

# Provider Bulletin

Molina Healthcare of California

[molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx](https://molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx)

March 28, 2025

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

## 2025 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.

This notice is intended to update providers on the 2025 Medi-Cal Pay-For-Performance Bonus Program (P4P Program).

### What you need to know:

- As of December 31, 2024, MHC will **discontinue** the end of year add on bonus for Top Providers.
- Continuing for 2025, MHC will be issuing HEDIS P4P payments following biannual schedule.
- Continuing for 2025 MHC is continuing Medi-Cal OBGYN Partner Bonus Program.
- Continuing for 2025, Enhanced Care Management (ECM) providers are eligible to participate in this program.

### When this is happening:

- 2025 Medi-Cal Pay-For-Performance Bonus Program is effective for services rendered between January 1, 2025, through December 31, 2025.

### Reminders:

- Continuing for 2025, Federally Qualified Health Centers and Rural Health Centers are not eligible for this program (please inquire about the 2025 Partner Award Program).
- Continuing for 2025, PCPs must have at least 200 Medi-Cal members assigned at the close of the measurement period to qualify for: Cervical Cancer Screening and Glycemic Status performance bonus.

## Provider Action

Confirm you are enrolled in our P4P Program and that your information is up to date.

1. Please complete the Provider Acknowledgement Form and submit it along with a current W-9 form. These forms are available on the MHC website under Forms or at [molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/forms/Medi-Cal-Pay-For-Performance-HEDIS-Performance-Bonus-Program-Enrollment-Forms.ashx](https://molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/forms/Medi-Cal-Pay-For-Performance-HEDIS-Performance-Bonus-Program-Enrollment-Forms.ashx).
2. Submit completed documents to the appropriate email address based on your county:

#### Los Angeles County:

[mhc\\_practicetransformation\\_losangeles@molinahealthcare.com](mailto:mhc_practicetransformation_losangeles@molinahealthcare.com)

#### Sacramento:

[mhc\\_practicetransformation\\_sacramento@molinahealthcare.com](mailto:mhc_practicetransformation_sacramento@molinahealthcare.com)

#### San Diego:

[mhc\\_practicetransformation\\_sandiego@molinahealthcare.com](mailto:mhc_practicetransformation_sandiego@molinahealthcare.com)

#### Inland Empire:

[mhc\\_practicetransformation\\_inlandempire@molinahealthcare.com](mailto:mhc_practicetransformation_inlandempire@molinahealthcare.com)

Please reach out to your County's assigned Practice Transformation Specialist to coordinate a meeting on P4P.



**Please review the updated Medi-Cal P4P HEDIS Metrics and Bonus Amounts below:**

<b>Measure</b>	<b>Performance Bonus</b>	<b>Panel Requirement / Provider Type</b>	<b>Bonus Frequency</b>
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	No minimum panel requirement/PCP/ECM	All qualifying 2025 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	Minimum 200 Medi-Cal Members/PCP/OBGYN /ECM	All qualifying 2025 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 <sup>nd</sup> birthday to be considered timely	No minimum panel requirement/PCP/ECM	All qualifying 2025 dates of service will be paid out following bi-annual payment cycle below.
Chlamydia Screening	\$25 per test/ up to one payment per year	No minimum panel requirement/PCP/ECM and OBGYN	All qualifying 2025 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/ one-time payment in Q4 reporting period per member per year	Minimum 200 Medi-Cal Members/PCP/ECM	2025 annual bonus will be issued in 2 <sup>nd</sup> Reporting Period.
Depression Remission or Response for Adolescents and Adults	\$25 per visit/ up to one payment per eligible member per year	No minimum panel requirement/PCP/ECM	All qualifying 2025 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	No minimum panel requirement/PCP/ECM	All qualifying 2025 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	No minimum panel requirement/PCP/ECM	All qualifying 2025 dates of service will be paid out following bi- annual payment cycle below.

