

Provider Bulletin

Molina Healthcare of California

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June 23, 2026

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Quick Guide for Providers: Accessing Medi-Cal Member Redetermination Dates

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

What you need to know:

To help prevent gaps in coverage and ensure members maintain access to care, providers can now access Medi-Cal member redetermination (renewal) dates through Molina Healthcare resources.

Knowing when a member's annual eligibility review is due allows providers to proactively remind patients to complete their renewal process and update their contact information with their county office. Members who do not complete their renewal may lose Medi-Cal coverage, even if they remain eligible.

When this is happening:

Medi-Cal renewals occur throughout the year based on each member's assigned renewal month.

Provider Action

Providers are encouraged to review member redetermination information regularly and remind patients to complete required renewal activities before their due date.

For step-by-step instructions on accessing Medi-Cal member redetermination dates and additional details regarding member renewal information, please refer to the attached flyer or view the resource online at: molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/Accessing-Medi-Cal-Member-Redetermination-Dates.ashx



What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

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If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email mhcproviderbulletin@molinahealthcare.com.

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

Molina Healthcare of California: 200 Oceangate, Suite 100, Long Beach, CA 90802

Quick guide for Providers: Accessing Medi-Cal Member redetermination dates

What is Medi-Cal redetermination?

Redetermination (*also referred to as renewal*) is the annual process by which Medi-Cal Members must confirm they still meet eligibility requirements to maintain coverage. Each Member has an individual renewal date, also known as their redetermination date.

It is important for Members to be aware of this date so they can complete required steps on time and avoid a lapse in coverage. Providers play a key role in supporting Members by helping identify and communicate their redetermination date and encouraging timely renewal.

Ways for Providers to access Members' redetermination dates

1. Availity Essentials portal

The easiest way for Providers to access a Member's redetermination date is via the [Availity Essentials portal](#). Providers may access this information in two ways:

- **Utilizing the Patient Care Portlet to pull a roster** (when Member information is unavailable)
- **Conducting an Eligibility & Benefits Inquiry** (when Member information is available)

Follow these steps to access the roster in the Patient Care Portlet:

1. Navigate to the Availity landing page, select **Payer Spaces** from the menu bar and select **Molina Healthcare**.
2. From the applications tab, select the **Patient Care tile**. This will open the Patient Care application landing page.
3. Under **Access Provider Profile**, enter the required organization and Provider information to view the member roster.
4. The Provider NPI and TIN combination will generate associated results; Provider is required to select the appropriate entry from the list in order to access their member roster.
5. After selecting a Provider, click **Next** to view the roster of members for that PCP. Member details are shown, and the **Redet Date** column indicates each member's renewal due date.
6. Use the **Print** button to print the roster or the **Export** button to download it in Excel or CSV format.

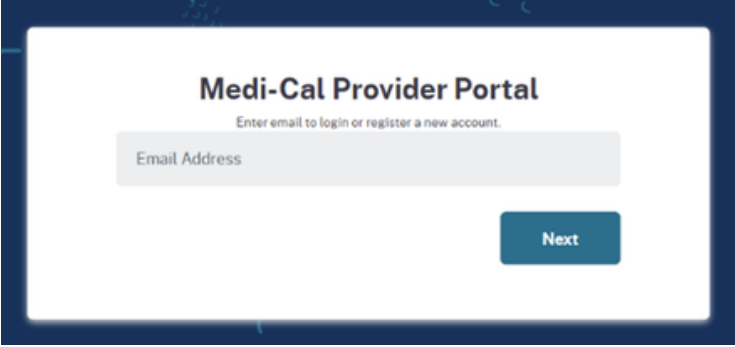
2. E-list (Monthly membership file)

For Provider groups who receive monthly membership files via SFTP, Member redetermination dates are included in the report. The redetermination date can be found in **Column 25** of the file.

3. AVES (Automated eligibility verification system)

Providers can confirm Member eligibility and determination through [AVES](#).

- Provider must log in to the DHCS Medi-Cal Provider Portal (registration required for new users).
- AVES allows real-time eligibility verification and may display renewal-related details depending on the inquiry results.

A screenshot of the Medi-Cal Provider Portal login interface. The page has a dark blue header and footer. The main content area is white and contains the text "Medi-Cal Provider Portal" in bold. Below this, it says "Enter email to login or register a new account." There is a light gray input field labeled "Email Address" and a dark blue button labeled "Next".

Key reminder for Providers

Encouraging Members to complete their Medi-Cal redetermination on time helps prevent gaps in coverage and ensures continued access to care. Providers can support this effort by incorporating redetermination date checks into routine eligibility verification and patient interactions.