UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

Current Report
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 11, 2016

MOLINA HEALTHCARE, INC.
(Exact name of registrant as specified in its charter)

Delaware	**1-31719**	**13-4204626**
(State of incorporation)	**(Commission File Number)**	**(I.R.S. Employer Identification Number)**

200 Oceangate, Suite 100,
Long Beach, California 90802
(Address of principal executive offices)

Registrant's telephone number, including area code: (562) 435-3666

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Item 7.01. Regulation FD Disclosure.

On Monday, January 11, 2016, at 9:30 a.m. Pacific time, the Company's management gave a presentation followed by a question and answer session at the 34th Annual J.P. Morgan Healthcare Conference in San Francisco, California. During the presentation, the Company presented and webcast certain slides, and addressed such issues as revenue and membership growth and opportunities for further expansion.

A copy of the Company's complete slide presentation is included as Exhibit 99.1 to this report. An audio and slide replay of the Company's presentation will also be available for 30 days from the date of the presentation on the Company's website.

The information in this Form 8-K current report and the exhibits attached hereto shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934 or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933 or the Securities Exchange Act of 1934, except as expressly set forth by specific reference in such a filing.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits:

Exhibit No.	Description
99.1	Slide presentation in connection with the Company's presentation at the 34th Annual J.P. Morgan Healthcare Conference on January 11, 2016.

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

MOLINA HEALTHCARE, INC.

Date: January 11, 2016

By: */s/ Jeff D. Barlow*
Jeff D. Barlow
Chief Legal Officer and Secretary

EXHIBIT INDEX

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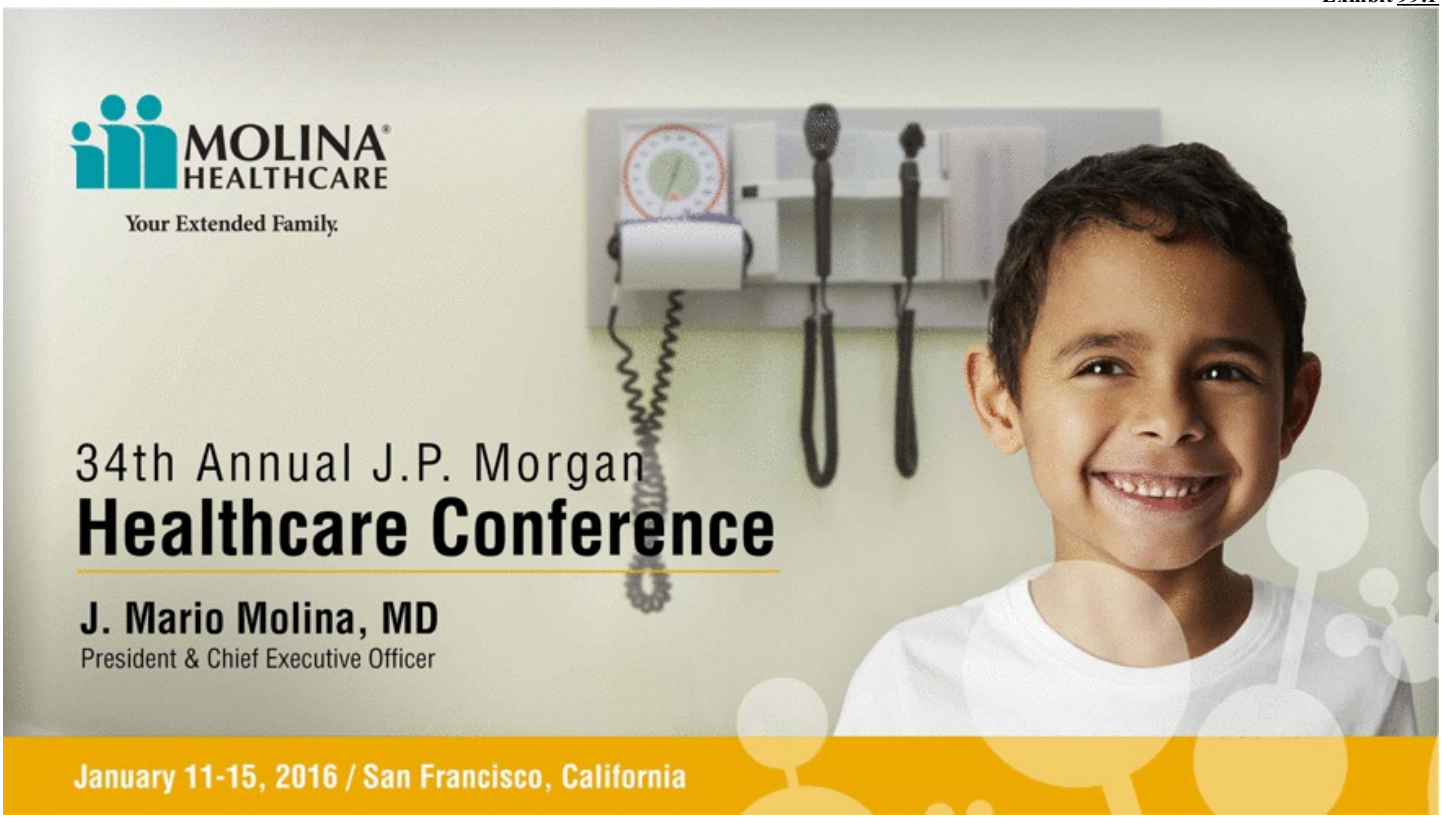
Exhibit 99.1


