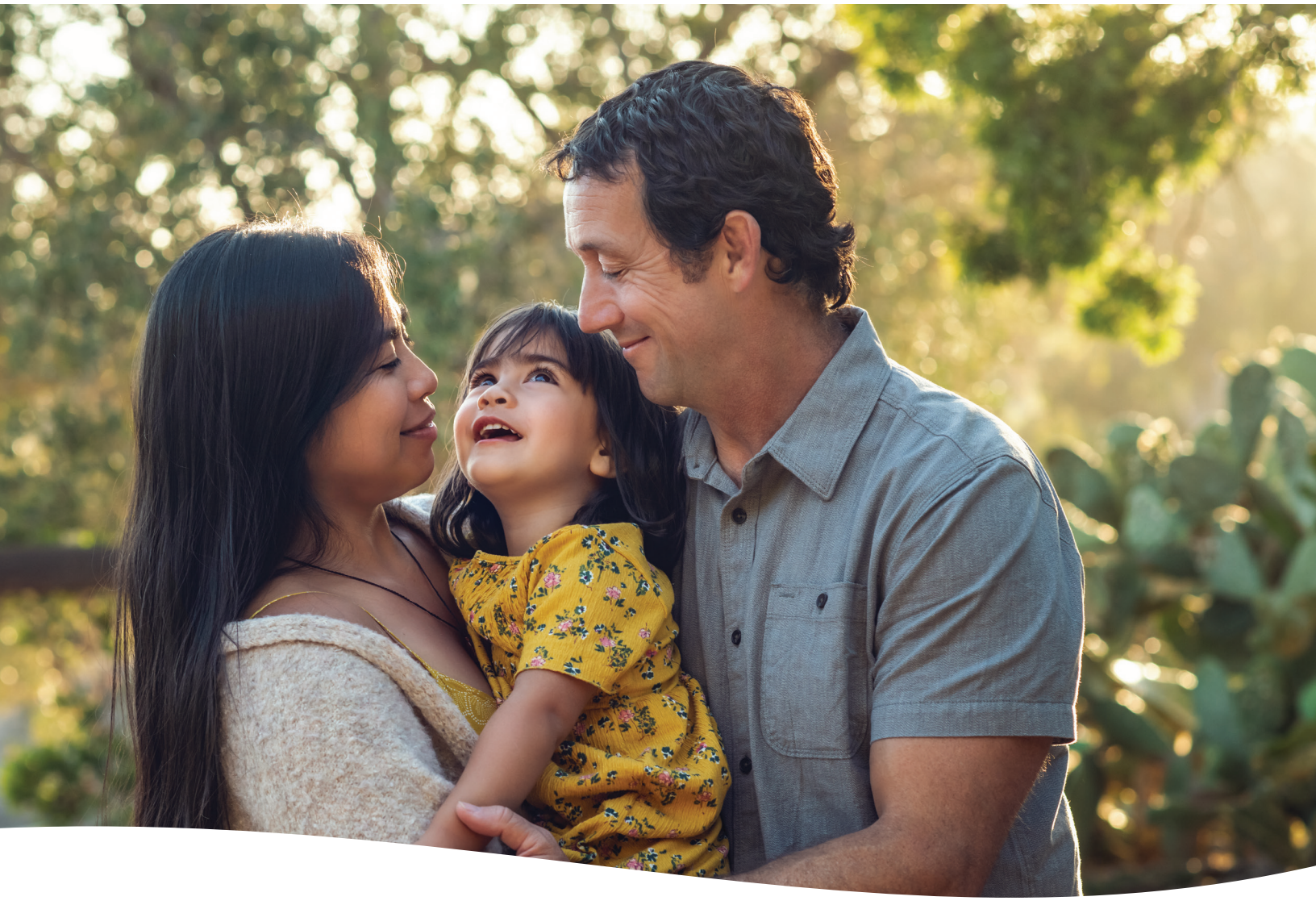
Medi-Cal Choice Enrollment Form Completion Guide

