

# Financial Summary of Medi-Cal Managed Care Health Plans Quarter Ending March 31, 2024

Prepared on July 25, 2024

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## I. Overview

Medi-Cal, California's Medicaid program, provides high quality, accessible, and cost-effective health care through managed care delivery systems. The Department of Health Care Services (DHCS) administers two primary Medi-Cal systems for providing medical services to beneficiaries: fee-for-service Medi-Cal and Medi-Cal managed care (MCMC). The majority of Medi-Cal beneficiaries are enrolled in a MCMC plan. In January 2024, DHCS implemented new contracts with MCMC plans, reducing the MCMC models from six to five and adjusting the geographic coverage of these plans. The goal of the change was to transform Medi-Cal program to achieve more equitable comprehensive coverage and better healthcare outcomes for Medi-Cal managed care enrollees. Approximately 14.1 million Medi-Cal beneficiaries in all 58 California counties receive their health care through five models of managed care: Two-Plan Model, County Organized Health Systems (COHS), Geographic Managed Care (GMC), Regional Model, and Single-Plan Model.<sup>1</sup>

Locally-sponsored plans, known as Local Initiatives (LIs), participate as MCMC plans under the Single Model or the Two-Plan Model, while COHS plans serve Medi-Cal enrollees under the COHS Model.<sup>2</sup> Both LI and COHS plans are local agencies established by county boards of supervisors to contract with the Medi-Cal program. In this report, LI and COHS plans are collectively referred to as Local Plans and as of March 2024, approximately 9 million Medi-Cal beneficiaries are enrolled in these plans.

In addition, five commercial health plans serve 3.6 million Medi-Cal enrollees through contracts with DHCS.<sup>3</sup> These commercial plans are referred to as Non-Governmental Medi-Cal (NGM) plans in this report. NGM plans are plans that report greater than 50% Medi-Cal enrollment but are not a Local Plan. In addition, NGM plans are not established in state statute or county ordinances. Because LI, COHS, and NGM plans serve primarily Medi-Cal enrollees, Medi-Cal enrollment and the rates provided by DHCS are the primary driving factors for the financial performance of these plans.

This report includes enrollment and financial information reported by the DMHC licensed health plans that participated in the five models for quarter ending March 31, 2024.<sup>4</sup> Additionally, DHCS entered into a direct contract with Kaiser Permanente in 32 counties effective January 1, 2024. This report also includes Medi-Cal enrollment information for Kaiser Foundation Health Plan Inc. (Kaiser Permanente) for comparison purposes. However, because Kaiser Permanente's Medi-Cal enrollment was less than 50% of its total enrollment, Kaiser Permanente's financial information is not included in this

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<sup>1</sup> <https://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx>

<sup>2</sup> <https://www.dhcs.ca.gov/services/Documents/MMCD/MMCD-Model-Fact-Sheet.pdf>

<sup>3</sup> <https://www.dhcs.ca.gov/CalAIM/Pages/MCP-RFP.aspx>

<sup>4</sup> Appendix A shows the list of Local and NGM health plans and the counties they serve.

report. Furthermore, the financial information the Department of Managed Health Care (DMHC) receives from Kaiser Permanente is for its entire book of business, rather than by line of business. Therefore, financial information specific to its Medi-Cal lines of business is not available to the DMHC.

## **II. Summary of Findings**

Key findings from this report include:

- The majority of MCMC plans experienced an increase in enrollment for the quarter ending March 2024, largely attributed to initiatives such as the expansion of Medi-Cal to all income eligible adults, regardless of immigration status. Enrollment had previously declined in the second half of 2023 due to the resumption of the annual Medi-Cal redetermination process.
- Most MCMC plans reported growth in revenue, medical expenses, and net income during the first quarter of 2024. These increases were primarily driven by higher enrollment and adjustments in fee schedules resulting from Managed Care Organization (MCO) tax and Targeted Rate Increases (TRI).<sup>5</sup>
- MCMC plans generally reported positive net income in 2023 and the first quarter of 2024, contributing to strengthened tangible net equity (TNE) reserves across the majority of plans. Additionally, three NGM plans distributed dividends to their parent companies.
- Local Plans continue to report healthy TNE reserves. In comparison to NGM plans, Local Plans generally maintain higher reserves to cover any needed capital expenditures or future economic downturns.
- NGM plans typically reported higher net income but lower tangible net equity (TNE) reserves compared to Local Plans. Three out of the five NGM plans are for-profit corporations and distribute dividends to their parent companies and/or shareholders thereby reducing reserve levels.

