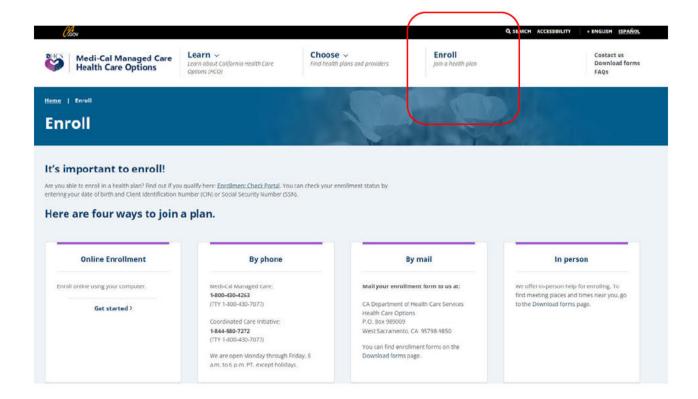
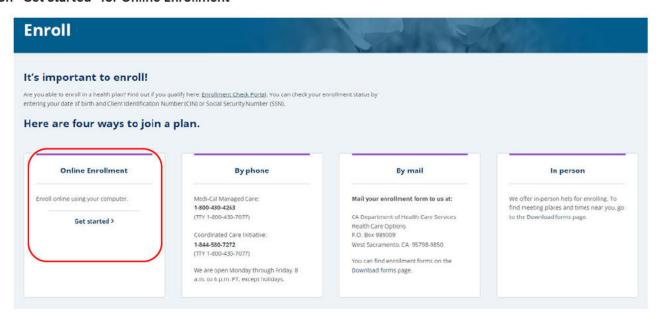
Click on https://www.healthcareoptions.dhcs.ca.gov/enroll to select Primary Care Physician

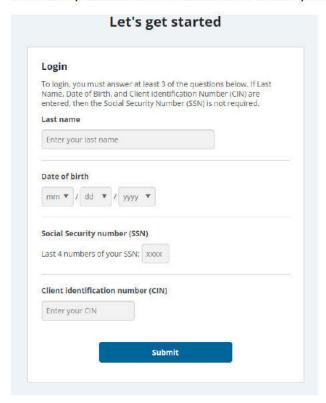


Click on "Get Started" for Online Enrollment

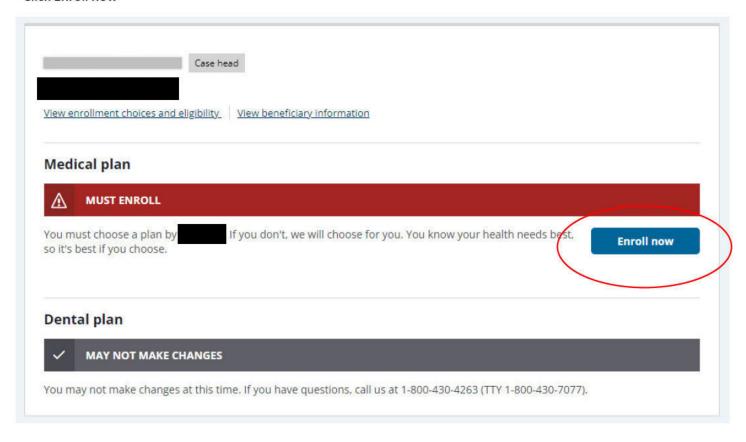


Enter patients Last name, DOB, Last 4 numbers of SSN# and MediCAL CIN# then click submit

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



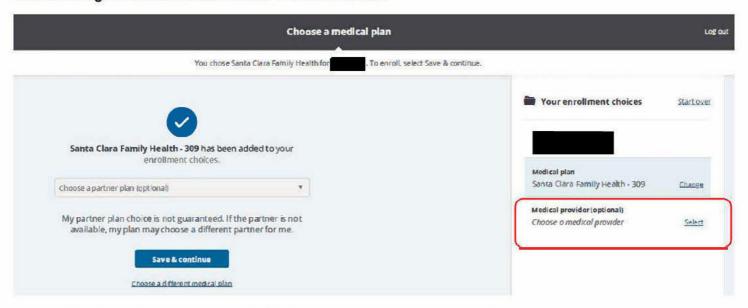
Click Enroll now



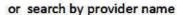
Select health plan- ask the patients if they would like SCFHP or Anthem Blue Cross



Click on the right under enrollment choices → Medical Provider

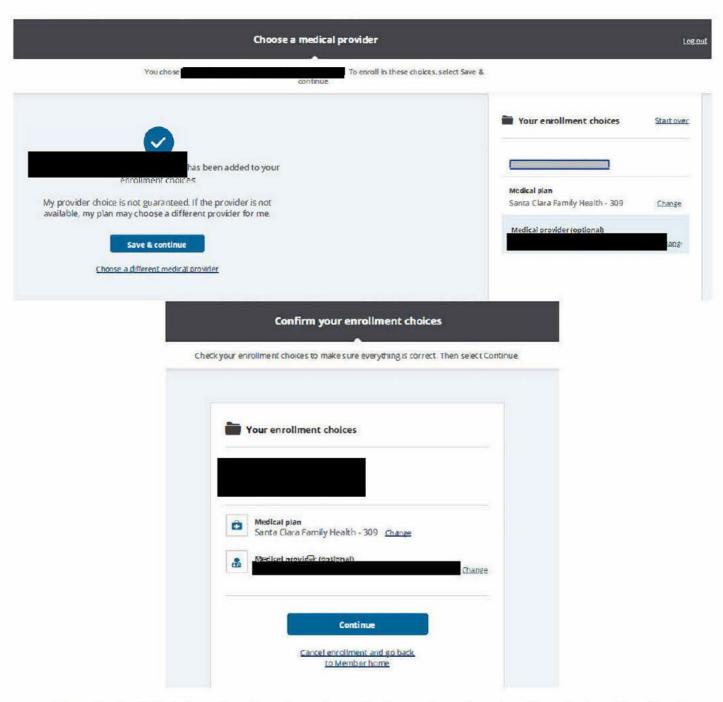


Search PCP either by location or search by NPI#



 Search by location. 	Search by NPI
Provider type	
Doctor	*
Search by tocation	
Address ZIP code	County
Located within Address	
5 miles of	
City	
Enter a city	
Zi P code	
Find pro	oviders

Provider's name contains	
Provider's name contains	
Specialty	
Select a specialty	*
Provider's gender/sex	
Select a gender/sex	•
Language	
Select a language	*



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.

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.
- 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.



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

