
**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 9, 2017

MOLINA HEALTHCARE, INC.

(Exact name of registrant as specified in its charter)

Delaware
(State of Incorporation)

1-31719
(Commission
File Number)

13-4204626
(IRS 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 (see General Instruction A.2. below):

- Written communication 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))
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Item 7.01. Regulation FD Disclosure.

On Monday, January 9, 2017, at 9:00 a.m. Pacific time, the Company's management gave a presentation followed by a question and answer session at the 35th 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 Current Report on Form 8-K and the exhibits attached hereto shall not be deemed to be "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, and shall not be incorporated by reference into any registration statement or other document filed by the Company under the Securities Act of 1933, as amended, or the Exchange Act, except as shall be expressly set forth by specific reference in such 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 35th Annual J.P. Morgan Healthcare Conference on January 9, 2017.

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 9, 2017

By: /s/ Jeff D. Barlow

Jeff D. Barlow

Chief Legal Officer and Secretary

EXHIBIT INDEX

Exhibit No.	Description
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99.1	Slide presentation in connection with the Company's presentation at the 35th Annual J.P. Morgan Healthcare Conference on January 9, 2017.
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35th Annual JP Morgan Healthcare Conference
January 9-12, 2017
San Francisco, CA

Molina Healthcare

J. Mario Molina, MD
President & Chief Executive Officer



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: political uncertainty and future potential legislative changes to the Medicaid, ACA Marketplace, and Medicare programs; the pending Aetna-Humana Medicare Advantage divestiture transaction, including the Federal Court’s decision in the pending antitrust proceeding, and the timely satisfaction of all closing conditions; 2017 Marketplace enrollment estimates; 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.

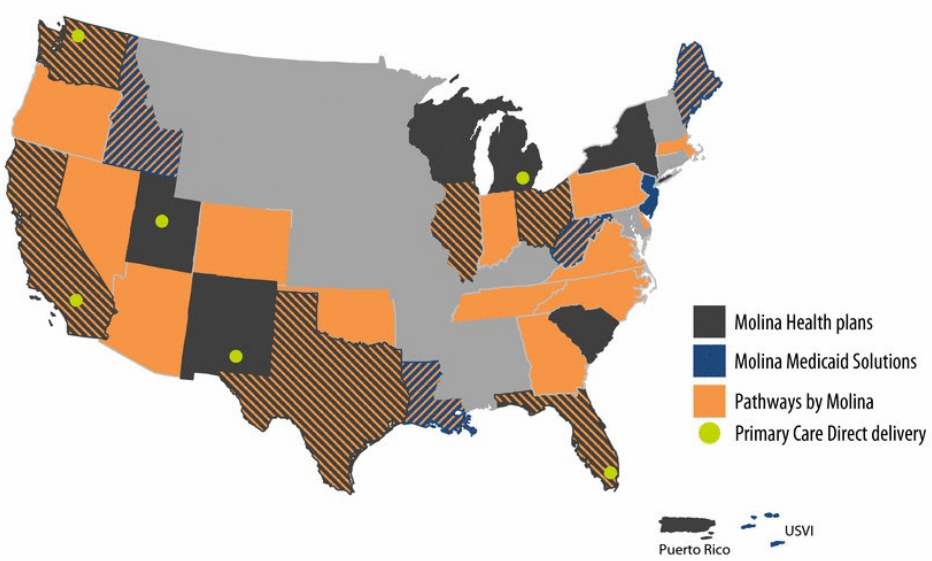
Our mission

To provide quality health care to people receiving government assistance

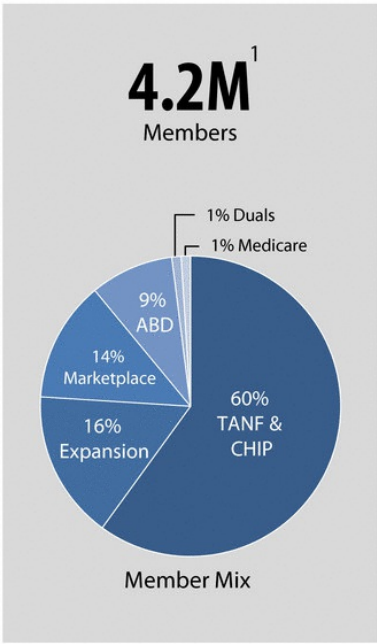


Our footprint today

Health plan footprint includes the 5 largest Medicaid markets



1. Total enrollment relates to estimated membership as of September 30, 2016 and includes the Total Care transaction in New York, which closed on August 1, 2016