MOLINA HEALTHCARE
Your Extended Family.
34th Annual J.P. Morgan
Healthcare Conference
J. Mario Molina, MD
President & Chief Executive Officer
January 11-15, 2016 / San Francisco, California

Cautionary Statement

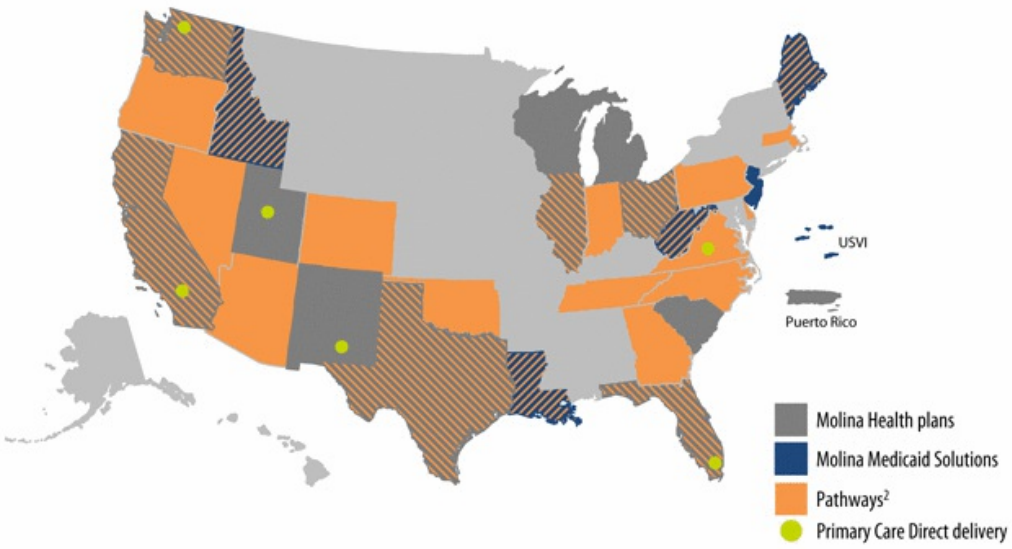
Safe Harbor Statement under the Private Securities Litigation Reform Act of 1995: This slide presentation and our accompanying oral remarks contain "forward-looking statements" regarding, without limitation: our growth and acquisition expectations and strategies; the projected growth of the Medicaid program; our Companies growth and acquisition strategy; our projected 2016 revenues from the in-market acquisitions we announced in 2015; the headwinds and tailwinds we anticipate in fiscal year 2016; and various other matters. All of our forward-looking statements are subject to numerous risks, uncertainties, and other factors that could cause our actual results to differ materially. Anyone viewing or listening to this presentation is urged to read the risk factors and cautionary statements found under Item 1A in our annual report on Form 10-K, as well as the risk factors and cautionary statements in our quarterly reports and in our other reports and filings with the Securities and Exchange Commission and available for viewing on its website at sec.gov. Except to the extent otherwise required by federal securities laws, we do not undertake to address or update forward-looking statements in future filings or communications regarding our business or operating results.

