

2026 Provider and Member Incentives

Molina's Quality Practice Transformation Program

2026 Value Based Payment Programs

Type	Description
Molina HEDIS Pay-for-Performance	Eligible to providers/clinics that deliver identified preventative care services.
FQHC Bonus Program	Eligible to all FQHCs that meet targeted quality metrics.
IPA Bonus Program	Eligible to chosen IPA's that meet targeted quality metrics.
Marketplace Bonus Program	Eligible to chosen IPA's that meet targeted quality metrics in the MP line of business.
Clinical Profile	Eligible to chosen providers that meet high-quality care to help address clinical quality gaps in care, support care coordination, treatment planning and improve quality outcomes.
Medicare STARS Bonus Program	Eligible to chosen IPA's and FQHC's that meet targeted quality metrics in the Medicare line of business.

Medicaid Provider Incentives

Medicaid Provider Pay-for-Performance (P4P)

Medicaid pay for service program that incentivizes providers for identified services.

- Providers sign up with a **NEW** P4P agreement, including a W-9. Please send your request to MHCP4P@MolinaHealthCare.Com
- Payments go out on a **bi-annual** schedule

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

- MHC will offer additional incentive opportunities to highest performing providers of each county in select measures
 - FQHC's/RHC's not eligible for this program
 - PCP must have 200 Medi-Cal assigned to them at the close of the measurement period to qualify for: GSD A1c Control. All other measures do not have a minimum panel requirement.
 - Responsibility of participating provider to notify MHC of any P4P enrollment changes (address, name, and W9 changes)
- **IMPORTANT:** If you signed before 12/31/25 you will be eligible for the first reporting period. If you have not, you will not be eligible until the following reporting period per CMS rules

Medicaid Provider Pay-for-Performance (P4P) Cont.

Medicaid pay for service program that incentivizes providers for identified services

Measure	Performance Bonus	Panel Requirement/Provider Type	Bonus Frequency
Blood Lead Screening- LSC	\$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 2026 dates of service will be paid out following bi- annual payment cycle below
Cervical Cancer Screening- CCS	\$50 per screening/up to one payment per eligible member per year	No minimum panel requirement/PCP/ECM/OBGYN	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below
Childhood Immunization Status: Combination 10- CIS10	\$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 2nd birthday to be considered timely	No minimum panel requirement/PCP/ECM	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below
Chlamydia Screening- CHL	\$25 per test/ up to one payment per year	No minimum panel requirement/PCP/ECM/OBGYN	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below
GSD – Glycemic Status Assessment for Patients with Diabetes- GSD <8	\$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	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below
Depression Remission for Response for Adolescents and Adults- DRR-E	\$25 per visit/ up to one payment per eligible member per year	No minimum panel requirement/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- DSF-E-DS	\$25 per visit/ up to one payment per eligible member per year	No minimum panel requirement/PCP/ECM	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below

Medicaid Provider Pay-for-Performance (P4P) Cont.

Medicaid pay for service program that incentivizes providers for identified services

Measure	Performance Bonus	Panel Requirement/Provider Type	Bonus Frequency
Developmental Screening in the First Three Years of Life- DEV-CH	\$25 per screening/up to one payment per eligible member per year	No minimum panel requirement/PCP/ECM	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below
Immunizations for Adolescents- Combo 2- IMA-2-E	\$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 2026 dates of service will be paid out following bi- annual payment cycle below
Prenatal and Postpartum Care: Timeliness of Prenatal Care- PPC-PRE	\$150 per visit/up to one payment per member per year	No minimum panel requirement/PCP/ECM/OBGYN	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below
Prenatal Depression Screening and Follow Up- PND-E	\$40 per screening/ up to one payment per member per year	No minimum panel requirement/PCP/ECM/OBGYN	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below
Prenatal and Postpartum Care: Postpartum Care- PPC-PST	\$150 per visit/ up to one payment per member per year	No minimum panel requirement/PCP/ECM/OBGYN	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below
Postpartum Depression Screening and Follow Up- PDS-E	\$40 per screening/up to one payment per member per year	No minimum panel requirement/PCP/ECM/OBGYN	All qualifying 2026 dates of service will be paid out following bi- annual payment cycle below
Topical Fluoride for Children- TFL-CH	\$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 2026 dates of service will be paid out following bi- annual payment cycle below

Medicaid Provider Pay-for-Performance (P4P) Cont.