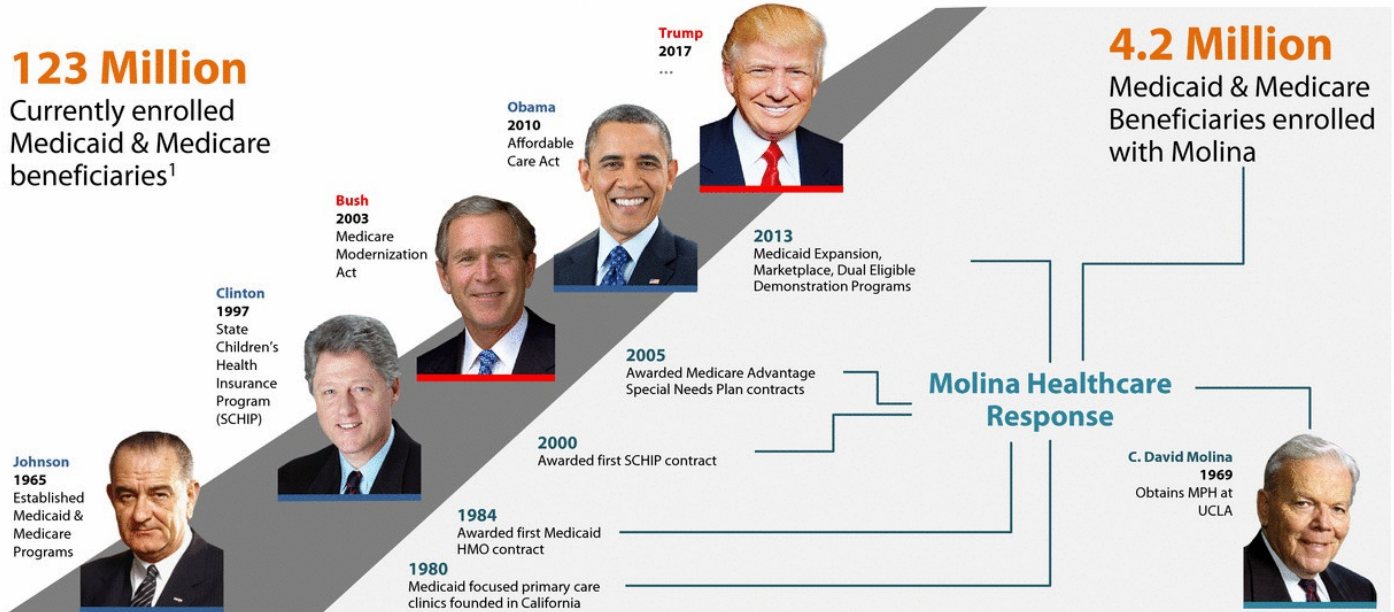


Molina responds and adapts

Molina has a proven track record in responding to changes in government programs

123 Million
Currently enrolled
Medicaid & Medicare
beneficiaries¹

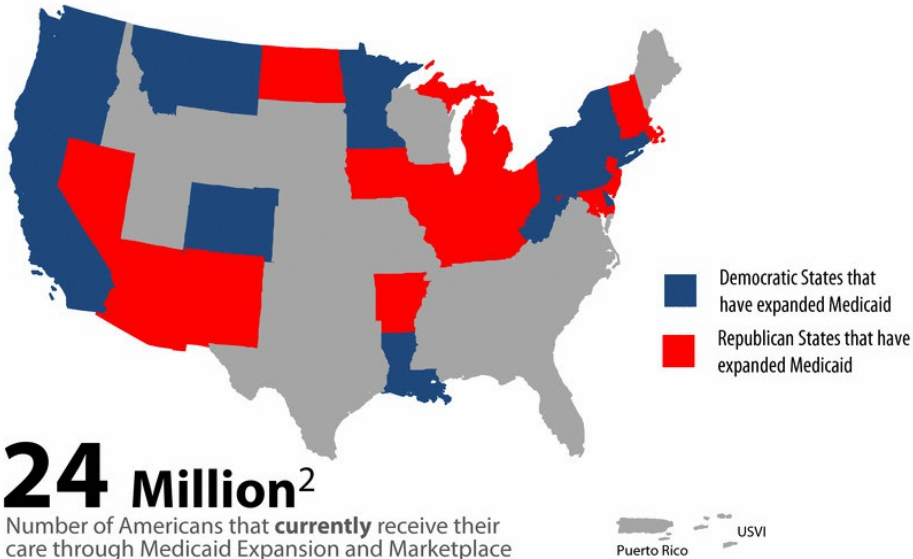
4.2 Million
Medicaid & Medicare
Beneficiaries enrolled
with Molina



