TEXAS Health and Human Services

Form H1270
January 2007-E

Data Integrity SAVERR Notification

TO: Supervisor
Data Integrity for SAVERR
State Office, Y-922

From:	Mail Code
Area Code and Telephone No. (include extension)	Date

REMINDER: Before initiating this force change request, review coverage dates shown on the SAVERR client eligibility file to determine if the coverage is already reflected.

Client Name	Client No.

From:

☐ TP 03/BP 13 ☐ TP 23/BP 13 ☐ TP 24/BP 13 ☐ TP 14/BP 20 ☐ TP _____ /BP _____

To:

☐ TP 14/BP 10 ☐ TP _____ /BP _____

Effective Date	Date H1000-B Submitted	Adjustment Dates Needed **From:** **Through:**

Other Corrections:

REASON(S) FOR REQUEST:

☐ **Hearing officer decision and coverage cannot be added with Form H1000-A/B**
(Attach copy of the hearing officer's final decision and order.)

☐ **Three months prior was not processed with application for ongoing decision and cannot be added with Form H1000-A/B**

☐ **Initial coverage was not provided from application month and cannot be added with Form H1000-A/B**

☐ **Program Transfer**

☐ **Other (explain):**

Applied Income Adjustments: When Form H1270 is returned by Data Integrity showing the eligibility file to be corrected, the Medicaid for the Elderly and People with Disabilities (MEPD) specialist will enter any required retroactive applied income adjustments into the Service Authorization System (SAS). The MEPD specialist also sends Form H1259, Correction of Applied Income, to the client and to the facility.

TO BE COMPLETED BY DATA INTEGRITY

The requested change could not be made.

The eligibility file was corrected in Data Integrity on _____ as follows:

Comments

_____ _____
Signature–Data Integrity Date