Medicaid pay for service program that incentivizes providers for identified services

Measure	Performance Bonus	Panel Requirement/Provider Type	Bonus Frequency
Well Child Visits- WCV	\$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 2026 dates of service will be paid out following bi- annual payment cycle below
Well Child 30 Months- W30	\$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 2026 dates of service will be paid out following bi- annual payment cycle below

Bonus Programs

2026 Medicaid Pay-For-Quality Program (P4Q)- IPA & FQHC

Measure:	NCQA 2024 Threshold	NCQA 2024 Percentiles (For reference only)
Breast Cancer Screening (BCS-E)	50 th percentile: 1 point 75 th percentile: 2 points	50th: 55.87% 75th: 61.43%
Cervical Cancer Screening (CCS)	50 th percentile: 2 points 75 th percentile: 3 points	50th: 52.32% 75th: 57.83%
Child and Adolescent Well-Care Visits (WCV)	50 th percentile: 1 point 75 th percentile: 2 points	50th: 55.41% 75th: 61.47%
Childhood Immunization Status: Combination 10 (CIS-10-E)	50 th percentile: 2 points 75 th percentile: 2 points	50th: 23.89% 75th: 28.86%
Glycemic Status Assessment for Diabetics- A1c Poor Control (GSD > 9 %)	50 th percentile: 1 point 75 th percentile: 2 points	50th: 30.41% 75th: 26.52%
Controlling Blood Pressure (CBP)	50 th percentile: 1 point 75 th percentile: 2 points	50th: 67.88% 75th: 71.34%
Colorectal Cancer Screening (COL-E)	50 th percentile: 1 point 75 th percentile: 1 point	50th: 41.39% 75th: 48.22%
Developmental Screening in the First Three Years of Life (DEV-CH)	50 th percentile: 1 point 75 th percentile: 1 point	50th: 37.40% 75 th : TBD

Bonus Programs

2026 Medicaid Pay-For-Quality Program (P4Q)- IPA & FHQC

Measure:	NCQA 2024 Threshold	NCQA 2024 Percentiles (For reference only)
Depression Screening for Adolescents and Adults (DSF-E-DS)	50th percentile: 1 point 75th percentile: 1 point	50th: 3.59% 75th: 9.28%
Immunization for Adolescents: Combination 2 (IMA-2-E)	50th percentile: 2 points 75th percentile: 2 points	50th: 34.14% 75th: 40.19%
Lead Screening in Children (LSC)	50th percentile: 1 point 75th percentile: 1 point	50th: 69.96% 75th: 76.34%
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-PRE)	50th percentile: 2 point 75th percentile: 3 points	50th: 86.37% 75th: 89.78%
Prenatal and Postpartum Care: Postpartum Care (PPC-PST)	50th percentile: 1 point 75th percentile: 2 points	50th: 82.48% 75th: 85.15%
Topical Fluoride for Children (TFL-CH)	50th percentile: 2 points 75th percentile: 2 points	50th: 21.60% 75th: TBD
Well Child Visits in the First 30 Months of Life 0-15 months (W30): 6+ Visits	50th percentile: 2 points 75th percentile: 2 points	50th: 63.38% 75th: 67.49%
Well Child Visits in the First 30 Months of Life 15-30 months (W30): 2+ Visits	50th percentile: 2 points 75th percentile: 2 points	50th: 72.32% 75th: 77.50%

Bonus Programs

2026 Medicaid Pay-For-Quality Program (P4Q) – Payout Estimation- IPA & FQHC

Counties: Los Angeles, San Diego, Sacramento

2026 Performance Goals Achieved (Points)	Percent of \$4.00 PMPM Award
30 Points	100% (\$4.00)
23 Points	75% (\$3.00)
15 Points	50% (\$2.00)
8 Points	25% (\$1.00)

*Estimation is based on continuous 12-month enrollment for current months membership

Counties: Riverside, San Bernardino

2026 Performance Goals Achieved (Points)	Percent of \$10.00 PMPM Award
30 Points	100% (\$10.00)
23 Points	75% (\$7.50)
15 Points	50% (\$5.00)
8 Points	25% (\$2.50)

*Estimation is based on continuous 12-month enrollment for current months membership