1. MAC Stats Data Book December 2016, US Census, CMS office of the Actuary

Demand for low-cost health insurance will continue

States that have expanded Medicaid¹



24 Million²

Number of Americans that **currently** receive their care through Medicaid Expansion and Marketplace products

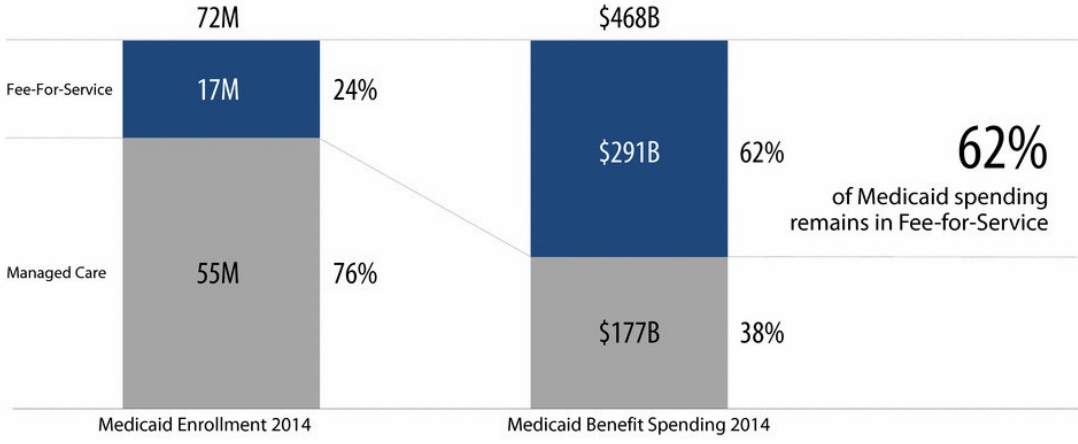
1. <http://kff.org/health-reform>

2. <http://www.cnbc.com/2016/06/13/obamacare-repeal-would-lead-to-24-million-more-people-without-health-insurance.html>

- Healthcare is a growing portion of federal and state budgets
- Long term care needs of baby boomers
- Growing cost of drugs (specialty & generic)
- Emerging public health threats (i.e. Zika, etc)

Fee for service remains significant

Managed care organizations and fee for service FY 2014



Sources:
 1. CMS Medicaid Managed care Enrollment and Program Characteristics, 2014 – Published spring 2016
 2. MAC Stats Data Book December 2015
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Our toolkit for responding to industry changes & customer needs

Product portfolios



Government Health Plans



Risk-based health plan outsourcing for Medicaid, Medicare, and other government programs.

Medical Services Primary Care



Company owned and operated primary care community clinics.

Medical Services Behavioral Health



Provider network of outcome based behavioral/mental health and social services.

Medicaid Health Information Management



Medicaid non-risk fee based fiscal agent services, business process outsourcing, and care and utilization management.

