

TIP Sheet- How to add PCP through HCO website due to Medical Expansion

Click on <https://www.healthcareoptions.dhcs.ca.gov/enroll> to select Primary Care Physician

The screenshot shows the DHCS Medi-Cal Managed Care Health Care Options website. The top navigation bar includes links for Search, Accessibility, English, and Español. The main navigation bar features four tabs: Learn, Choose, Enroll, and Contact us. The 'Enroll' tab is highlighted with a red box. Below the navigation bar, the 'Enroll' section is displayed with a blue header. The content area includes a section titled 'It's important to enroll!' with a link to the Enrollment Check Portal. Below this, a section titled 'Here are four ways to join a plan.' lists four options: Online Enrollment, By phone, By mail, and In person. The 'Online Enrollment' option is highlighted with a red box.

Enroll
join a health plan

Enroll

It's important to enroll!

Are you able to enroll in a health plan? Find out if you qualify here: [Enrollment Check Portal](#). You can check your enrollment status by entering your date of birth and Client Identification Number (CIN) or Social Security Number (SSN).

Here are four ways to join a plan.

Online Enrollment

Enroll online using your computer.

Get started >

By phone

Medi-Cal Managed Care:
1-800-430-4263
(TTY 1-800-430-7077)

Coordinated Care Initiative:
1-844-580-7272
(TTY 1-800-430-7077)

We are open Monday through Friday, 8 a.m. to 6 p.m. PT, except holidays.

By mail

Mail your enrollment form to us at:

CA Department of Health Care Services
Health Care Options
P.O. Box 989009
West Sacramento, CA 95798-9850

You can find enrollment forms on the [Download forms page](#).

In person

We offer in-person help for enrolling. To find meeting places and times near you, go to the [Download forms page](#).

Click on “Get Started” for Online Enrollment

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Enroll

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Are you able to enroll in a health plan? Find out if you qualify here: [Enrollment Check Portal](#). You can check your enrollment status by entering your date of birth and Client Identification Number (CIN) or Social Security Number (SSN).

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Enter patients Last name, DOB, Last 4 numbers of SSN# and MediCAL CIN# then click submit

Makesure you enter correct last name→ to verify correct nalook-up on CalWIN production

Let's get started

Login

To login, you must answer at least 3 of the questions below. If Last Name, Date of Birth, and Client Identification Number (CIN) are entered, then the Social Security Number (SSN) is not required.

Last name

Date of birth

mm / dd / yyyy

Social Security number (SSN)

Last 4 numbers of your SSN:


Client Identification number (CIN)

Click Enroll now

Case head


[View enrollment choices and eligibility](#) | [View beneficiary information](#)

Medical plan

 **MUST ENROLL**

You must choose a plan by If you don't, we will choose for you. You know your health needs best, so it's best if you choose.

Dental plan

 **MAY NOT MAKE CHANGES**

You may not make changes at this time. If you have questions, call us at 1-800-430-4263 (TTY 1-800-430-7077).

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Select health plan- ask the patients if they would like SCFHP or Anthem Blue Cross


SANTA CLARA

Santa Clara Family Health - 309	Choose this plan
Anthem Blue Cross Partnrshp - 345	Choose this plan

Click on the right under enrollment choices → Medical Provider

Choose a medical plan [Log out](#)

You chose Santa Clara Family Health for [REDACTED]. To enroll, select Save & continue.



Santa Clara Family Health - 309 has been added to your enrollment choices.

Choose a partner plan (optional) [▼](#)

My partner plan choice is not guaranteed. If the partner is not available, my plan may choose a different partner for me.

[Save & continue](#)

[Choose a different medical plan](#)

Your enrollment choices [Start over](#)

[REDACTED]

Medical plan
Santa Clara Family Health - 309 [Change](#)

Medical provider (optional)
Choose a medical provider [Select](#)

Search PCP either by location or search by NPI#

or search by provider name

☒ Search by location [Search by NPI](#)

Provider type
Doctor [▼](#)

Search by location
☒ Address ☐ ZIP code ☐ County

Located within
5 miles of [▼](#) Address [REDACTED]

City
Enter a city [▼](#)

ZIP code
[REDACTED]

[Find providers](#)

Filter providers [X](#)

Provider's name contains
Provider's name contains [▼](#)

Specialty
Select a specialty [▼](#)

Provider's gender/sex
Select a gender/sex [▼](#)

Language
Select a language [▼](#)


[Cancel](#) [Apply](#)

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Choose a medical provider

Log out

You chose [REDACTED] To enroll in these choices, select Save & continue.



[REDACTED] has been added to your enrollment choices

My provider choice is not guaranteed. If the provider is not available, my plan may choose a different provider for me.

Save & continue

[Choose a different medical provider](#)

Your enrollment choices

[Start over](#)

[REDACTED]

Medical plan
Santa Clara Family Health - 309 [Change](#)


Medical provider (optional)
[REDACTED] [Change](#)


Confirm your enrollment choices

Check your enrollment choices to make sure everything is correct. Then select Continue.

Your enrollment choices

[REDACTED]

 Medical plan
Santa Clara Family Health - 309 [Change](#)

 Medical provider (optional)
[REDACTED] [Change](#)

Continue

[Cancel enrollment and go back to Member home](#)

After selecting PCP click continue to go to next page for terms of enrollment and then final confirmation. You can print out a copy to either mail or hand patient a copy of the selection.

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Terms of enrollment

Please read and accept these terms.

When I accept below, I know that:

Authority to use this system is granted by the California Department of Health Care Services (DHCS) and may be revoked at any time. The use of this system is limited to authorized users only. Users of this site are bound to the following:

1. Utilize any data obtained for its intended purposes only.
2. If the data contains electronic personal health information (PHI) or personal, sensitive or confidential information (PSCI) as defined by the HIPAA/ARRA/HITECH acts and California Privacy and Security Laws, the user must ensure the confidentiality and security of data obtained adheres to the appropriate guidelines.

Use of this system is monitored at all times. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide evidence of such monitoring to law enforcement officials.

☒ I accept these terms

By typing your full name you certify that you examined the changes above and authorize Medi-Cal Managed Care Health Care Options to proceed with the changes.

Your full name

Thank you!

Thank you! We received your enrollment choices.

Print 

We will send you a letter confirming your health plan and start date. Your plan will send you a welcome letter and ID card in the mail. Keep using the plan you have now until your start date.

You can change your plan at any time. You must [contact Health Care Options](#) to change your plan.



Medical plan
Santa Clara Family Health - 309



Medical provider (optional)

[Redacted]

You have finished enrolling. To review your choices, or to enroll someone else, go back to Member home.

[Member home](#)