Marketplace Provider Incentives



Bonus Programs

2026 Marketplace Partner Award Program

Measure:	Measure Steward	Panel Requirement	NCQA QRS HMO 50 th Percentile	NCQA QRS HMO 67 th Percentile
Annual Wellness Visit (21+)- AWV	35.00%:	10	1 point- 35% (No National Benchmark)	1 point- 35% (No National Benchmark)
Breast Cancer Screening- (BCS)- E	50 th Percentile: 52.60% 67 th Percentile: 54.94%	10	1 Point	1 Point
Cervical Cancer Screening- CCS	50 th Percentile: 57.11% 67 th Percentile: 59.85%	10	1 Point	1 Point
Childhood Immunization Status: Combination 10-CIS-E	50 th percentile: 30.9% 67 th Percentile: 35.04%	N/A	1 Point	2 Points
Glycemic Status Assessment for Patients with Diabetes: Glycemic Status (>9.0%)- GSD	50 th Percentile: 37.96% 67 th Percentile: 34.79%	10	1 Point	1 Point
Blood Pressure Control for Patients with Hypertension- BPC-E	50 th Percentile: 63.99% 67 th Percentile: 68.61%	10	1 Point	2 Points
Colorectal Cancer Screening- COL-E	50 th percentile: 56.27% 67 th percentile: 62.04%	10	1 Point	2 Points
Depression Screening and Follow-Up for Adolescents and Adults- DSF-E	50 th percentile: 71.18% 67 th percentile: 78.37%	10	1 Point	1 Point
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Nutrition (Total)- WCC- Nutrition	50 th Percentile: 70.56% 67 th Percentile: 76.04%	10	0.5 Points	0.5 Points
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents – Counseling for Physical Activity (Total)- WCC- Physical Activity	50 th Percentile: 67.76% 75 th Percentile: 72.51%	10	0.5 Points	0.5 Points

Bonus Programs

2026 Marketplace Partner Award Program – Payout Estimation

Percent of 2025 Performance Goals Achieved	Percent of \$3.00 PMPM Award
100% of Performance Goals met (12 Points)	100% (\$3.00 PMPM)
75% of Performance Goals met (8 Points)	75% (\$2.25 PMPM)
50% of Performance Goals met (5 Points)	50% (\$1.50 PMPM)
25% of Performance Goals met (3 Points)	25% (\$0.75 PMPM)

Clinical Profile Provider Incentive Program



Clinical Profile Quality Program – Overview

The **Clinical Profile Quality (CPQ) Program** is a pre-visit planning and point-of-care program that supports providers in addressing gaps in care during a patient encounter. It is designed through a patient-centered lens that supports providers in delivering high-quality patient care with positive outcomes for Molina members.

The program is designed to:



Improve patient and provider outcomes by supporting early detection and ongoing assessment of chronic conditions



Address clinical quality gaps in care, including but not limited to Healthcare Effectiveness Data and Information Set (HEDIS®) measures and previously documented conditions



Reward eligible providers for providing high-quality care and supporting care coordination, treatment planning and improved quality outcomes

Report Refresh Date:

Clinical Profile

Last Name:	First Name:	DOB:	Mem ID:	Person ID:	Gender:
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Eligibility

Assigned PCP:	Effective From:	Product Line:
PayTo Provider:	Carrier:	Pay to ID:

Preventative Services – If Applicable

Check the box below if the service was addressed during the visit. **Results should be documented in the EMR**

Body Mass Index (BMI) <input type="checkbox"/>	Blood Pressure <input type="checkbox"/>	Depression Screening <input type="checkbox"/>	Flu Vaccine Offered <input type="checkbox"/>
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Social Determinants of Health - Required

Please address and assess the following social determinants as appropriate as they can impact health status:

Illiteracy - Unemployment - Homelessness - Food Insecurities - Low Income/Poverty - Interpersonal Safety - Transportation Problems - Child/Parent/Family Problems

Check the box if social determinants of health were addressed during the visit. **Results should be documented in the EMR**

Diagnosis History - Required

Please address the following diagnoses in the EMR. Indicate the status of the chronic illness, along with a treatment plan.
Assessed – Provider assessed, and documented, the chronic condition listed in the Condition Category.
Not Assessed – Provider did not assess the chronic condition listed in the Condition Category.
N/A – The patient does not have a history of the chronic condition listed in the Condition Category field.

Condition Category	ICD-10 / Description	Last DOS	Rendering Provider	Assessed	Not Assessed	N/A
GIM – Gastro, medium	K760 – Fatty liver, not elsewhere classified	1/8/2024	MINN, MATTHEW J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medication History (Year to Date) - Required

Below are the medications prescribed to the member in the past 12 months. Please review and document any changes to medications / medication adherence in your progress note/EMR.