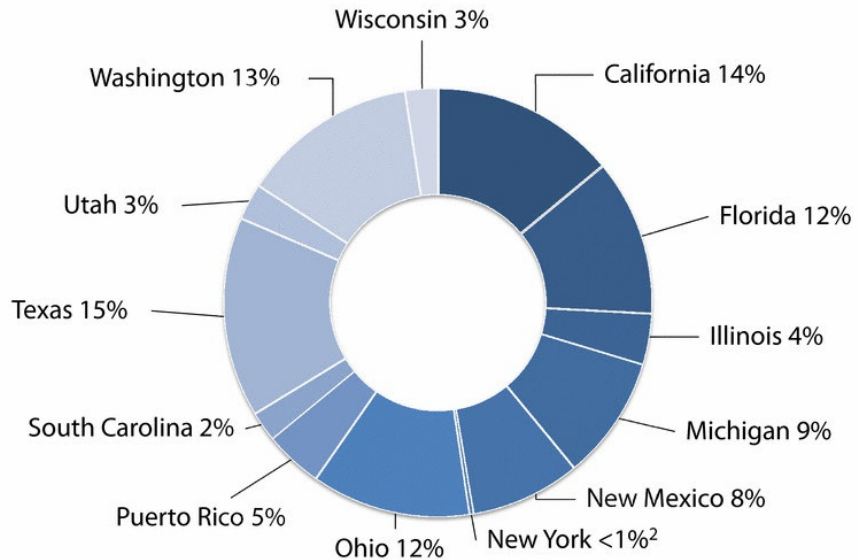
Our health plan portfolio is geographically diverse

Government Health Plans



Risk-based health plan outsourcing for Medicaid, Medicare, and other government programs.

Premium Contribution by State¹

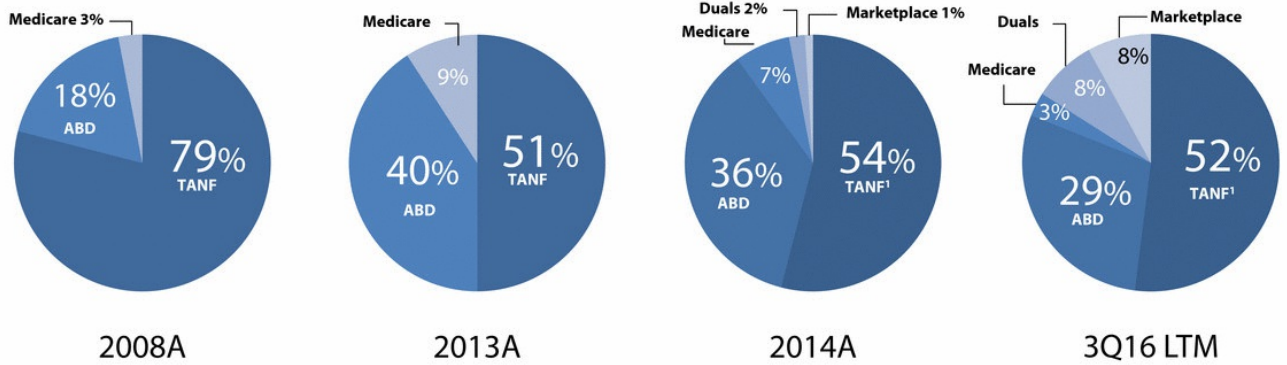


1. Premium revenue as reported for the Year ending September 30, 2016
 2. The Total Care transaction in New York, closed on August 1, 2016

Revenue diversification through expansion into new products



Molina's changing patient mix



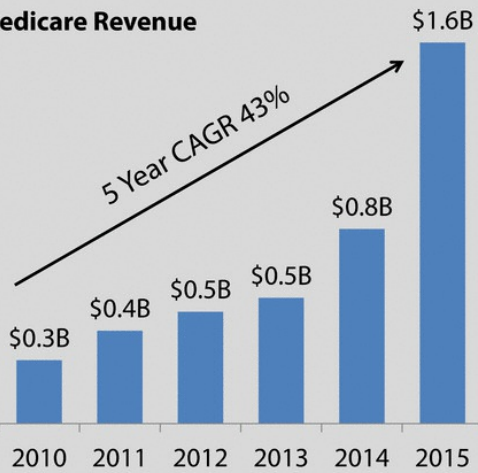
Premium Revenue	\$3.1B	\$6.2B	\$9.0B	\$15.8B
Blended Revenue PMPM	\$211	\$274	\$323	\$328

¹. TANF includes CHIP membership, and starting in 2014, Medicaid Expansion membership

Our Medicare business continues to grow

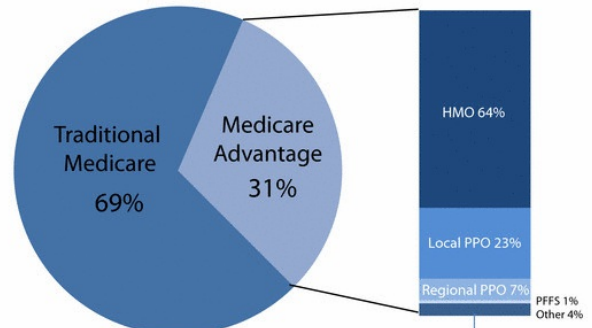
As Medicare revenues continue to grow...