Our mission

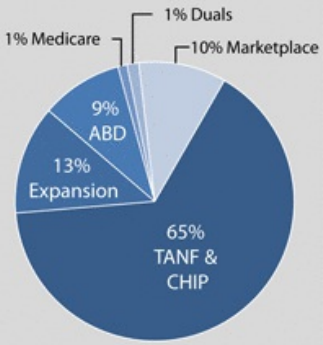
To provide quality health care to people receiving government assistance

Our footprint today

Health plan footprint includes 4 of 5 largest Medicaid markets



3.9M[1]
Members

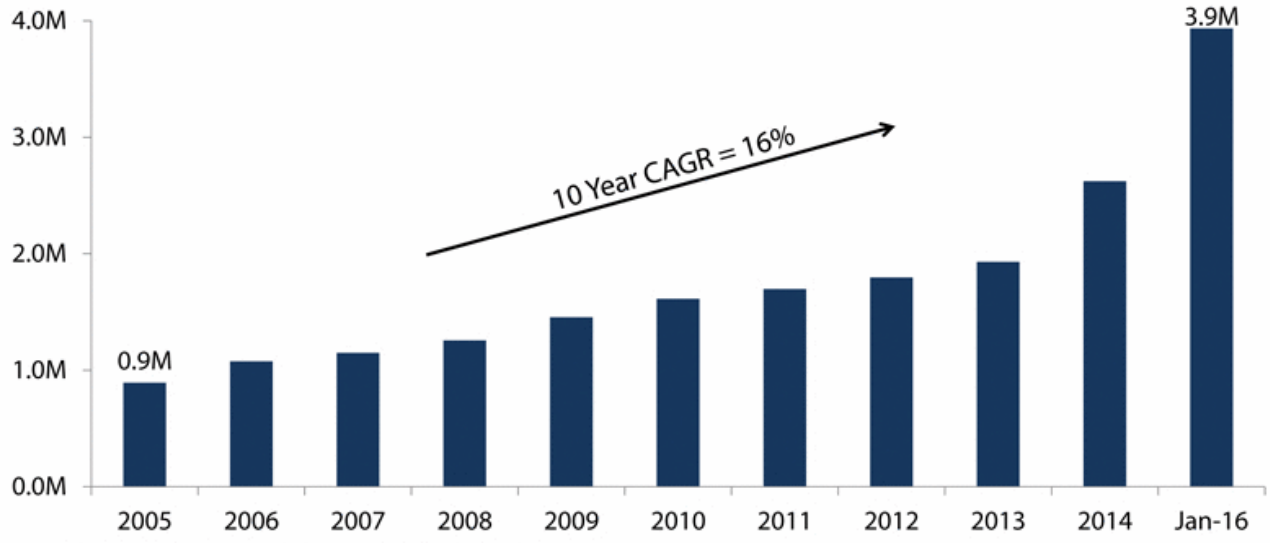


Member Mix

1. Total enrollment relates to estimated membership as of January, 2016.
2. Pathways was previously know as Providence Human Services and was acquired from The Providence Services Corporation in a transaction that closed on November 1, 2015.