Generic Name	Medication Name	Last Filled	Addressed	Medication Discontinued
ANTHYPERTENSIVES	LISINAPRIL TAB 20 MG	3/3/2025	<input type="checkbox"/>	<input type="checkbox"/>
ANTI-DIABETICS	METFORMIN HCL TAB 500 MG	3/3/2025	<input type="checkbox"/>	<input type="checkbox"/>
ANTHYPERLIPIDEMICS	ATORVASTATIN CALCIUM TAB 40 MG	3/3/2025	<input type="checkbox"/>	<input type="checkbox"/>

Quality Measure Alert

Below are the missing services HEDIS/Quality measures that apply to the member. Please address each missing service and indicate that a screening has been ordered or confirm the date and result if already completed.

Measure Name	2024	2025	Completion Date	Addressed	Not Addressed
Colorectal Cancer Screening	Completed			<input type="checkbox"/>	<input type="checkbox"/>

I acknowledge that I used this Clinical Profile as a reference to this member's medical history during the Annual Exam.

Provider Signature

Signature Date

Page 1 of 1

CPQ Program Details

1

Level 1 Basic Assessment – \$125 per Clinical Profile member: Complete a face-to-face visit with the patient and submit supporting medical record documentation within 90 days of the date of service

2

Level 2 Full Assessment – An additional \$50 per Clinical Profile member: Complete all elements of Level 1 Basic Assessment and assess all patient care gaps by returning the completed Clinical Profile (CP) form as proof

3

Submission Process: Submit medical record and CP form securely via:

- Email: AETProgramSubmissions@MolinaHealthcare.com
- Fax: (877) 682-2216
- Molina’s SFTP
- Direct EMR access pull
- Cozeva – **(CA only)**

Eligible Visit Types

Service	Codes
Welcome to Medicare Visit	G0402
Annual Wellness Visit	G0438 (First Visit)
Annual Wellness Visit	G0439 (Second Visit)
Medically necessary, FQHC services rendered	G0466 – (New Patient) FQHC only
Medically necessary, FQHC services rendered	G0467 – (Established Patient) FQHC only
Clinic Visit/Encounter, all inclusive	T1015 FQHC and CHCs only
Annual Routine Physical Exam	99385, 99386, 99387, 99395, 99396, 99397
General Office Visit (New Patient)	99202 - 99205
General Office Visit (Established)	99212 - 99215
Well-Child Visit	99381, 99382, 99383, 99384, 99385, 99391, 99392, 99393, 99394, 99395

Important Dates

Eligible Dates of Service*: January 1, 2026 – December 31, 2026

Submission Deadline: January 31, 2027

Payout Dates: 2026 – April, July, October; 2027 – January, March

*Dates of service must take place after the list of applicable CPQ Program members is received by the Provider group. Prior dates of service are not eligible

Medicare STARs Provider Incentive Program



Bonus Programs

2026 Medicare STARs

HEDIS Measures	4 Star Cut Point
Breast Cancer Screening - ECDS	77%
Colorectal Cancer Screening - ECDS	75%
Care for Older Adults - Medication Review	95%
Care for Older Adults - Functional Status Assessment	91%
Controlling High Blood Pressure	83%
Glycemic Status Assessment for Patients With Diabetes (HbA1c <=9)	85%
Eye Exam for Patients With Diabetes	78%
Kidney Health Evaluation for Patients with Diabetes	58%
Osteoporosis Management in Women Who Had a Fracture	54%
Statin Therapy for Patients with Cardiovascular Disease	89%
Pharmacy Measures	4 Star Cut Point
Medication Adherence for Cholesterol (Statins)	90%
Medication Adherence for Diabetes	88%
Medication Adherence for Hypertension	91%
Statin Use in Persons with Diabetes (SUPD)	90%