Medicare Revenue



... the opportunity remains large

Distribution of Enrollment in Medicare Private Plans, by Plan Type, 2016



18 Million¹
Number of Americans enrolled in Medicare Advantage.

50% of all Medicare beneficiaries in the U.S. had incomes below \$24,150 (207% of the Federal Poverty Level)²

1. Kaiser Family Foundation, Medicare Advantage Fact Sheet, May 2016. <http://kff.org/medicare/fact-sheet/medicare-advantage/>
 2. <http://kff.org/medicare/issue-brief/income-and-assets-of-medicare-beneficiaries-2014-2030/>
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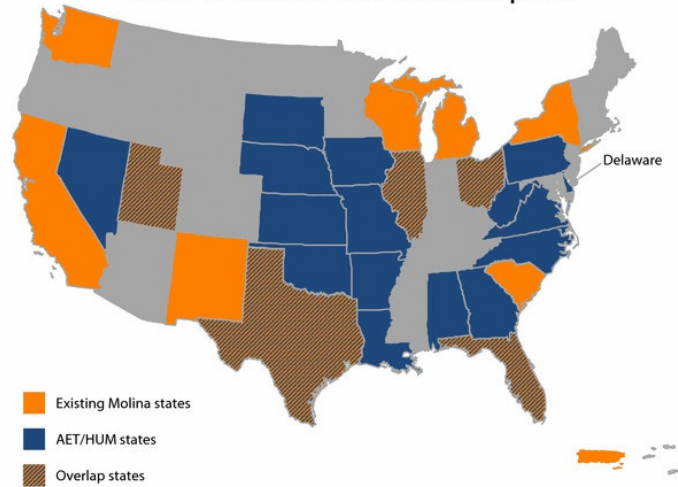
AET/HUM Medicare Advantage proposed acquisition by Molina



Divestitures announced by AET/HUM on August 2, 2016

- Diversification
- Enhance margin profile
- Consistent with our focus on government contracts
- Immediate significant scale in Medicare Advantage business (290,000 members)
- Expected to improve overall quality scores
- Transaction timelines extended
 - AET/HUM extended to February 15, 2017
 - Molina/AET/HUM agreements extended to August 31, 2017

Pro Forma Health Plan Footprint



Direct delivery

Why provide services directly?

Medical Services Primary Care



Company owned and operated primary care community clinics.

- Dedicated network of providers
- Provides additional primary care capacity
- Greater control on quality and outcomes
- Nurtures patient loyalty
- Brand awareness & community engagement

Direct delivery

A few of the services Molina Clinics provide include:

Medical Services Primary Care

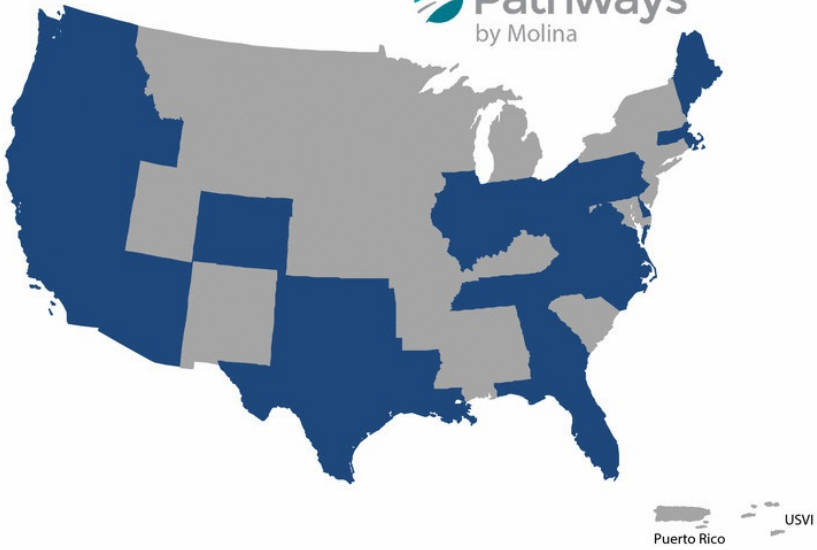


Company owned and operated primary care community clinics.

