

Provider Bulletin

Molina Healthcare of California

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November 18, 2025

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2026 Medicaid Pay-For-Performance / HEDIS Performance Bonus Program

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:

- All participants (new and existing) are required to sign new agreement form for the 2026 program year.
- MHC is moving to electronic payments. To receive payment, participants must enroll in the ECHO Provider Payments Portal.
- To obtain program description and agreement form, please reach out to MHCP4P@MolinaHealthcare.com, your regional Practice Transformation (Quality) Specialist inbox, or your Provider Relations Representative.

When this is happening:

- 2026 Medicaid Pay-For-Performance Bonus Program is effective for services rendered between 1/1/2026 through 12/31/2026.
- 1st Performance Period: Dates of Service 1/1/2026-6/30/2026.
- 2nd Performance Period: Dates of Service 7/1/2026-12/31/2026.
- If participants do not enroll prior to 12/19/2025, they will not be allowed to participate until the 2nd Performance Period. (Enrollment forms MUST be executed prior to Performance Period).

Reminders:

Continuing for 2026, Federally Qualified Health Centers and Rural Health Centers are not eligible for this program (please inquire about the 2026 Pay-For-Quality Program).

Provider Action

- Request 2026 program details and Agreement form.
- **Submit signed Agreement form by 12/19/2025 to:**
MHCP4P@MolinaHealthcare.com
- Sign up for the ECHO Provider Payments Portal.



Please review the updated 2026 Medicaid P4P HEDIS Metrics and Bonus Amounts below:

Measure	Performance Bonus	1) Panel Requirement 2) Eligible Provider Type	Bonus Frequency
Blood Lead Screening	\$25 for blood lead screening (0-6 years) up to two payments per eligible member (1st at 12 months, 2nd at 24 months). If member has not received blood lead screening, \$25 for completing between 2 and 6 years	1) No minimum panel Requirement 2) PCP, ECM	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below.
Cervical Cancer Screening	\$50 per screening up to one payment per eligible member per year	1) Minimum 200 Medi-Cal Members 2) PCP, OBGYN, ECM	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below.
Childhood Immunizations Status - Combination 10	\$25 for timely completion of a vaccine series timely (8 series), \$50 for timely completion of rotavirus and flu series, \$50 for timely compliance of Combo 10 *Must be completed by 2 nd birthday to be considered timely	1) No minimum panel Requirement 2) PCP, ECM	All qualifying 2026 dates of service will be paid out following bi-annual payment cycle below.
Chlamydia Screening	\$25 per test up to one payment per year	1) No minimum panel Requirement 2) PCP, OBGYN, ECM	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below.
GSD – Glycemic Status Assessment for Patients with Diabetes	\$100 per HbA1c control test result less than 8.0 up to one payment in Q4 reporting period per member per year	1) Minimum 200 Medi-Cal Members 2) PCP, ECM	2026 annual bonus will be issued in 2nd Performance Period.
Depression Remission or Response for Adolescents and Adults	\$25 per visit up to one payment per eligible member per year	1) No minimum panel Requirement 2) PCP, ECM	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below.
Depression Screening and Follow-Up for Adolescents and Adults	\$25 per visit up to one payment per eligible member per year	1) No minimum panel Requirement 2) PCP, ECM	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below.
Developmental Screening in the First Three Years of Life	\$25 per screening up to one payment per eligible member per year	1) No minimum panel Requirement 2) PCP, ECM	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below.
Immunizations for Adolescents - Combo 2	\$100 for timely completion of HPV vaccine series, \$25 for timely Tdap, \$25 for timely Meningococcal *Must be completed by 13th birthday to be considered timely	1) No minimum panel Requirement 2) PCP, ECM	All qualifying 2026 dates of service will be paid out following bi-annual payment cycle below.
Prenatal and Postpartum Care: Timeliness of Prenatal Care	\$150 per visit up to one payment per member per year	1) No minimum panel Requirement 2) PCP, OBGYN, ECM	All qualifying 2026 dates of service will be paid out following bi-annual payment cycle below.
Prenatal Depression Screening and follow Up	\$40 per screening up to one payment per member per year	1) No minimum panel Requirement 2) PCP, OBGYN, ECM	All qualifying 2026 dates of service will be paid out following bi-annual payment cycle below.
Prenatal and Postpartum Care: Postpartum Care	\$150 per visit up to one payment per member per year	1) No minimum panel Requirement 2) PCP, OBGYN, ECM	All qualifying 2026 dates of service will be paid out following bi-annual payment cycle below.
Postpartum Depression Screening and Follow-Up	\$40 per screening up to one payment per member per year	1) No minimum panel Requirement 2) PCP, OBGYN, ECM	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below.

Topical Fluoride for Children	\$25 per application of fluoride varnish (1-21 years) up to 2 payments per year per eligible member *Must be rendering provider to qualify	1) No minimum panel Requirement 2) PCP, ECM	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below.
Well Child Visits	\$50 for well child visit (3-21 years) up to one payment per eligible member per year	1) No minimum panel Requirement 2) PCP, ECM	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below.

Please review the Medi-Cal P4P HEDIS Bonus Payout Timeline below:

Performance Period	Months Under Evaluation	Payment Type	Payment Dates
1 st Performance Period	January 1 - June 30	Per Service	December
2 nd Performance Period	July 1 - December 31	Per Service	June

What if you need assistance?

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

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias Elias Gomez Velma Castillo Anita White Anisha Brar	562-233-1753 562-723-9760 626-721-3089 310-654-4832 N/A	Clemente.Arias@molinahealthcare.com Elias.Gomez@molinahealthcare.com Velma.Castillo@molinahealthcare.com Princess.White@molinahealthcare.com Anisha.Brar@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-783-0005	Maria.Guimoye@molinahealthcare.com
Sacramento County	Johonna Eshalomi	916-268-1418	Johonna.Eshalomi@molinahealthcare.com
San Bernardino County	Luana McIver	909-454-4247	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-419-3026	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Patricia Melendez	951-447-7585	Patricia.Melendez@molinahealthcare.com
San Diego / Imperial County	Brigitte Maldonado	760-421-1466	Brigitte.Maldonado@molinahealthcare.com

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
Los Angeles County	Melessa Belcher	714-813-8522	Melessa.Belcher@molinahealthcare.com
Imperial, San Diego & Sacramento	Brittney Aguilar	916-216-9882	Brittney.Aguilar@molinahealthcare.com
Riverside & San Bernardino	MiMi Howard	562-455-3754	Smimi.Howard@molinahealthcare.com

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

Medicaid Pay-For-Performance Program

Signature Authorization

In consideration of the promises and representations stated, the Parties agree as set forth in this Agreement. The Authorized Representative acknowledges, warrants, and represents that the Authorized Representative has the authority and authorization to act on behalf of their Party. The Authorized Representative further acknowledges and represents that they received and reviewed this Agreement in its entirety.

The Authorized Representative for each Party executes this Agreement with the intent to bind the Parties in accordance with this Agreement.

Provider Signature and Information.

Provider's Legal Name ("Provider") – as listed on applicable tax form (i.e., W-9):	
Authorized Representative's Signature:	Authorized Representative's Name – Printed:
Authorized Representative's Title:	Authorized Representative's Signature Date:
Tax ID Number – As listed on corresponding tax form:	
NPI Number – Rendering Provider:	
Value-Based Payment Programs Notice – Email Address:	

Health Plan Signature and Information.

Molina Healthcare of California, Inc. ("Health Plan")	
Authorized Representative's Signature:	Authorized Representative's Name – Printed:
Authorized Representative's Title:	Authorized Representative's Countersignature Date: