STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814
(916) 445-1797

July 24, 1980

To: All County Welfare Directors

Letter No. 80-29

NEW MEDI-CAL CARD RETURN ADDRESSES

It is anticipated that the Department will begin issuing a smaller sized Medi-Cal card in November 1980. The new card will allow "three-up" card printing, which is a more expedient and economical method of printing the card. Under this method, three cards appear side by side on stock fed into the printer, rather than two as under the current system. Smaller envelopes will also be used, and new return address plates will be ordered.

Due to the smaller size envelopes, the new return address plates can measure only 1 3/4" x 3/4". Depending on the size of type used, the entire return address is limited to 4 or 5 lines. Smaller type will allow a total of 5 lines for the return address at 32 characters per line. Larger type will allow a total of 4 lines at 22 characters per line. The return address you wish to use on the Medi-Cal card envelopes must fit either of these two parameters.

Currently, except for SSI/SSP cards, the return address is generally that of the county welfare department. When the Medi-Cal cards are undeliverable, the address stamped on the envelopes dictates where the cards are to be returned. Having undeliverable cards returned to the county was thought to alert county staff to potential changes which may require redetermination action. However, we have found that because of the volume of returned cards some counties are unable to use these cards for that purpose. Therefore, before the new address plates are prepared, counties have the opportunity to request that undeliverable cards be returned directly to the Department if preferred.

It should also be noted that the Medi-Cal Data System (MEDS) will include a process to alert the eligibility worker of cards returned directly to the Department and to suppress future card issuance until an update transaction is received. Counties may want to continue using the county's return address until this process is available.

The lead time necessary to order the plates and to make any corrections requires that we have a new return address list completed as soon as possible. Please complete the attached questionnaire and return it by August 8, 1980 to:

Medi-Cal Eligibility Branch
714 P Street, Room 1692
Sacramento, CA 95814
Attention: Gary Wong

Please complete the questionnaire even if there is no change to the current return address. If you have any questions, please contact Gary Wong at (916) 445-1912.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Attachment

cc: Medi-Cal Liaisons
Medi-Cal Field Representatives

MEDI-CAL CARD RETURN ADDRESS QUESTIONNAIRE

1. Are you an automated county or a non-automated county that submits eligibility data through the MC 208 process?

   Please check the appropriate answer: ____ Automated

   ____ Non-automated

2. If you are an automated county, please answer the following questions. (If you are a non-automated county, go to question No. 3).

   a. Is the return address currently used on the Medi-Cal card envelopes that of the state or the county?

      Please check the appropriate answer: ____ State

      ____ County

   b. When the new Medi-Cal cards and the "three-up" card printing process is implemented in November 1980 do you want the return address to be that of the state or county?

      Please check the appropriate answer: ____ State (If checked here go to question No. 5)

      ____ County (If checked here, go to question No. 4)

3. If you are a non-automated county, please answer the following questions:

   a. Does the state currently provide you with the envelopes for the cards?

      Please check the appropriate answer: ____ Yes

      ____ No

   b. Do you want the state to provide you with envelopes when the new card process is implemented?

      Please check the appropriate answer: ____ Yes

      ____ No

   c. Do you want the state to print the return address on the envelopes?

      Please check the appropriate answer: ____ Yes

      ____ No

      ____ N/A

d. When the new card process is implemented, do you want the return address to be that of the state or county?

Please check the appropriate answer: ____ State (If checked here, go to question No. 5)

____ County (If checked here, go to question No. 4)

____ N/A (If checked here, go to question No. 5)

4. If the new return address is to be that of the county, please give the address exactly the way it should appear on the envelope. The address is limited to:

- Five lines at 32 characters per line (including spaces)
- Four lines at 22 characters per line (including spaces)

_____

_____

_____

_____

_____

5. Who can we contact if some clarification is required?

Name: _____

County: _____

Phone Number: _____

6. Upon completion of this questionnaire, please return it by August 8, 1980 to:

Medi-Cal Eligibility Branch
714 P Street, Room 1692
Sacramento, CA 95814
Attention: Gary Wong