LOS ANGELES COUNTY

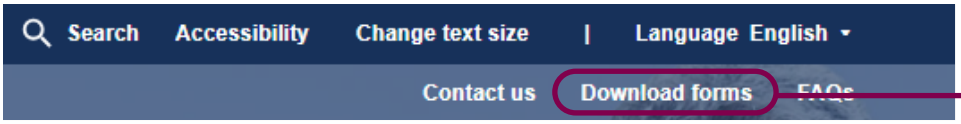


What This Guide Helps You Do

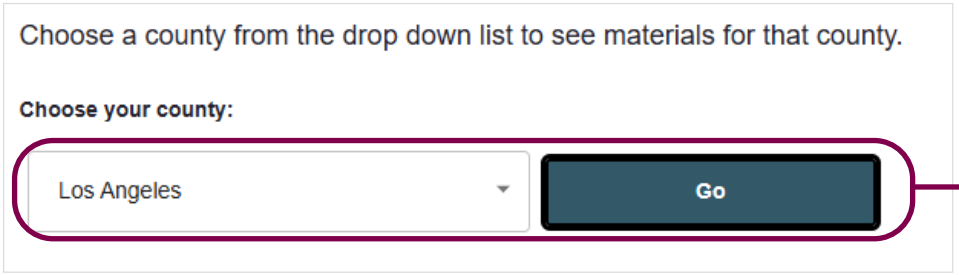
- Support members in completing all required sections of the Medi-Cal Choice Enrollment form accurately, including indicating their health plan selection.
- Prevent common errors that lead to incomplete or rejected enrollment forms.
- Improve submission quality to support timely processing and coverage activation.

Medi-Cal Choice Enrollment Form Access

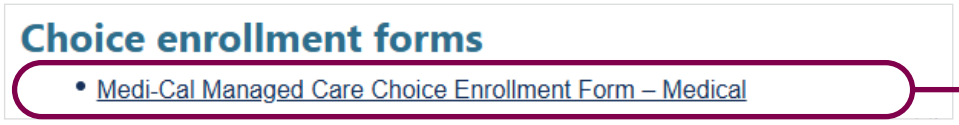
Website: www.healthcareoptions.dhcs.ca.gov



Step 1
Click *Download forms*.



Step 2
Select *Los Angeles* and click *Go*.



Step 3
- Click *Medi-Cal Managed Care Choice Enrollment Form – Medical*.
- Download and print the PDF.

Dental coverage

In Los Angeles County, Medi-Cal beneficiaries eligible for dental benefits also can choose Health Net* Dental coverage.

Access the Medi-Cal Dental Choice Form at **https://www.healthcareoptions.dhcs.ca.gov/content/dam/digital/united-states/california/ca-hco/download-forms/dental/en/10-20-2025/LA_0VD4103_ENG_0124.pdf.**