Our membership growth

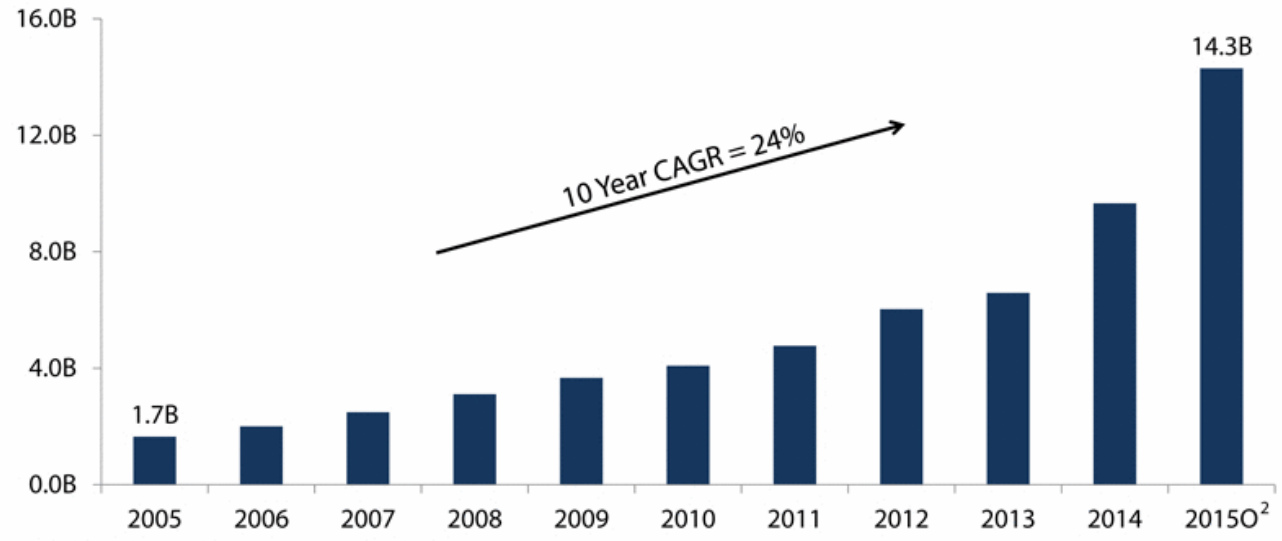
Significant historical enrollment growth over the last 10 years[1]



1. Total enrollment as of December 31 for each year from 2005 – 2014 plus January 2016 preliminary enrollment from Company estimates.

Our revenue growth

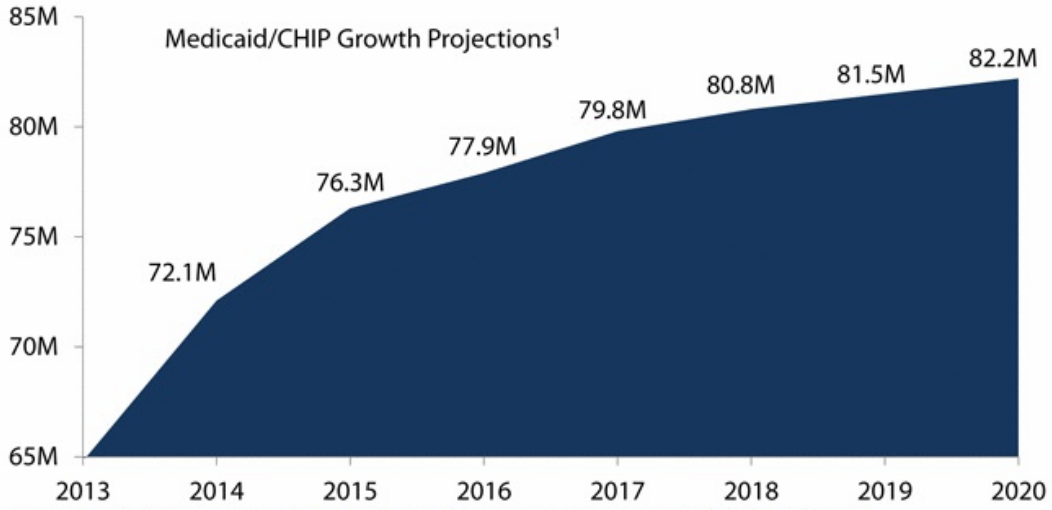
Historical revenue has outpaced historical membership growth over the last 10 years[1]



1. Total revenue as reported in the Company's 10Ks as of December 31 for each year from 2005 – 2014.
2. 2015 Outlook as provided by the Company in the June 2015 estimate.

