Provider Bulletin

Molina Healthcare of California
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Data Sharing And Quality Rate Production for Directed Payment Initiatives and Alternative Payment Methodology Programs – APL 25-015

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:

BACKGROUND

The Department of Health Care Services (DHCS) administers Directed Payment Initiatives and Alternative Payment Methodology (APM) programs (collectively referred to as "programs") that focus on various types of Providers. These programs require MHC to implement specific reimbursement rates or methodologies. Each program must be approved by the Centers for Medicare & Medicaid Services (CMS).

One of the largest DHCS directed payment programs has been the Quality Incentive Pool (QIP) for both Designated Public Hospitals (DPHs) and District & Municipal Public Hospitals (DMPHs).

In QIP, eligible hospital Providers produce their own quality measure performance rates using data available to the hospital. This approach has resulted in the need to audit hospitals' data, develop QIP-specific measure specifications, multiple audit processes when measures are also reported in the Medi-Cal Managed Care Accountability Set, which have caused mismatches between rates produced by QIP hospitals and MCPs and increased administrative burden in QIP.

For these reasons, DHCS designed new programs to require MHC reporting on behalf of Providers, rather than having Providers produce and report their own quality performance data. DHCS has also worked with stakeholders on a process to transition QIP to a similar structure of MHC produced rates.

MHC-produced quality performance rates offer numerous benefits including simplifying the reporting process, ensuring MHC is the central point of Member data collection, creating a scalable model with less administrative burden for future programs, pushing for more effective partnership between MHC and Providers, and establishing a single source of truth for reporting quality measures.

Provider Action

This notification is based on All-Plan Letter (APL) 25-015, which can be found in full on the Department of Health Care Services (DHCS) website at:
dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202025/APL25-015.pdf

POLICY

Data Sharing and Quality Measure Rate Production

Programs require reporting to produce quality, utilization, value-related, and/or other measure rates by Providers or a designee, depending on the nature and operation of the program. Measures may require MHC to either supply data to Providers or produce performance rates on behalf of Providers.

Where MHC must produce performance rates on behalf of Providers, MHC will supply the Provider with the performance rates, the immediate components used to mathematically calculate that rate, and the time period for each component.

Where data must be supplied, data which may be required include but are not limited to the following: Enrollment files/rosters for Primary Care assignment, current and historical claims data, pharmacy data, admission/discharge/transfer (ADT) feed data, and/or care management assignment and data.

In programs where Providers calculate their own performance, MHC will supply Providers the necessary data to calculate performance on measures in programs. If DHCS is the source for data and MHC does not have access to these data, then MHC is not compelled to provide data it does not have access to.

To the extent permissible by federal and state statutes and regulations and subject to the minimum necessary standard of the Health Insurance Portability and Accountability Act (HIPAA), if a measure in a specific program has a denominator broader than Members assigned to the Provider for Primary Care, then MHC will share data for Members beyond those assigned to the Provider for Primary Care.

Technical Specifications for Provider-Level Measurement

In programs, DHCS strives to use measure specifications that are as similar as possible to specifications from national measure stewards. When MHC is required to calculate performance rates on behalf of Providers, MHC will follow the specification for the measure in the program.

DHCS has released the California Technical Specifications (CaTS) for measures in programs, which provides specific direction to MHC on how to calculate Provider-level quality measure performance. In parallel to CaTS, DHCS may also release program specific guidance for how to calculate Provider-level performance. In some cases, DHCS may need to provide MHC with a technical specification.

Dispute Process

MHC will work with Providers to ensure measure rate production is accurate and complete. Various data elements shared throughout the year will help MHC and Providers identify and address concerns as early as possible, thus minimizing the chance of disputes. MHC is required to have a dispute resolution process for Providers who disagree with MHC's data or rate production, and/or in cases where MHC is not working with the Provider in a meaningful way to resolve data concerns or discrepancies. This dispute process must follow the MHC Contract. Providers may submit a dispute to MHC; the dispute process should be no longer than 90 calendar days from the dispute being formally filed by the Provider and the final disposition of the dispute. If Providers request Member-level data to assist in validating data elements and measure rates, then MHC will provide Member-level data. MHC will determine what level of Member level data is appropriate to provide given the nature of the dispute.

Note that the dispute process may not align with the payment timeline in a specific program, given the timeline between rate production and payments being made may be less than 90 calendar days in some programs. Whether any retroactive change to payments can occur in a program if the dispute process results in a change to data and/or a measure rate depends on the specifics of each program, including but not limited to CMS requirements.

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