



## Molina Healthcare Increases Its Medicare Star Quality Ratings

December 6, 2016

### *As Annual Open Enrollment Period Comes To An End, Molina Focuses On Quality Care For Seniors*

LONG BEACH, Calif.--(BUSINESS WIRE)--Dec. 6, 2016-- Molina Healthcare, Inc. (NYSE:MOH) announced today that all of its eligible health plans increased or maintained their scores as part of the Centers for Medicare & Medicaid Services' (CMS) 2017 Star Ratings, which measures the quality of Medicare plans across the country on a 5-star rating system.

Based on the published results, Molina Healthcare of New Mexico was named the highest-rated Medicare plan in the state with a 4-star rating, while Molina Healthcare of Florida increased from 3 to 3.5 stars. Furthermore, Molina Healthcare of Michigan was rated the highest Medicare Dual-eligible Special Needs Plan (D-SNP) in the state with 3.5 stars. Other Molina health plans that retained their 3.5 Medicare star rating include Texas, Utah and Washington.

"It's important for seniors across the country to consider the quality of care they will be receiving from the health plan they choose," said J. Mario Molina, M.D., president and chief executive officer of Molina Healthcare. "These star ratings demonstrate our commitment to quality as we continue to grow our Medicare line of business. Having operated Medicare health plans for 10 years, specifically serving the most vulnerable Medicare patient population with the most complex health care needs, we are confident in our ability to provide high-quality care to our members as they age."

Molina Healthcare currently offers Medicare products in 12 states, providing care to nearly 100,000 members. Nationwide, Molina also has the most Medicare-Medicaid Plan (MMP) members and is the 11<sup>th</sup> largest Medicare D-SNP health plan as of November 2016.

According to CMS, one of its most important strategic goals is to improve the quality of care and general health status of its Medicare beneficiaries. Every year, CMS publishes its Star Ratings, which are based on the following categories: outcomes, intermediate outcomes, patient experience, access and process.

#### **About Molina Healthcare, Inc.**

Molina Healthcare, Inc., a FORTUNE 500 company, provides managed health care services under the Medicaid and Medicare programs and through the state insurance marketplaces. Through our locally operated health plans in 12 states across the nation and in the Commonwealth of Puerto Rico, Molina serves approximately 4.3 million members. Dr. C. David Molina founded our company in 1980 as a provider organization serving low-income families in Southern California. Today, we continue his mission of providing high quality and cost-effective health care to those who need it most. Molina Healthcare is a publicly traded company on the New York Stock Exchange (NYSE: MOH), a member of the Russell 2000 Index and maintains assigned credit and insurer financial strength ratings by Standard & Poor's and Moody's. For more information about Molina Healthcare, please visit our website at [molinahealthcare.com](http://molinahealthcare.com).

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