



Molina Healthcare Announces Best-in-Class Partners Supporting Payment Integrity Program

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LONG BEACH, Calif.--(BUSINESS WIRE)--Feb. 26, 2019-- Molina Healthcare, Inc. (NYSE: MOH) today announced the Company is upgrading its technology to improve its claims payment speed and accuracy. Throughout 2018, Molina Healthcare has been focused on modernizing payment integrity capabilities. This includes updating editing software and deploying advanced analytics to identify irregular and invalid payments. To further these efforts, Molina has expanded agreements with Change Healthcare, Cogitativo, Cotiviti, HMS, and Optum, leveraging each company's software to evolve the Company's payment integrity efforts to support claims payment accuracy.

"By partnering with best-in-class suppliers to improve our payment integrity operations, Molina will be able to ensure claims are paid correctly, which has many benefits – from reduced fraud, waste, and abuse to significant cost savings that the Company will realize immediately," said Jim Woys, executive vice president of health plan services. "Improved payment integrity maximizes the Company's ability to manage claims, reimbursement, and recovery analytics tools to ensure comprehensive accuracy across all transactions."

In addition to the upgraded technology enabled by these vendor agreements, Molina is streamlining internal processes to ensure efficiency across departments while meeting any state-specific regulations.

About Molina Healthcare

Molina Healthcare, Inc., a FORTUNE 500 company, provides managed healthcare services under the Medicaid and Medicare programs and through the state insurance marketplaces. Through its locally operated health plans, Molina Healthcare served approximately 3.8 million members as of December 31, 2018. For more information about Molina Healthcare, please visit [molinahealthcare.com](https://www.molinahealthcare.com).

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