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<sup>5</sup> Assembly Bill (AB) 119 authorized a Managed Care Organization (MCO) Provider Tax effective April 1, 2023 through December 31, 2026. The MCO tax revenues will be used to support the Medi-Cal program including, but not limited to, new targeted provider rate increases and other investments that advance access, quality, and equity for Medi-Cal members and promote provider participation in the Medi-Cal program. Pursuant to AB 119, DHCS implemented the first phase of Targeted Rate Increases effective January 1, 2024, whereby certain provider types will be reimbursed at increased rates.

### III. Local Plans

#### A. Highlights

- At present, 15 Local Plans<sup>6</sup> serve 49 counties. All MCMC plans (except COHS) must be licensed under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act), as codified in Health and Safety Code section 1340 et seq., for their Medi-Cal lines of business. While California law exempts COHS plans from Knox-Keene licensure for Medi-Cal, COHS plans must have a Knox-Keene license for other lines of business, such as Medicare Advantage Dual Eligible Special Needs Plan (DSNP). Below are details on the products COHS plans are licensed for by the DMHC:
  - Health Plan of San Mateo has voluntarily included its Medi-Cal enrollment under its Knox-Keene license.
  - CalOptima and Central California Alliance for Health have Knox-Keene licenses for other lines of business such as Medicare Advantage, In-Home Supportive Services (IHSS), and Program of All Inclusive Care for the Elderly (PACE).
  - CenCal Health and Partnership HealthPlan continue to maintain a Knox-Keene license and report to the DMHC even though they no longer offer any non-Medi-Cal business.
  - Gold Coast has only a Medi-Cal line of business and no Knox-Keene license. Therefore, this report does not include information for Gold Coast. However, Gold Coast has filed an application for a Knox-Keene license for DSNP, which is currently under review by DMHC.
- Local Plans reported combined enrollment of almost 9.3 million enrollees as of March 2024. Approximately 8.9 million (98%) of the total enrollment were Medi-Cal beneficiaries. The remaining 2% of non-Medi-Cal enrollment includes other lines of business such as commercial (Individual), Medicare, and IHSS.
- Total Local Plan Medi-Cal enrollment decreased by 1.7% from December 2023 to March 2024.
- Local Plans reported net income of \$389 million in March 2024 compared to \$356 million in December 2023, and \$596 million in September 2023.
- Local Plans' TNE ranged from 386% to 1533% of required TNE.

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<sup>6</sup> Please see Appendix A for a full list of Local Plans and the counties they serve.

