

Provider Bulletin

Molina Healthcare of California

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July 1, 2026

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- Los Angeles
- Orange
- Sacramento
- San Diego

Medi-Cal Enrollment Restrictions

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:

Please be aware of Medi-Cal eligibility restrictions that may impact member eligibility to access care. We appreciate and encourage your support in guiding members through the Medi-Cal annual redetermination process.

1. Medi-Cal Enrollment Restrictions

When checking Medi-Cal eligibility through the State's AVES system or reviewing Molina eligibility in Molina's Availity provider portal, you may encounter a Hold Restriction on a member's record. This indicates the member is temporarily ineligible for Medi-Cal coverage due to failure to complete the annual redetermination process.

Below is guidance on how to support patients during this time and how retroactive coverage works if eligibility is restored. A **Hold Restriction** appears when a member's Medi-Cal coverage is inactive, typically because they did not complete their annual redetermination. This means they are **not eligible for non-emergency services** at the time of verification.

These members must submit the required documents to reestablish coverage.

2. Supporting Your Patients

To assist members in obtaining or restoring their Medi-Cal eligibility, we encourage providers to take an active role in supporting them through the enrollment process. This includes helping members contact their local Medi-Cal office, ensuring they understand the required documentation, and assisting in the completion of their redetermination packet.

3. Retroactive Coverage

If a member completes the redetermination paperwork successfully within 90 days of their Medi-Cal coverage termination, their Medi-Cal coverage will be retroactively applied to the date they lost coverage. This ensures that members have coverage for services received during this period.

Provider Action

How You Can Support Your Patients

Providers can play a key role in helping members regain coverage. Encourage members who show Hold Restriction to:

- Contact their local county Medi-Cal office.
- Submit any required documentation as soon as possible.
- Follow up on their application or redetermination status via [Medi-Cal Enrollment](#).

Providers can confirm Eligibility through:

- [Automated Eligibility Verification System \(AVES\)](#)
- [Availity Essentials portal](#)

We appreciate your dedication to providing quality care and your support in ensuring members receive the health coverage they need.



If the Hold is due to redetermination:

- Within 90 Days: If the member completes their redetermination and is found eligible within 90 days of the discontinuation, Medi-Cal will reinstate their coverage retroactively to the date it was lost. They will also be automatically re-enrolled in their previous managed care plan (MCP) unless they have moved to a different county.
- After 90 Days: If more than 90 days have passed, the member must reapply for Medi-Cal. They will not receive retroactive reinstatement, and instead will:
 - Re-enter the Medi-Cal health plan choice process, selecting or being assigned a new MCP.
 - Begin coverage effective the first of the following month.
 - Additional information may be found here: [Medi-Cal Renewal Process - The 90-Day Cure Period Job Aid](#)

What if you need assistance?

If you have any questions regarding the notification, please contact your [Molina Provider Relations Representative](#).