

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.

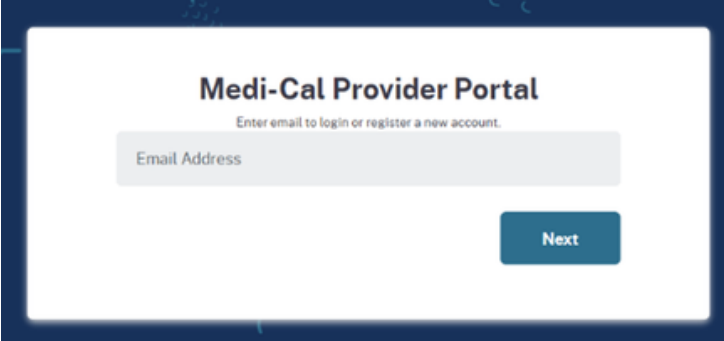
2. E-list (Monthly membership file)

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.



The image shows a screenshot of the Medi-Cal Provider Portal login page. The page has a white background with a dark blue border. At the top, it says "Medi-Cal Provider Portal" in bold black text. Below that, in smaller text, 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" to its right.

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.