## B. Enrollment Trends – Local Plans

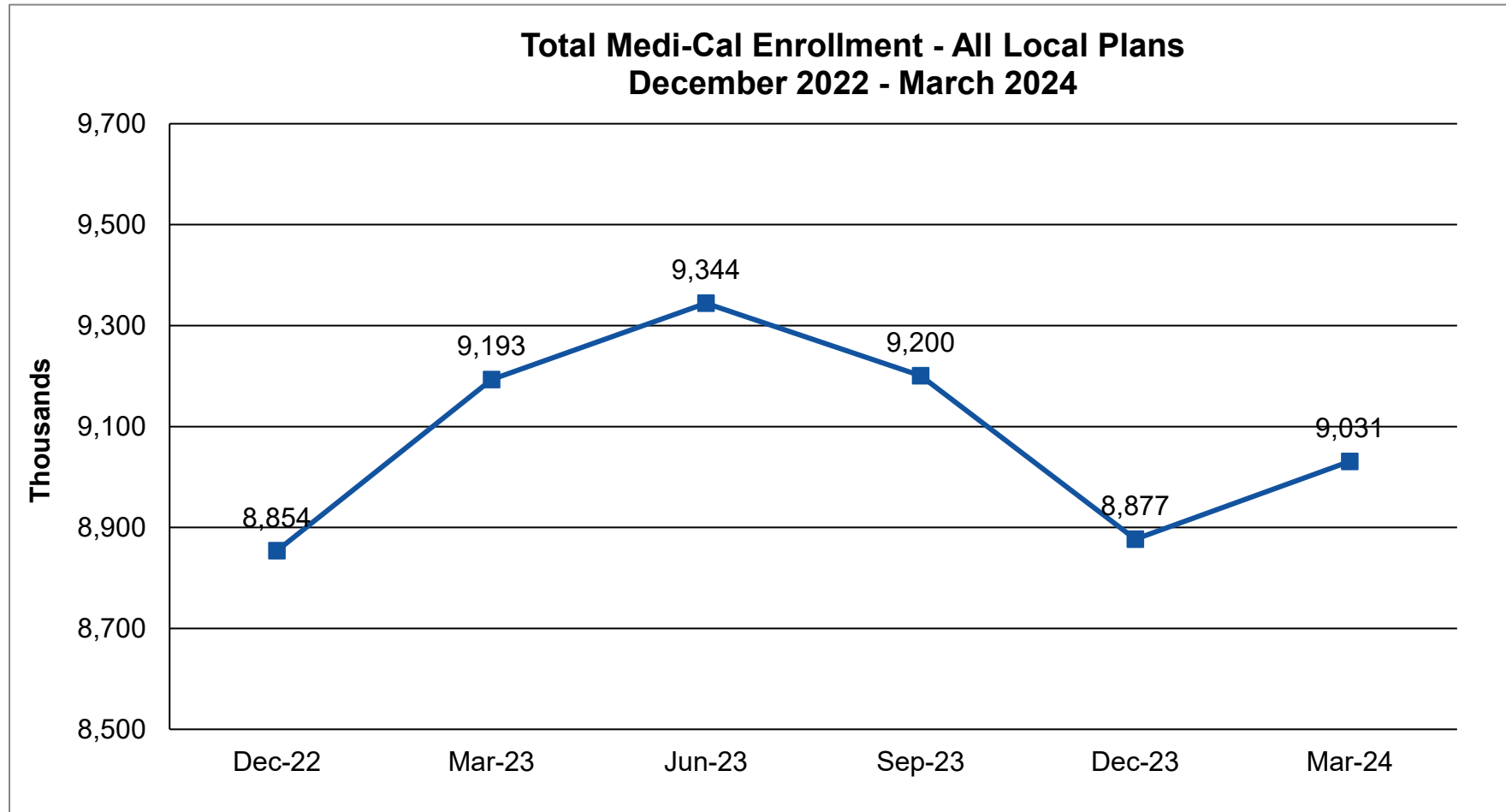
Local Plans serve 9.3 million enrollees in 49 counties in California. While Medi-Cal enrollment decreased slightly, total enrollment increased by 2.2% from the previous quarter. The table below lists total enrollment by line of business as of March 2024 for Local Plans.

**Table 1**  
**Line of Business Enrollment for Local Plans**  
**March 2024**

Local Plans	Medi-Cal	Commercial	Medicare	Plan-to-Plan	Total Enrollment
Alameda Alliance	399,519	5,622	0	0	405,141
CalOptima	914,417	0	17,751	0	932,168
CalViva Health	435,626	0	0	0	435,626
GenCal Health	221,932	0	0	0	221,932
Central California Alliance for Health	455,363	705	0	0	456,068
Community Health Plan of Imperial Valley	97,714	0	0	0	97,714
Contra Costa Health Plan	263,222	6,412	0	0	269,634
Health Plan of San Joaquin	434,521	0	0	0	434,521
Health Plan of San Mateo	145,478	1,230	0	0	146,708
IEHP	1,502,593	13,226	0	0	1,515,819
Kern Health Systems	415,923	0	0	0	415,923
L.A. Care Health Plan	2,365,296	173,519	0	0	2,538,815
Partnership HealthPlan	910,082	0	0	0	910,082
San Francisco Health Plan	173,929	11,430	0	0	185,359
Santa Clara Family Health Plan	294,943	0	0	0	294,943
<b>Total</b>	<b>9,030,558</b>	<b>212,144</b>	<b>17,751</b>	<b>0</b>	<b>9,260,453</b>

Chart 1 illustrates the MCMC Medi-Cal enrollment trend in Local Plans over the last six quarters by comparing quarter-over-quarter data.