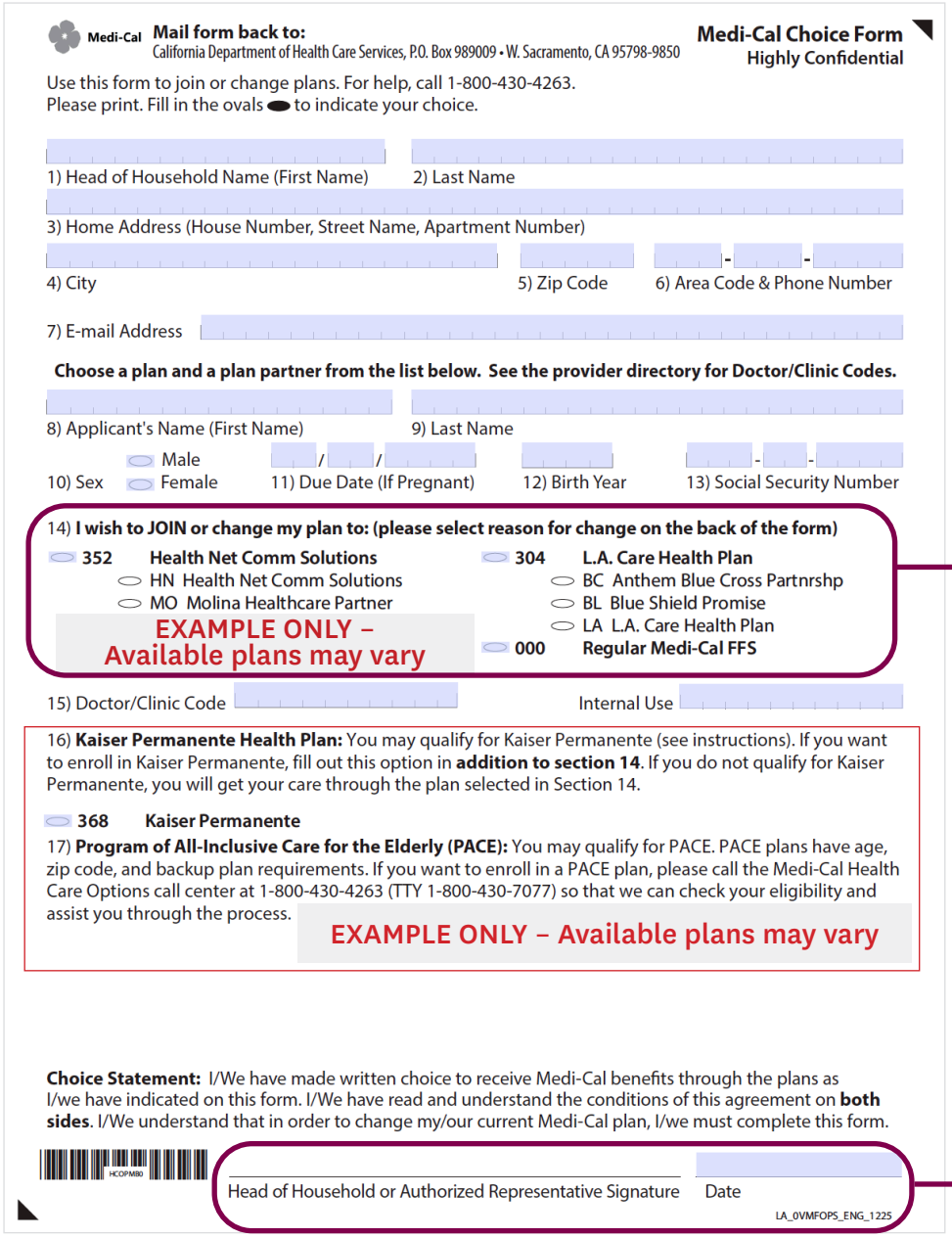
Need Help?

Contact Health Care Options Member Services

- **Phone: 800-430-4263**
- **TTY: 800-430-7077**

You can also call Health Net Enrollment Services – 800-327-0502

Step 1–5: Member Information and Health Plan Selection



Medi-Cal **Mail form back to:**
California Department of Health Care Services, P.O. Box 989009 • W. Sacramento, CA 95798-9850

Medi-Cal Choice Form
Highly Confidential

Use this form to join or change plans. For help, call 1-800-430-4263.
Please print. Fill in the ovals ⬬ to indicate your choice.

1) Head of Household Name (First Name) 2) Last Name

3) Home Address (House Number, Street Name, Apartment Number)

4) City 5) Zip Code 6) Area Code & Phone Number

7) E-mail Address

Choose a plan and a plan partner from the list below. See the provider directory for Doctor/Clinic Codes.