Medicaid Member Incentives



Molina's Quality Practice Transformation Program

2026 Medicaid Member Incentives- All County Summary

Measure	\$ Amount	Eligible Dates of Service
Annual Wellness Bonus*	\$15	1/1/2026-12/31/2026
Breast Cancer Screening	\$25	1/1/2026-12/31/2026
Cervical Cancer Screening	\$25	1/1/2026-12/31/2026
Colorectal Cancer Screening	\$25	1/1/2026-12/31/2026
Prenatal Visit - First Trimester	\$25	1/1/2026-12/31/2026
Postpartum Visit	\$25	1/1/2026-12/31/2026
Postpartum Mental Health Screening	\$25	1/1/2026-12/31/2026
Well-Child Visit (6 visits in the first 15 months)	\$25: Visits 1-3; \$25: Visits 4-6	1/1/2026-12/31/2026
Well-Child Visit (2 visits 15-30 months)	\$30: 2 Well-Baby Visits	1/1/2026-12/31/2026
Well-Child Visit (3-21 Years)	\$25	1/1/2026-12/31/2026
Childhood Immunization Status - Combo 10+	\$50	1/1/2026-12/31/2026
HPV Vaccine (Ages 9-12)	\$25	1/1/2026-12/31/2026
Topical Fluoride	\$25	1/1/2026-12/31/2026
Depression Screening 12+	\$25	1/1/2026-12/31/2026
Controlling Blood Pressure	\$25: Q4 Selected Members Only	Q4 Targeted
HbA1c Test	\$25: Q4 Selected Members Only	Q4 Targeted
*Only applies to members identified for BCS and CCS measures		
To redeem gift cards: molinacawellnessrewards.novu.com/intake or Call Wellness Rewards at 1(866)621-5056 (TTY 711)		

Marketplace Member Incentives



Molina's Quality Practice Transformation Program

2026 Marketplace Member Incentive Summary

Measure	\$ Amount	Line of Business	Eligible Dates of	
			Service	Vendor
Annual Wellness Visit	\$50	Marketplace	1/1/2026-12/31/2026	PDHI
Health Risk Assessment	\$50	Marketplace	1/1/2026-12/31/2026	PDHI
Colorectal Cancer Screening	\$50	Marketplace	1/1/2026-12/31/2026	PDHI
Controlling Blood Pressure	\$50- Selected Members Only Q4	Marketplace	Q4 Targeted Launch	PDHI
HbA1c Test	\$50- Selected Members Only Q4	Marketplace	Q4 Targeted Launch	PDHI
<p>To redeem reward: Members will need to register on the MyMolina Portal at member.molinahealthcare.com/ or call Member Services at (888) 858-2150 and ask about the Marketplace Molina Health Rewards Program.</p>				

Molina Healthy Rewards - Marketplace Member Incentives

All Marketplace subscribers and dependents 18 or older are eligible for Molina Healthy Rewards Program ran by MHI and vendor PDHI.



Provides access to a suite of interactive disease management and healthy lifestyle information, all eligible members will have the opportunity to earn a \$50 gift card upon completion of:

Complete an annual routine wellness exam with their PCP	Complete a Health Risk Assessment via the My Wellness Tab on the MyMolina Portal	Both annual routine wellness exam and Health Risk Assessment must be completed to get all points and earn \$100
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Members will need to register on the MyMolina Portal at: member.molinahealthcare.com/

Medicare Member Incentives



Molina's Quality Practice Transformation Program

2026 Medicare Healthy Actions Rewards Program Highlights

Members Can:

- Earn rewards for completing routine health screenings
- Self-attest via various channels including phone, mail and online through the NationsBenefit portal
- Use funds in the 2026 Incentives Purse to purchase healthy food and produce items
- Access information about the Rewards program on the MyMolina Portal

Members Will:

- Be notified of the Rewards Program via mailer during Q1
- Not be able to earn physical gift cards and will lose access to unused funds if they disenroll from Molina

Additional Key Points:

- Members must self-attest to claim their reward. Molina will honor self-attestations & will not do additional claims verification
- Earned rewards will be loaded onto the member's 2026 Incentives Purse on the NationsBenefit MyChoice/HealthyYou/Complete Care card, a Benefits Mastercard Prepaid Card. This purse is separate from other supplemental benefits.

Key 2026 Program Dates

- Dates of Service for appointment completion: 1/1/2026 – 12/31/2026
- Dates members can claim rewards: 1/1/2026 – 1/31/2027
- Dates members can use rewards while enrolled with Molina: 1/1/2026 – 3/31/2027