Chart 1

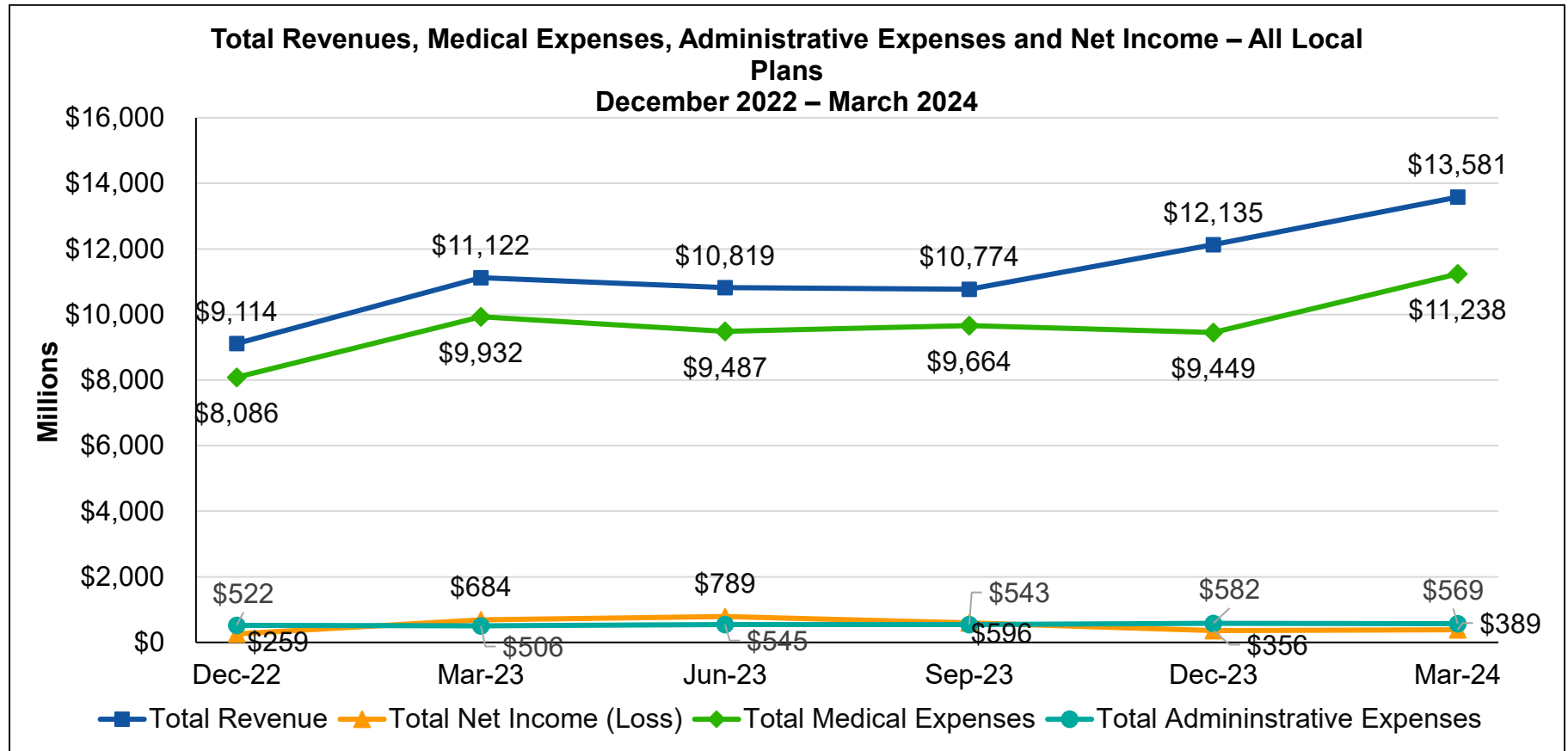


Medi-Cal enrollment in Local Plans increased from December 2022 to June 2023, decreased in the Second half of 2023, and increased in March 2024. Overall, the Local Plans Medi-Cal enrollment increased by almost 177,000 from December 2022 to March 2024.

**C. Financial Trends – Local Plans**

Chart 2 illustrates total revenue, medical expenses, administrative expenses, and net income<sup>7</sup> for the Local Plans over six quarters. There was a slight increase in total revenue, total medical expenses, and total net income for the quarter ending (QE) March 2024.

**Chart 2**



<sup>7</sup> Net income is the excess or deficiency of total revenues over total expenses adjusted for taxes.



## Net Income – Local Plans

Table 2 shows the net income for Local Plans over the past six quarters. Net income or loss is directly related to premium revenue and medical expenses. For the QE March 2024, all Local Plans reported a net income except Alameda Alliance.