8) Applicant's Name (First Name) 9) Last Name

10) Sex ⬭ Male ⬭ Female 11) Due Date (If Pregnant) 12) Birth Year 13) Social Security Number

14) **I wish to JOIN or change my plan to: (please select reason for change on the back of the form)**

⬭ **352** **Health Net Comm Solutions**
⬭ HN Health Net Comm Solutions
⬭ MO Molina Healthcare Partner

EXAMPLE ONLY – Available plans may vary

⬭ **304** **L.A. Care Health Plan**
⬭ BC Anthem Blue Cross Partnrshp
⬭ BL Blue Shield Promise
⬭ LA L.A. Care Health Plan

⬭ **000** **Regular Medi-Cal FFS**

15) Doctor/Clinic Code Internal Use

16) **Kaiser Permanente Health Plan:** You may qualify for Kaiser Permanente (see instructions). If you want to enroll in Kaiser Permanente, fill out this option in **addition to section 14**. If you do not qualify for Kaiser Permanente, you will get your care through the plan selected in Section 14.

⬭ **368** **Kaiser Permanente**

17) **Program of All-Inclusive Care for the Elderly (PACE):** You may qualify for PACE. PACE plans have age, zip code, and backup plan requirements. If you want to enroll in a PACE plan, please call the Medi-Cal Health Care Options call center at 1-800-430-4263 (TTY 1-800-430-7077) so that we can check your eligibility and assist you through the process.

EXAMPLE ONLY – Available plans may vary

Choice Statement: I/We have made written choice to receive Medi-Cal benefits through the plans as I/we have indicated on this form. I/We have read and understand the conditions of this agreement on **both sides**. I/We understand that in order to change my/our current Medi-Cal plan, I/we must complete this form.

HCOPM80

Head of Household or Authorized Representative Signature Date

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Step 1
Enter Head of Household Name and Address.

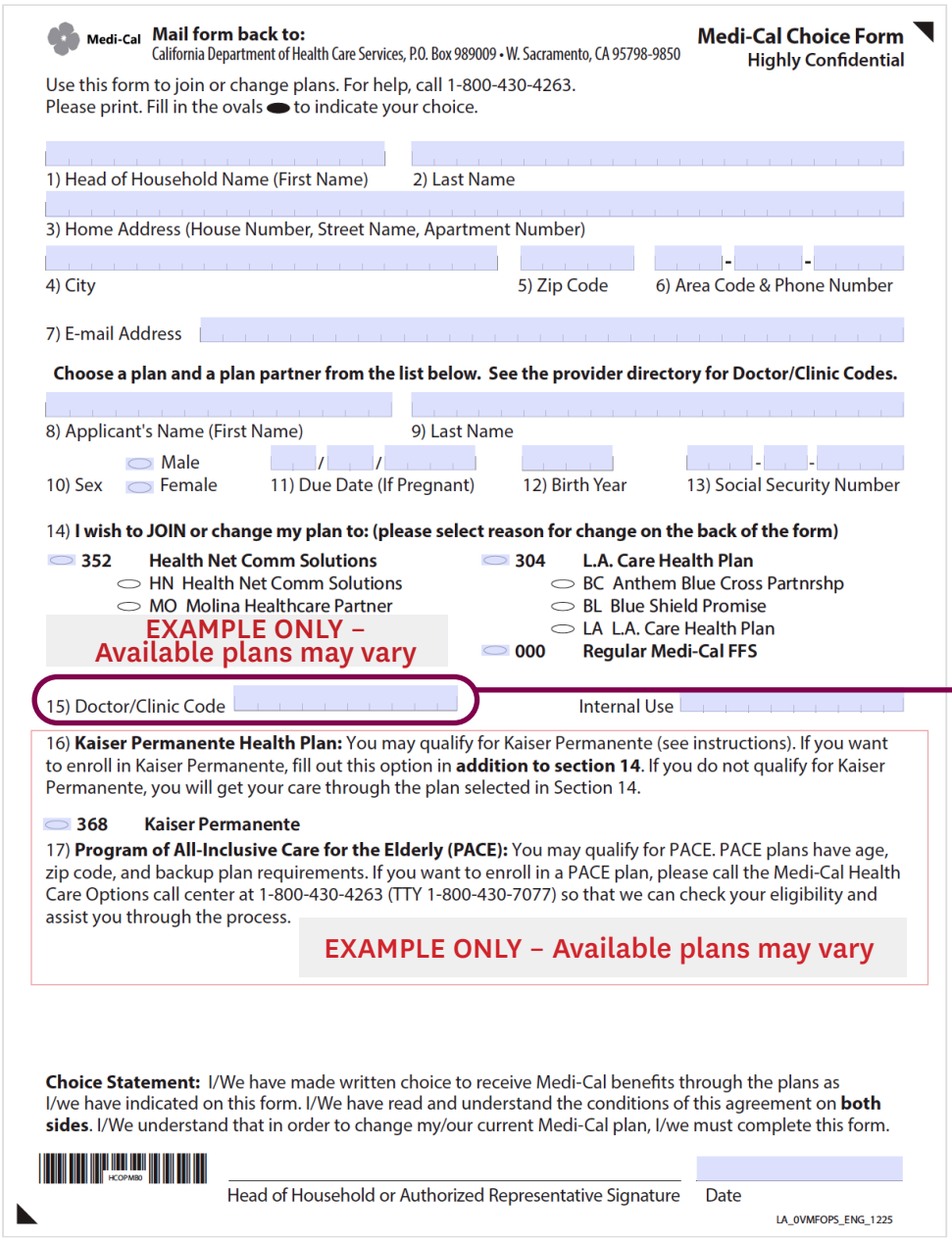
Step 2
Add Phone Number and contact information.