Medicaid growth

Growth in the Medicaid program accelerated between 2013-2015 due to the Affordable Care Act, steady organic growth is expected to continue over the next five years.



1. CMS, Office of the Actuary, National Health Expenditure Projections 2014 - 2024, Table 17 Health Insurance Enrollment and Enrollment Growth Rates https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsProjected.html

Year to Date Enrollment Growth

December 31, 2014

2.6M

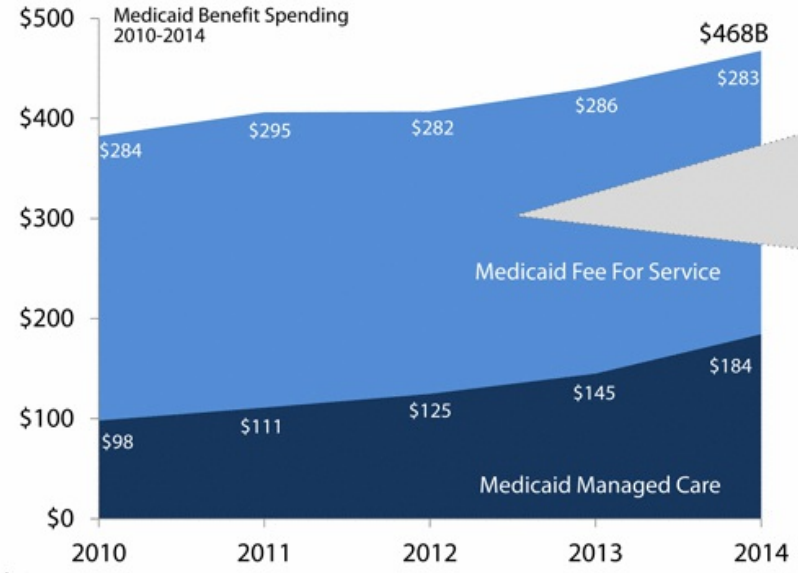
members

January 2016

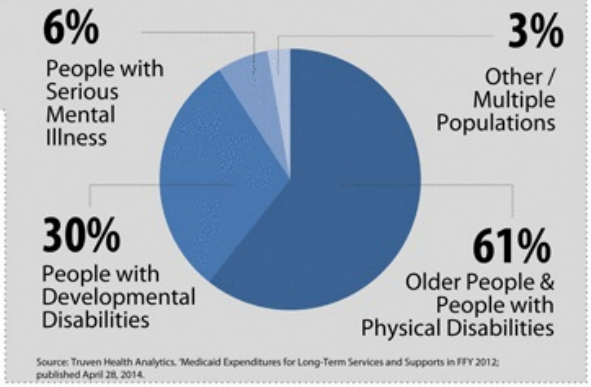
3.9M

members

Medicaid spending on managed care vs. fee for service



Expenditures on Medicaid Long Term Services and Supports (LTSS) represent **~50%** of Medicaid Fee For Service spend.



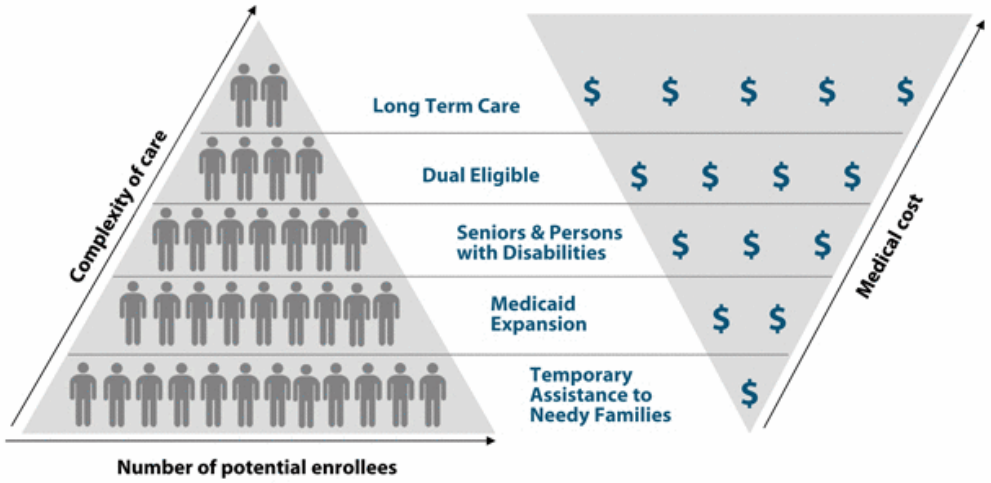
Source: Truven Health Analytics. "Medicaid Expenditures for Long-Term Services and Supports in FFY 2012; published April 28, 2014.

