



COMMISSIONER  
Chris Traylor

August 4, 2011

To: Texas Home Living (TxHmL) Providers  
Home and Community-based Services (HCS) Providers, and  
Local Authorities (MRAs)

Subject: Information Letter No. 11-94  
Submitting Medicaid Applications and Redetermination Packets to the Health and  
Human Services Commission (HHSC)

The purpose of this letter is to remind TxHmL and HCS providers and local authorities of the required procedures for submitting a Medicaid application or redetermination packet to the Medicaid Eligibility for the Elderly and People with Disabilities (MEPD) section of HHSC on behalf of an individual. This process was previously described in Information Letter 09-100 dated August 10, 2009.

When a provider or local authority submits a Medicaid application or redetermination packet on behalf of an individual, cover Form H2067, Case Information or H1746-A, MEPD Referral Cover Sheet must be included as described in this letter.

At this time, some Medicaid cases are being processed by HHSC using the System of Application, Verification, Eligibility, Referral and Reporting (SAVERR) system. A cover Form H2067 is required for these cases. Other cases are being processed using the Texas Integrated Eligibility Redesign System (TIERS). A cover Form H1746-A is required for these cases.

Providers and local authorities may access the C63 screen of the Client Assignment and REegistration (CARE) system to determine which system HHSC will use to process an individual's Medicaid application or redetermination packet.

On the third page of the "C63: DHS MEDICAID ELIGIBILITY SEARCH" screen in CARE, there is a field labeled "TIERS FLAG". This field will indicate "N" or "U" when an individual's case will be processed using the SAVERR system and "Y" when an individual's case will be processed using the TIERS system.

For SAVERR cases: A provider or local authority must attach a completed cover Form H2067 to the **front** of the Medicaid application or redetermination packet and fax or mail the documents to the local HHSC MEPD office.

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For TIERS cases: A provider or local authority must attach a completed cover Form 1746-A to the **front** of the Medicaid application or redetermination packet and fax or mail the documents to:

**Document Processing Center  
P.O. Box 14600  
Midland, Texas 79711-9907  
Fax: 1-877-447-2839**

**NOTE: Use only one method for submitting the documents. If the documents are mailed, do not also fax them. If the documents are faxed, do not also mail them.**

A provider or local authority may fax or mail Medicaid applications or redetermination packets for more than one individual at the same time but must attach a completed cover Form H1746-B, Batch Cover Sheet on the **front** of the batch of documents.

When the individual, Legally Authorized Representative, family member, or other representative of the individual submits a Medicaid application or redetermination packet, no cover form is required; however “**TXHML**” or “**HCS**” should be written at the **top of page one of the application**.

Form H2067, H1746-A, and H1746-B and instructions for completing the forms are available online at: <http://www.dads.state.tx.us/handbooks/mepd/forms/index.asp>.

If you have any questions about this process, please contact Rhonda Kay Kowis, Program Specialist, Program Enrollment, Mental Retardation Authorities, Access and Intake at (512) 438-5033 or [rhonda.kowis@dads.state.tx.us](mailto:rhonda.kowis@dads.state.tx.us).

Sincerely,

*[signature on file]*

David Rollins  
Director  
Local Authorities

*[signature on file]*

William Campbell  
Director  
Community Services