Step 3
Provide the Applicant's Name, Sex, Birth Year and Social Security Number.

Step 4
Remember to fill in the bubble.

Step 5
Sign and date the form.

Step 6–7: Provider Selection and Information



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Step 6
Choose your doctor.

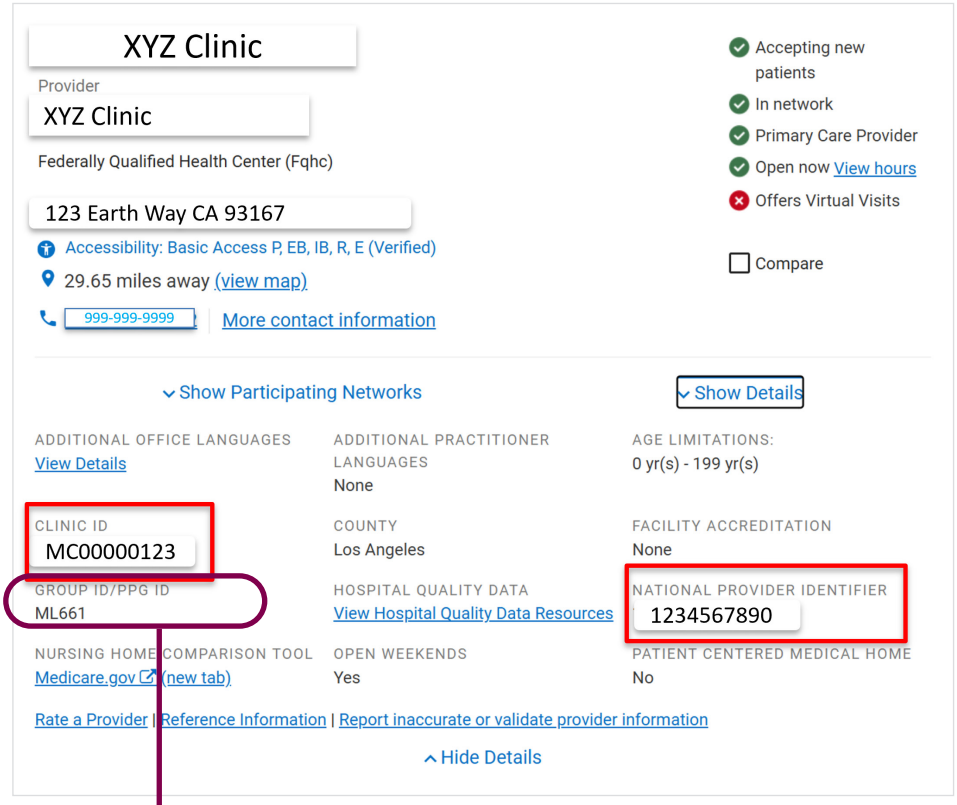
Step 6a
For clinics – Clinic ID, NPI number or Group ID/PPG ID.