- Pediatric, internal and family medicine
- Immunizations and flu shots
- Physical exams and health screenings
- Acute care
- Onsite childcare services
- Interpretation and translation

Direct delivery behavioral/mental health

Pathways, a multi-state, behavioral/mental health and social services provider



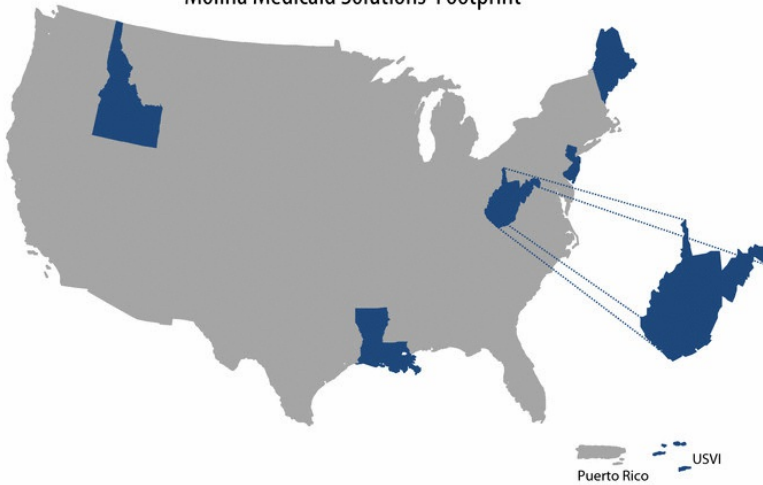
- Operations in 23 states + DC
- Medicaid focus
- Over 5,600 client facing employees

Molina Medicaid Solutions

West Virginia CMS Certification



Molina Medicaid Solutions Footprint



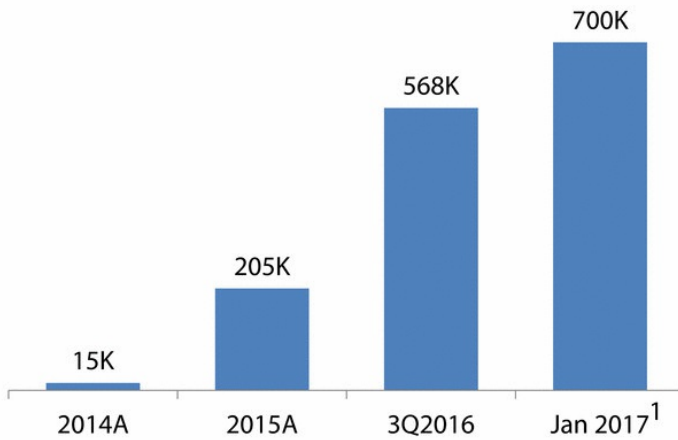
- Received full federal certification October, 2016
- Allows West Virginia to receive the maximum federal funding available
- CMS cited West Virginia for successfully implementing a Medicaid Management Information System on schedule and on budget
- The US Virgin Islands leverages West Virginia's MMIS system

Marketplace

Skills developed are transferable to other health plan products



Historical Marketplace Enrollment Growth



1. Company's enrollment estimate as of January 2017

Challenges Continue

- Uncertainty due to the risk transfer methodology
- Accounting estimates create uncertainty
- Risk transfer methodology penalizes low cost health plans

Medicaid quality rankings

2016 – 2017 NCQA Overall Quality Rankings¹



¹ <http://healthinsuranceratings.ncqa.org/2016/Default.aspx>

* = Accreditation in process

2017 Medicare Star ratings

Low-income beneficiaries face unique challenges to achieving high star ratings¹



¹ <http://healthaffairs.org/blog/2014/09/22/medicare-advantage-stars-systems-disproportionate-impact-on-ma-plans-focusing-on-low-income-populations/>

One of a kind



Adding capabilities that can impact social determinants of health care

Focused on people receiving government assistance

Scalable administrative infrastructure

Consistent national brand

Experienced management team

Mission driven culture