Sources:
1. 2011 – 2014 March Medicaid and CHIP Program Statistics MACStats
2. MACStats: Medicaid and CHIP Data Book, December 2015

Total spend includes FFS plus managed care and premium assistance only and excludes Medicare premiums and coinsurance and collections.

Increasing complexity drives higher spend

Complex members continue to transition into managed care



How will we continue to grow?

Executing on our strategy: RFPs

- Successful re-procurement
- Won all 9 regions bid on
- Expands current geographic footprint by 18 counties
- HealthPlus and HAP Midwest acquisitions add an additional 170K members
- New Medicaid contract became effective January 1, 2016

- Successful re-procurement for one region
- Combines physical health and behavioral health services into one contract
- CUP acquisition adds an additional 55K members
- New Medicaid contract will become effective April 1, 2016

1. Molina did not bid on Region 1 in Michigan

Michigan

- Awarded contracts will serve more than 1.7M beneficiaries across the state

Washington

- Molina is one of two awardees in the region that will serve more than 120,000 beneficiaries

Acquisition strategy

How do the pieces fit together?

New Managed Care State	Existing Managed Care State	Provider / Capability
Rationale		
Diversification – revenue, risk, contracts	Fortify competitive position	Enhance provider alignment
Administrative cost leverage – long term	Administrative leverage – short term	Medical cost improvement – medium term
Criteria		
Competitive provider environment	Competitive provider environment	Increased member care oversite / management
Sizeable Medicaid population	Attractive price	Complementary to Molina care model
Favorable regulatory environment	Favorable regulatory environment	Difficult /expensive / timely to develop internally
		Valuable talent

Executing on our growth strategy: acquisitions

9 acquisitions announced in 2015

2015

May

HealthPlus
Michigan
status: closed

August

Integral Quality Care
Florida
status: closed

October

LOYOLA PHYSICIAN PARTNERS
Illinois
status: closed

July

Preferred medicaid
Florida
status: closed

MyCareChicago
Illinois
status: closed

September

PHS*
23 states + DC
Status: closed

November

Columbia United Providers
Washington
Status: closed

hap Midwest Health Plan
Michigan
Status: closed

Better Health Network
Illinois
status: pending

In-market acquisitions:
- generally asset purchases
- provide greater scale
- entry to new service areas
- accretive

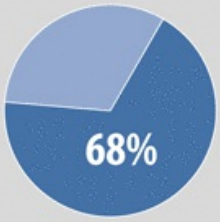
* Capability based provider acquisition

In-market acquisitions expected to add approximately $1.4 billion in total revenue in 2016

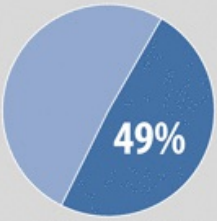
Note:
Estimated revenue based on annualized Company estimates. Please refer to the Company's cautionary statement.

Diagnoses of behavioral and mental health conditions are increasing

Mental and substance use disorders are expected to **surpass all physical diseases** as a major cause of worldwide disability by 2020



68% of adults with mental illness also have at least **1 chronic physical illness**.