Molina's Quality Practice Transformation Program

2026 Medicare Healthy Actions Rewards Program Highlights

Eligible Screenings and Reward Value

Members are eligible to earn one (1) reward per screening for the program year

Healthy Actions Screenings	All MA Plans ¹
Annual Wellness Visit Yearly in-person check up with PCP or in-home visit with Molina Care Connections team to create a preventive care plan, complete blood pressure screening, and review prescribed medications	\$125
Breast Cancer Screening Mammogram to check breast tissue for breast cancer in women ages 50-74	\$75
Colon Cancer Screening Screening to check for signs of colon cancer in adults ages 45-75 (fecal occult blood test, sigmoidoscopy, colonoscopy, computed tomography colonography, or stool DNA test)	\$75
Comprehensive Diabetes Screenings A1c Test, Diabetic Eye Exam, and Diabetic Kidney Health Evaluation (blood and urine test) in adults ages 18-85 with diabetes. *Must complete all 3 s	\$75
Flu Vaccine Yearly vaccine to lower chances of getting the seasonal flu	\$25
Total Potential Incentive	\$375
Per Member	

¹ Including CHP, ConnectiCare, and MyChoice WI)

Molina's Quality Practice Transformation Program

2026 Medicare Healthy Actions Rewards Program Highlights

Attestation Channels: Ways Members can Claim Rewards

Members must self-attest to completed screenings and provide the following at the time of attestation	Members will typically receive rewards	The fastest mode of attestation
<ul style="list-style-type: none"> Date of Service Clinic /Provider Name Provider Phone Number (optional) 	<ul style="list-style-type: none"> Within 5-10 business days of self-attestation. Mailed-in attestations may take longer due to postage & processing delays. 	<ul style="list-style-type: none"> Online through the Nations Portal. It will only take up to 72 hours for these claimed rewards to load.

Member Eligibility	Attestation Channel	Action
All Members Can attest via these standard channels	Inbound Call Molina Wellness team or MyChoice WI Contract Center	Molina Wellness Team Molina, Passport, SWH, CHP, & ConnectiCare 855-483-8740 (8 am – 5 pm local time)
	Online Attestation Form on Nations Portal	<ul style="list-style-type: none"> Molina, Passport, SWH, & MyChoice WI members: molina.nationsbenefits.com CHP members: centralhealthplan.nationsbenefits.com ConnectiCare members: connecticare.nationsbenefits.com
	Blank Attestation Form on MyMolina Portal (Print, Fill Out, Stamp, Mail)	<ul style="list-style-type: none"> Member to print, fill-out, add stamp, and mail completed attestation form to: ATTN: Healthy Actions Rewards Program, 18625 West Creek Dr. Tinley Park, IL 60477. Time to load rewards will vary based on postal delivery and processing time. Note: MCW members will not have access to MyMolina Portal until they are fully integrated into Molina systems in 2027.
	Blank Attestation Form on Public Website MCW only (Print, Fill Out, Stamp, Mail)	
Targeted Members Receive additional communications that prompt them	Gaps In Care (GIC) Folder With Attestation Form (Fill Out and Mail, postage is pre-paid)	<ul style="list-style-type: none"> Target members can mail completed attestation form
	Email Message With Attestation Form	<ul style="list-style-type: none"> Target members can complete attestation form received via Email
	Telephonic Outreach promoting member to self-attest	<ul style="list-style-type: none"> Team will process ad hoc attestation file collected through targeted telephonic outreach

Molina's Quality Practice Transformation Program

2026 Medicare Healthy Actions Rewards Program Highlights

- Members can use their earned funds at participating retailers. List of participating retailers available on the Nations Portal.
- Members can also use earned funds to purchase food and produce online through the Nations Portal. Orders will not have a delivery fee, but normal taxes will apply.

Members Can Use Their Funds Earned in the Incentives Purse to Purchase:

- Beverages: coffee, tea, non-alcoholic beverages, sauces, spreads, dips, condiments
- Bread/Bakery Products: bread, biscuits, baking mixes, baking supplies, savory baking products
- Cereal/ Grain/ Pulse Products: grains, flour, processed cereal products
- Confectionary/ Sugar Sweetening Products: sugar, sugar substitute products
- Fruits/ Vegetables: fresh, frozen, shelf-stable
- Health Enhancements: vitamins, minerals, nutritional supplements
- Meat/ Poultry/ Other Animals: prepared, processed, unprepared, unprocessed
- Milk/ Butter/ Cream/ Yogurts/ Cheese/ Eggs/ Substitutes
- Nuts/ Seeds: prepared, unprepared, processed
- Oils/ Fats
- Prepared/ Preserved Food: baby/infant food/ beverages, dough-based products, pasta/noodles, soups, ready-made combination meals, sandwiches, rolls, wraps, spreads
- Seafood
- Seasonings/ Preservatives/ Spices: herbs, spices, pickles, sauces, spreads, condiments, vinegars

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