Step 6b
Non-clinics/physicians – use NPI number or enrollment ID.

Provider Selection Guide

For Clinics

1. Go to **www.healthnet.com.**
2. Click on *Find a Provider* > Enter City or Zip Code **and** Select **Medi-Cal** under Plan or Network.
3. Enter Clinic NPI/Name.
4. Fill in the Clinic ID, NPI or Group ID/PPG ID listed on the provider portal (see below example snippet).

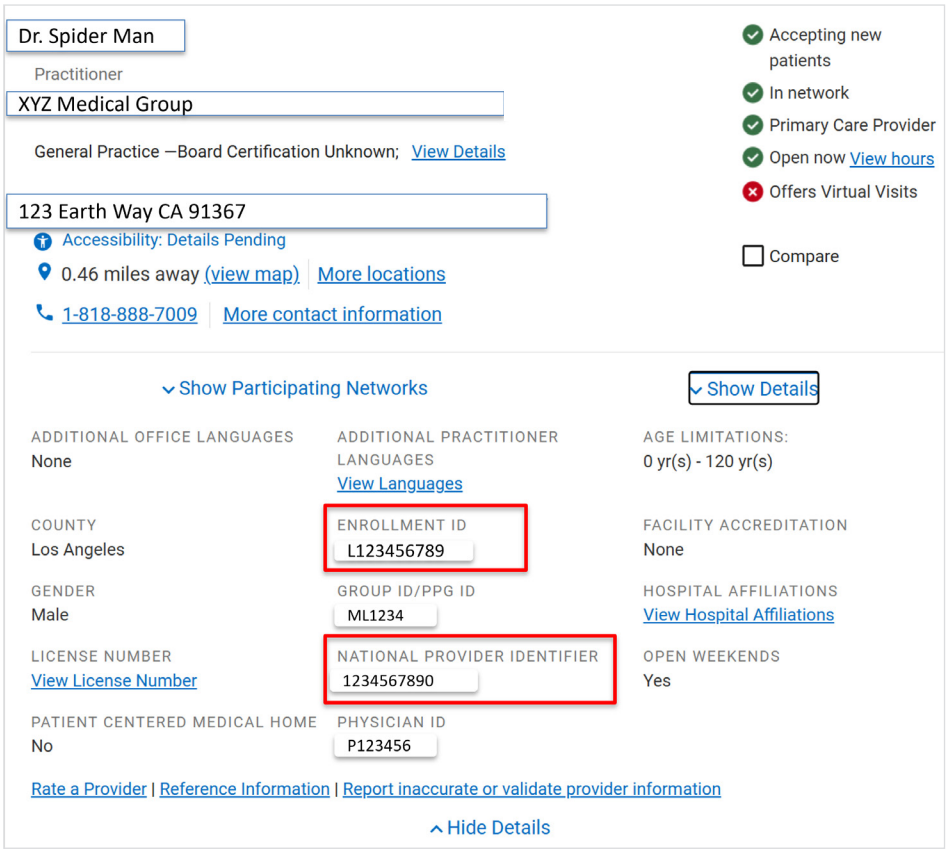


When using the PPG ID, enter the last 4 characters (e.g., ML661 →L661).

Provider Selection Guide

For Non-Clinics/Physicians

1. Go to **www.healthnet.com.**
2. Click on *Find a Provider* > Enter City or Zip Code **and** Select **Medi-Cal** under Plan or Network.
3. Enter NPI/Name.
4. Fill in the NPI or Enrollment ID listed on the provider portal (see below example snippet).



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