

Provider Bulletin

Molina Healthcare of California

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April 16, 2025

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Community Reinvestment Requirements – APL 25-004

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) requires MCPs to demonstrate a commitment to the local communities in which they operate by contributing a minimum percentage of annual net income to those communities. Through these requirements, MHC will address unmet needs of Members and their communities such as health-related social needs, which have a significant impact on health and wellbeing. The Community Reinvestment program aligns with and advances existing DHCS priorities.

POLICY

Community Reinvestment will begin in calendar year (CY) 2024, with contributions based on MHC's annual net income and Medi-Cal Accountability Set (MCAS) performance. MHC will start planning for Community Reinvestment in CY 2025, with activities beginning in CY 2026.

I. Guiding Principles for Community Reinvestment Program

The Community Reinvestment program supports DHCS' goals to improve member health and wellbeing through locally-driven innovations and a whole-person approach, requiring MHC to align their activities with specified principles.

Provider Action

This notification is based on All-Plan Letter (APL) 25-004, which can be found in full on the Department of Health Care Services (DHCS) website at:

dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202025/APL25-004.pdf



POLICY CONT.

II. Mandatory Use Categories for Community Reinvestment Activities

DHCS has established five Community Reinvestment categories of activities in which MHC is permitted to make investments. Community Reinvestment spending must fall into at least one of the following five categories:

- Cultivating Neighborhoods and Built Environment
- Cultivating a Health Care Workforce
- Cultivating Well-Being for Priority Populations
- Cultivating Local Communities
- Cultivating Improved Health

III. MCP Community Reinvestment Requirements

- A. Applicability of Base Community Reinvestment and Quality Achievement Community Reinvestment: MHC with positive net income is subject to the Base Community Reinvestment requirement to invest a minimum level of net income in initiatives that serve the communities in which they operate.
- B. Alignment with the PNA and Behavioral Health Transformation (BHT): To ensure MHC's target the unique needs of each community served, MHC will demonstrate that Community Reinvestment activities are directly informed by the community needs identified in each Local Health Jurisdictions (LHJ) Community Health Assessment (CHA).
- C. Engaging Community and Key Stakeholders in Decision-Making: MHC will engage with the Chief Health Equity Officer in the Community Reinvestment planning process and ensure all Community Reinvestment Plans align with overall health equity needs and priorities.

IV. MCP Community Reinvestment Plan Requirements

MHC is required to submit a Community Reinvestment Plan starting in early Q3 CY 2026 and annually thereafter, unless MHC does not have positive net income for the applicable CY.

V. Community Reinvestment Funding Requirements

DHCS will annually calculate the minimum Community Reinvestment funding obligations for MHC based on Medical Loss Ratio (MLR) reports, which must be submitted within 12 months after the close of each calendar year. DHCS will notify MHC of their funding obligations and any corrections in Q2 CY 2026 and annually thereafter, with reviews of MLR reports taking place in Q3 CY 2026 and beyond.

VI. Community Reinvestment Implementation and Report

- A. Community Reinvestment Implementation: MHC will begin investing in Community Reinvestment activities by the end of the calendar year in which DHCS approves the initial plan, with funding obligations to be spent by the end of the three-year investment period. For the first investment period, investments must start by the end of CY 2026, and all funds, including those from CY 2024-2026 net income, must be spent by the end of CY 2029, with limited carryover of unspent funds allowed with DHCS approval.

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

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- B. Community Reinvestment Report: MHC will post a Community Reinvestment Report on the website by Q2 CY 2030, and every three years after, detailing the Community Reinvestment activities conducted.

VII. Timeline

MHC will perform Community Reinvestment activities based on the timeline in Table 7: Timeline of Community Reinvestment Activities. Please refer to the APL in full to view Table 7.

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 Daniel Amirian Elias Gomez	562-517-1014 562-549-4809 562-517-0445	Clemente.Arias@molinahealthcare.com Daniel.Amirian@molinahealthcare.com Elias.Gomez@molinahealthcare.com
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Riverside County	Patricia Melendez	562-549-3957	Patricia.Melendez@molinahealthcare.com
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California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
San Diego, Sacramento, & Imperial California Facilities	Dolores Garcia	562-549-4900	Dolores.Garcia@molinahealthcare.com
Los Angeles, California Facilities	Laura Gonzalez	562-549-4887	Laura.Gonzalez3@molinahealthcare.com
Riverside & San Bernardino, California Facilities	MiMi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com

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