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

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	No minimum panel requirement/PCP/ECM	All qualifying 2025 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	No minimum panel requirement/PCP/ECM and OBGYN	All qualifying 2025 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	No minimum panel requirement/PCP/ECM and OBGYN	All qualifying 2025 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	No minimum panel requirement/PCP/ECM and OBGYN	All qualifying 2025 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	No minimum panel requirement/PCP/ECM and OBGYN	All qualifying 2025 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.	No minimum panel requirement/PCP/ECM	All qualifying 2025 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	No minimum panel requirement/PCP/ECM	All qualifying 2025 dates of service will be paid out following bi-annual payment cycle below.
Well Child 30 Months	\$35 for well child visits (0-15 months)/up to 6 payments per eligible Member \$35 for well-child visits (15-30) months/ up to 2 payments per eligible member	No minimum panel requirement/PCP/ECM	All qualifying 2025 dates of service will be paid out following bi-annual payment cycle below.

Payments will be made directly to rendering, credentialed PCPs and/or OBGYNs. FQHCs and Rural Health Centers are not eligible for this incentive program. Selected services require a minimum of 200 assigned Medi-Cal members to qualify.

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

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

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## **What if you need assistance?**

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

<b>Service County Area</b>	<b>Provider Relations Representative</b>	<b>Contact Number</b>	<b>Email Address</b>
Los Angeles County	Clemente Arias Daniel Amirian Anita White Elias Gomez	562-517-1014 562-549-4809 562-980-3947 562-517-0445	<a href="mailto:Clemente.Arias@molinahealthcare.com">Clemente.Arias@molinahealthcare.com</a> <a href="mailto:Daniel.Amirian@molinahealthcare.com">Daniel.Amirian@molinahealthcare.com</a> <a href="mailto:Princess.White@molinahealthcare.com">Princess.White@molinahealthcare.com</a> <a href="mailto:Elias.Gomez@molinahealthcare.com">Elias.Gomez@molinahealthcare.com</a>
Los Angeles / Orange County	Maria Guimoye	562-549-4390	<a href="mailto:Maria.Guimoye@molinahealthcare.com">Maria.Guimoye@molinahealthcare.com</a>
Sacramento County	Johonna Eshalomi	279-895-9354	<a href="mailto:Johonna.Eshalomi@molinahealthcare.com">Johonna.Eshalomi@molinahealthcare.com</a>
San Bernardino County	Luana McIver	909-501-3314	<a href="mailto:Luana.Mciver@molinahealthcare.com">Luana.Mciver@molinahealthcare.com</a>
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	<a href="mailto:Vanessa.Lomeli2@molinahealthcare.com">Vanessa.Lomeli2@molinahealthcare.com</a>
Riverside County	Patricia Melendez	562-549-3957	<a href="mailto:Patricia.Melendez@molinahealthcare.com">Patricia.Melendez@molinahealthcare.com</a>
San Diego / Imperial County	Lincoln Watkins Tan Do	858-974-1758 858-287-4869	<a href="mailto:Lincoln.Watkins@molinahealthcare.com">Lincoln.Watkins@molinahealthcare.com</a> <a href="mailto:Tan.Do@molinahealthcare.com">Tan.Do@molinahealthcare.com</a>

<b>California Facilities (Hospitals, SNFs, CBAS, ICF/DD &amp; ASC Providers)</b>	<b>Facility Representative</b>	<b>Contact Number</b>	<b>Email Address</b>
San Diego, Sacramento, & Imperial California Facilities	Dolores Garcia	562-549-4900	<a href="mailto:Dolores.Garcia@molinahealthcare.com">Dolores.Garcia@molinahealthcare.com</a>
Los Angeles, California Facilities	Laura Gonzalez	562-549-4887	<a href="mailto:Laura.Gonzalez3@molinahealthcare.com">Laura.Gonzalez3@molinahealthcare.com</a>
Riverside & San Bernardino, California Facilities	MiMi Howard	562-549-3532	<a href="mailto:Smimi.Howard@molinahealthcare.com">Smimi.Howard@molinahealthcare.com</a>

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