**Table 2**  
**Local Plans Net Income by Quarter (in thousands)**

<b>Local Plans</b>	<b>QE Dec-22</b>	<b>QE Mar-23</b>	<b>QE Jun-23</b>	<b>QE Sep-23</b>	<b>QE Dec-23</b>	<b>QE Mar-24</b>
Alameda Alliance	\$10,627	\$42,656	\$28,012	\$17,605	\$17,781	(\$5,931)
CalOptima	\$30,365	\$71,517	\$137,673	\$59,805	\$79,458	\$52,680
CalViva Health	\$4,822	\$2,229	\$4,483	\$5,499	\$4,604	\$7,760
CenCal Health	\$9,433	(\$15,631)	\$57,780	\$12,086	\$12,353	\$10,025
Central California Alliance for Health	\$26,338	\$34,650	\$39,316	\$30,420	\$75,890	\$59,171
Community Health Plan of Imperial Valley	N/A	N/A	N/A	N/A	N/A	\$2,781
Contra Costa Health Plan	\$10,408	\$13,494	\$21,109	\$3,172	\$6,887	\$7,488
Health Plan of San Joaquin	\$47,698	\$4,412	\$57,377	\$22,547	\$7,983	\$36,458
Health Plan of San Mateo	\$48,466	\$34,360	\$32,362	\$19,153	\$65,280	\$20,767
IEHP	(\$47,488)	\$128,922	\$129,278	\$61,096	(\$194,827)	\$32,449
Kern Health Systems	\$36,796	\$25,898	\$42,843	\$24,282	(\$30,405)	\$5,501
L.A. Care Health Plan	\$36,807	\$160,898	\$148,503	\$294,997	\$255,740	\$120,131
Partnership HealthPlan	\$23,332	\$66,184	\$52,101	\$19,391	\$21,641	\$6,804
San Francisco Health Plan	\$11,181	\$15,600	(\$3,975)	\$15,928	\$18,118	\$11,743
Santa Clara Family Health Plan	\$10,273	\$99,246	\$42,464	\$10,345	\$15,848	\$21,232
<b>Total Local Plans Net Income</b>	<b>\$259,058</b>	<b>\$684,435</b>	<b>\$789,326</b>	<b>\$596,326</b>	<b>\$356,351</b>	<b>\$389,059</b>

## **Tangible Net Equity – Local Plans**

Health plans must meet the TNE reserve requirement described in California Code of Regulations, title 28, section 1300.76. TNE is defined as a health plan’s total assets minus total liabilities reduced by the value of intangible assets (i.e., goodwill,<sup>8</sup> organizational or start-up costs, etc.) and unsecured obligations of officers, directors, owners, or affiliates outside the normal course of business. Any debt that is properly subordinated<sup>9</sup> may be added to the TNE calculation, which serves to increase the plan’s TNE. All Local Plans had TNE that exceeded the regulatory requirements.<sup>10</sup>

**Table 3**  
**Local Plans Percentage TNE by Quarter**

<b>Local Plans</b>	<b>QE Dec-22</b>	<b>QE Mar-23</b>	<b>QE Jun-23</b>	<b>QE Sep-23</b>	<b>QE Dec-23</b>	<b>QE Mar-24</b>
Alameda Alliance	677%	747%	758%	737%	724%	628%
CalOptima	1482%	1479%	1556%	1577%	1557%	1533%
CalViva Health	838%	805%	853%	866%	887%	714%
CenCal Health	666%	591%	811%	820%	858%	909%
Central California Alliance for Health	1156%	1165%	1180%	1211%	1341%	1359%
Community Health Plan of Imperial Valley	N/A	N/A	N/A	N/A	N/A	386%
Contra Costa Health Plan	585%	608%	617%	604%	588%	549%
Health Plan of San Joaquin	1220%	1438%	1447%	1381%	1283%	1259%
Health Plan of San Mateo	1268%	1226%	1275%	1241%	1404%	1408%
IEHP	712%	763%	794%	796%	672%	652%
Kern Health Systems	623%	676%	729%	741%	656%	607%
L.A. Care Health Plan	690%	755%	789%	954%	1090%	1149%
Partnership HealthPlan	829%	812%	771%	729%	1295%	622%
San Francisco Health Plan	1413%	1061%	793%	710%	664%	685%
Santa Clara Family Health Plan	640%	574%	716%	654%	679%	704%

<sup>8</sup> “Goodwill” is an intangible asset that arises as a result of the acquisition of one company by another for a premium value.

