 (Case Note I: Intro/HH Comp)

TE02.08.094 (Case Note II: Assets/Income)

TE02.08.095 (Case Note III: Claims/Systems/Transfers) and

TE02.08.096 (Case Note IV: Basis of Elig/Changes/Other).