49% of Medicaid enrollees with disabilities **have a psychiatric illness.**

2X

Prevalence of mental illness among the **Medicaid population** is twice that of the general population

2X-3X

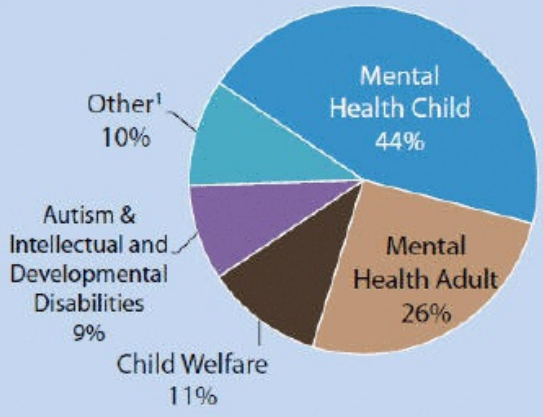
Treatment of chronic physical health issues for patients with behavioral health needs is 2 to 3 times more expensive than patients with physical health only needs.

Source: Annals of Internal Medicine: Crowley RA, Kirschner N, for the Health and Public Policy Committee of the American College of Physicians. The Integration of Care for Mental Health, Substance Abuse, and Other Behavioral Health Conditions into Primary Care: Executive Summary of an American College of Physicians Position Paper. Ann Intern Med. 2015;163:298-299. doi:10.7326/M15-0510.

Introducing Pathways

A capability-based provider acquisition

Pathways provides a growing number of behavioral health programs and social services to Medicaid beneficiaries throughout the nation.



1. Other includes Educational, Probational, and Substance Abuse

Medicaid and social services on the horizon

CMS has announced a 5-year, $157M program to test up to 44 separate pilot projects that will better link Medicare and Medicaid patients to social services.

Social service needs inhibit many lower income individuals from getting better or maintaining good health

CMS will focus on:

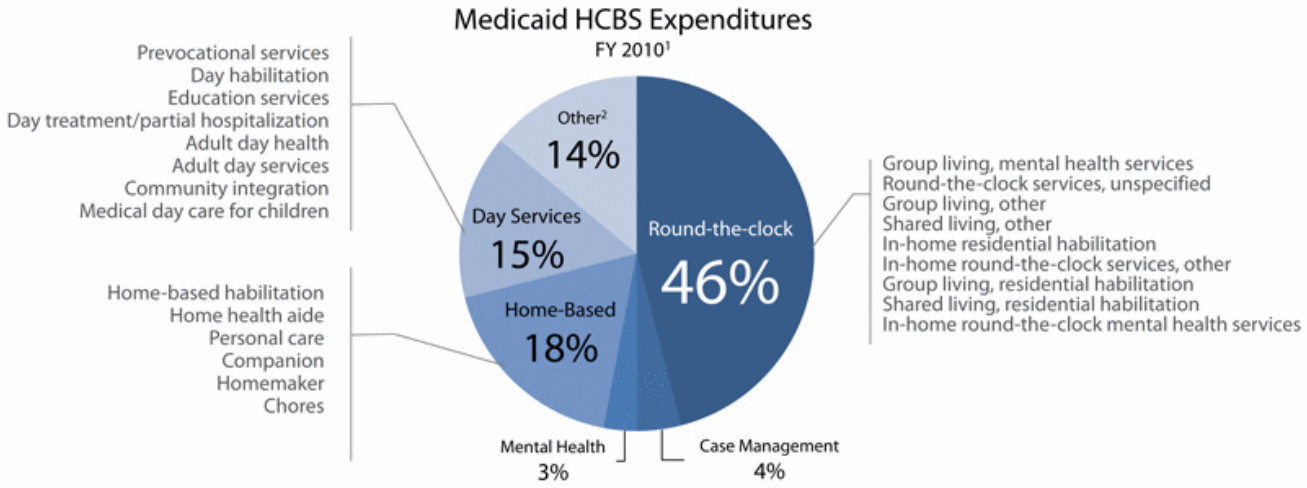
- Housing
- Food insecurity
- Utilities
- Interpersonal safety, and
- Transportation

Social health issues become a more significant driver of health care costs as care complexity increases

