STATE OF CALIFORNIA–HEALTH AND WELFARE AGENCY

PETE WILSON, Governor

DEPARTMENT OF HEALTH SERVICES
714/744 P Street
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-2941

July 26, 1996

Medi-Cal Eligibility Branch Information Letter No.: I-96-26

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

STATE DISABILITY INSURANCE (SDI) PAYMENT VERIFICATION UPDATE: CUSTOMER CODE; COUNTY DE 8720 ORDERS: LIMIT PER COUNTY

Ref.: All County Welfare Directors Letter (ACWDL) 96-31

Pursuant to ACWDL 96-31, which implements the second phase of the Tinoco Reimbursement remedy, counties will have occasion to verify SDI-payments to a beneficiary potentially eligible for a Tinoco reimbursement. Counties will initiate this verification process by submitting a DE 8720 form to the Sacramento headquarters of the Employment Development Department (EDD). A sample DE 8720, and instructions for its use, were provided in Exhibit D, and Sections IX and X, respectively, of ACWDL 96-31. This ACWDL provides additional information, listed below, that was unavailable as of the date of publication of ACWDL 96-31.

1. ACWDL 96-31 stated that counties would have to include a "customer code" on the DE 8720, but did not provide that customer code. The customer code that must be entered on the DE 8720 is E00148 (see enclosed sample).

2. Because EDD, which will generate the SDI payment histories reports in response to county submission of the DE 8720, is unable to send these reports to the counties, the Department of Health Services, Data Systems Branch (DSB), Central Issuance Division (CID) unit will be mailing these reports to counties. These reports will be mailed to the same addresses to which the SOC-verification reports being produced by DSB are currently being sent. The county "I.D. code" and "district" code on the SDI payment history reports, taken from the codes provided by the counties in the "preparers code" box on the DE 8720, will be used to identify the county addresses to which CID will send the SDI payment-history reports. See ACWDL 96-31, Section X for additional instructions on completing the DE 8720.

3. On June 20, 1996, 10,000 DE 8720 forms were delivered to the Department of Health Services (DHS) warehouse and are available for county order. In order to ensure that each county can obtain the number of these forms which is proportional to the population

of eligibles in their county, each county will be limited to the number of forms listed in the enclosed table. Another 10,000 of these forms will be delivered to the DHS warehouse around the beginning of August 1996. At that time, the cap on cumulative county orders will be double the current limits shown in the enclosed table.

If you have question regarding this ACWDL, please contact Dave Rappolee of my staff at (916) 657-0163.

Sincerely,

Original signed by

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

Enclosure No. 1

TABLE OF ORDER LIMITS (by county) FOR DE 8720 FORM (for Tinoco, Phase II)

(A county may submit two orders, each up to the limit, enummerated below. Only one order may be submitted before August 1, 1996. An additional order may be submitted after that date.)

County Number	County Order Limit for DE 8720 Form
1	300
2	10
3	15
4	50
5	15
6	15
7	160
8	15
9	25
10	350
11	15
12	30
13	60
14	10
15	210
16	50
17	15
18	15
19	3650
20	69
21	30
22	10

24	120
25	10
26	10
27	140
28	30
29	20
30	775
31	40
32	10
33	360
34	300
35	15
36	500
37	625
38	215
39	150
40	50
41	140
42	140
43	400
44	70
45	45
46	10
47	15
48	75
49	85
50	160
51	30
52	20

53	10
54	210
55	15
56	190
57	45
58	20

SAMPLE

Serving the People of California

Employment Development Department

REQUEST FOR WAGE, CLAIM AND ADDRESS INFORMATION

1. SEND REQUEST TO:	2. NAME & ADDRESS OF REQUESTING ORGANIZATION:
STATE OF CALIFORNIA EMPLOYMENT DEVELOPMENT DEPARTMENT P.O. BOX 826880 SACRAMENTO, CA 94280-0001 ATTN: INVENTORY CONTROL UNIT II, MIC 23-A	

3a. PREPARED BY:	3b. PREPARER'S TELEPHONE NUMBER:	3c. DATE:
	( ) _____ - _____	/ /

4a. E00148 CUSTOMER CODE

4b. 1923 PREPARER CODE (county: 19, district: 23)

5. REQUESTED PRODUCTS (See instructions on back)

- 5a. ☐ WAGE & CLAIM INFO (DE 507)
- 5b. ☐ EMPLOYER ADDRESS (DE 4989)
- 5c. ☐ CLIENT ADDRESS
- 5d. ☒ DI CLAIM HISTORY (Up to 2 years old)
- 5e. ☒ DI CLAIM HISTORY (2 to 4 years old)
- 5f. ☒ DI CLAIM HISTORY (Over 4 years old)
- 5g. ☐ UI CLAIM HISTORY (Up to 2 years old)
- 5h. ☐ UI CLAIM HISTORY (2 to 4 years old)
- 5i. ☐ UI CLAIM HISTORY (Over 4 years old)

6. SSA NUMBERS

000	00	0001		
010	10	1001		
324	88	9977		

SSA NUMBERS (Cont.)

COMPLETION INSTRUCTIONS

GENERAL INFORMATION

You may duplicate this form, or order additional copies by writing to:

EDD FORMS & SUPPLY WAREHOUSE
805 "R" STREET
SACRAMENTO, CA 95814

The DE 8720 is a key entry document used to request information from the Employment Development Department (EDD). Please abide by the following when preparing your requests:

Please complete the form carefully, completely, and legibly.

Complete items **2** through **4a.** in order for EDD to track your request. Items **5** and **6** must be completed according to the instructions below.

INSTRUCTIONS FOR COMPLETING; REQUEST FOR WAGE, CLAIM AND ADDRESS INFORMATION, DE 8720 Rev. 4 (6-95) BY ITEM NUMBER:

1. **SEND REQUEST TO:** This preprinted item requires no customer action.

2. **NAME & ADDRESS OF REQUESTING ORGANIZATION:** Enter the complete name of your organization, followed by the street address (or P.O. Box), city, state, and ZIP code.

3a. **PREPARED BY:** Print your name.

3b. **PREPARER'S TELEPHONE NUMBER:** Enter your telephone number.

3c. **DATE:** Enter the date you are preparing this request.

4a. **CUSTOMER CODE:** This item contains the six character code that was contractually assigned to your organization b, EDD. This code is used by EDD to track and distribute requested products.

4b. **PREPARER CODE:** This item is optional and for your internal use. The four boxes may contain any combination of numeric and/or alphabetic characters to assist in distributing products throughout your organization (back to the "PREPARER").

5. **REQUESTED PRODUCTS:** (Items **5a.** thru **5i.**):

   - One or more products may be selected by entering an [X] in the box next to the associated product.
   - At least one product must be requested.
   - If a product is not wanted, leave its associated box blank.
   - All requested products will be produced, for all corresponding Social Security Account (SSA) numbers entered in item **6**:
     - When the customer has contracted to receive the requested product.
     - If the requested product is available.

6. **SSA NUMBERS:** Enter one or more SSA numbers. For each SSA number entered, all available and authorized products will be produced.