Sources:
1. Kaiser Health News Feds Funding Effort To Tie Medical Services To Social Needs, Julie Rovner, January 5, 2016; http://khn.org/news/feds-funding-effort-to-tie-medical-services-to-social-needs
2. New England Journal of Medicine: Accountable Health Communities — Addressing Social Needs through Medicare and Medicaid; Dawn E. Alley, Ph.D., Chisara N. Asomugha, M.D., Patrick H. Conway, M.D., and Darshak M. Sanghavi, M.D.; January 5, 2016 DOI: 10.1056/NEJMp1512532; http://www.nejm.org/doi/full/10.1056/NEJMp1512532

Home and Community Based Services

Behavioral and mental health services are significant drivers of cost

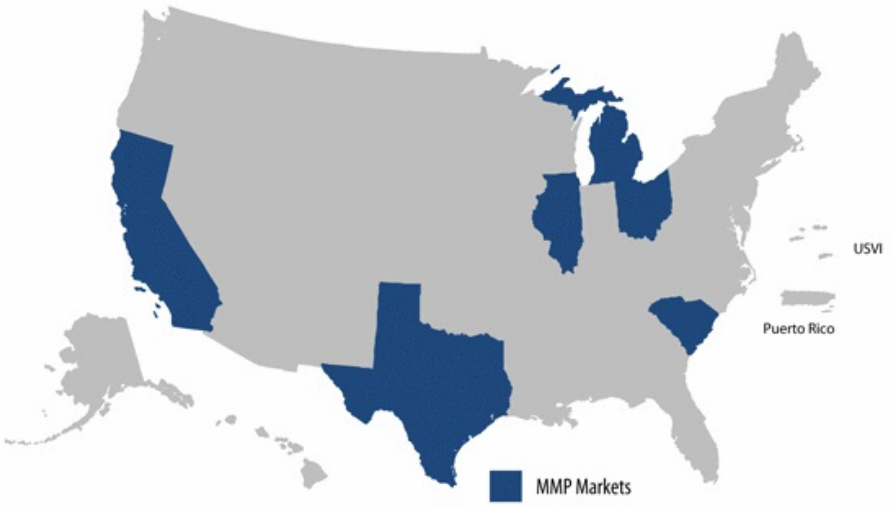


Medicaid HCBS total spend in 2012: $69B

1. Mathematica Policy Research. 'The HCBS Taxonomy: A New Language for Classifying Home- and Community-Based Services', August 2013
2. Other includes expenses related to goods and services, interpreters, housing consultation, and claims where the procedure code could not be interpreted

Continued organic growth in Medicare-Medicaid Plans (MMP)

Dual eligible markets



Enrollment

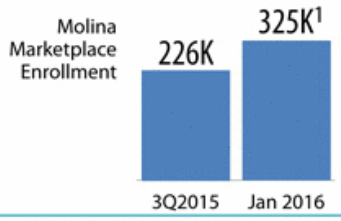
	December 2014	December 2015[1]
California	11K	14K
Illinois	5K	4K
Michigan	-	9K
Ohio	2K	10K
South Carolina[2]	-	<1K
Texas	-	14K
Total	**18K**	**51K**

1. CMS enrollment data as of December, 2015
2. South Carolina is currently enrolling voluntary members only

Marketplace

Penalty for not having coverage in 2016 is 2.5% of yearly household income or $695 per adult (half for those under 18)

- Leverages existing Medicaid network
- Continuity for Medicaid members
- No platinum, limited gold
- Low MCR not sustainable in the long term



93% of Molina marketplace members receive government subsidies

1. Company's enrollment as of January 2016

One of a kind

Flexible health services portfolio (health plans, direct delivery, MMIS)

Focused on people receiving government assistance

Scalable administrative infrastructure

Consistent Medicaid national brand

Seasoned management team

Unique culture

The year ahead

Tailwinds

- Top line revenue/membership from existing managed care state acquisitions
- Dual eligible experience in all 6 demonstration states
- Marketplace growth

Headwinds

- Premium rates
- Pent-up demand new contracts/populations
- Provider settlements and retroactive state recoveries
- Marketplace MCR convergence

Q&A