<sup>9</sup> “Subordinated debt” is a loan that ranks below other loans with regard to claims on assets or earnings. In the case of default, creditors with subordinated debt are not paid until after the other creditors are paid in full.

<sup>10</sup> A high TNE percentage does not equate to excess cash and cash equivalents. The TNE calculation includes all of a health plan’s assets including long term assets and property and equipment which cannot be converted to cash in short term.

The Department's minimum requirement for TNE reserves is 100% of required TNE. If a health plan's TNE falls below 150%, then the health plan must file monthly financial statements with the Department. If a health plan reports a TNE deficiency (TNE below 100%), then the Department may take enforcement action against the plan. The average TNE for Local Plans overall was stable in 2022 and 2023. For March 2024, the reported TNE ranged from 386% to 1533% of required TNE.

### **Claims**

Pursuant to the Knox-Keene Act, full service health plans are required to process 95 percent of their claims within 45 working days. A health plan is required to submit to the Department, on a quarterly basis, a claims settlement practice report if the plan fails to process 95 percent of its claims timely and/or the plan identifies any emerging patterns of claims payment deficiencies. For QE March 31, 2024, Contra Costa Health Plan failed to process 95 percent of their claims within 45 working days.

## IV. Non-Governmental Medi-Cal Plans

### A. Highlights

- For the purposes of this report, NGM plans are health plans with greater than 50% Medi-Cal enrollment, that are not a Local Plan.
- Five NGM plans currently serve 21 counties. UnitedHealthcare Community Plan of California, Inc. exited the Medi-Cal managed care business in January 2023 and Aetna Better Health and California Health and Wellness exited the Medi-Cal managed care business effective January 2024. Therefore, their financial information is not included in this report. The structure among NGM plans varies in the following ways:
  - Blue Cross of California Partnership Plan, Inc. is a for-profit health plan and a subsidiary of Elevance Health, Inc., a publicly traded company. Blue Cross of California Partnership Plan paid dividends of \$150 million in 2022, \$300 million in 2023, and \$250 million in the first quarter of 2024.
  - Blue Shield of California Promise Health Plan is a not-for-profit health plan owned by California Physicians' Services (Blue Shield of California).
  - CHG Foundation is a not-for-profit health plan.
  - Health Net Community Solutions is a for-profit wholly owned subsidiary of Health Net, Inc., which is a subsidiary of Centene, a publicly traded company. Health Net Community Solutions paid dividends of \$500 million in 2022, \$500 million in 2023, and \$150 million in the first quarter of 2024 to its parent company.
  - Molina is a for-profit wholly owned subsidiary of Molina Healthcare, Inc., a publicly traded company. Molina paid dividends of \$200 million in December 2022, \$175 million in 2023, and \$25 million in the first quarter of 2024.
- Kaiser Permanente serves another 939,000 Medi-Cal enrollees. Enrollment information for Kaiser Permanente is included in this report. However, financial solvency indicators are not included since the Medi-Cal enrollment reported by the plan represents less than 50% of their total enrollment. Its financial solvency is significantly impacted by other lines of business including commercial and Medicare. Kaiser Permanente meets the financial reserve requirements.

- NGM plans provide and administer health care services to Medi-Cal beneficiaries either as a direct contractor to DHCS, or as subcontractors to other health plans that contract with DHCS. For example, L.A. Care Health Plan has subcontracted with Blue Shield of California Promise Health Plan; and Health Net Community Solutions has subcontracted with Molina.
- NGM plans' Medi-Cal enrollment decreased 3.8% from December 2023 to March 2024. NMG plans served 3.6 million Medi-Cal enrollees at March 31, 2024.
- NGM plans reported a net income of \$261 million in March 2024, which was greater than the net income of \$170 million reported in December 2023.
- TNE for NGM plans ranged from 289% to 1613% of required TNE in March 2024.

**B. Enrollment Trends – Non-Governmental Medi-Cal Plans**

Total enrollment for NGM plans decreased by 4.8% in March 2024 compared to December 2023. The table below lists total enrollment by line of business as of March 2024 for NGM plans.

**Table 4  
Line of Business Enrollment in Non-Governmental Medi-Cal Plans  
March 2024**

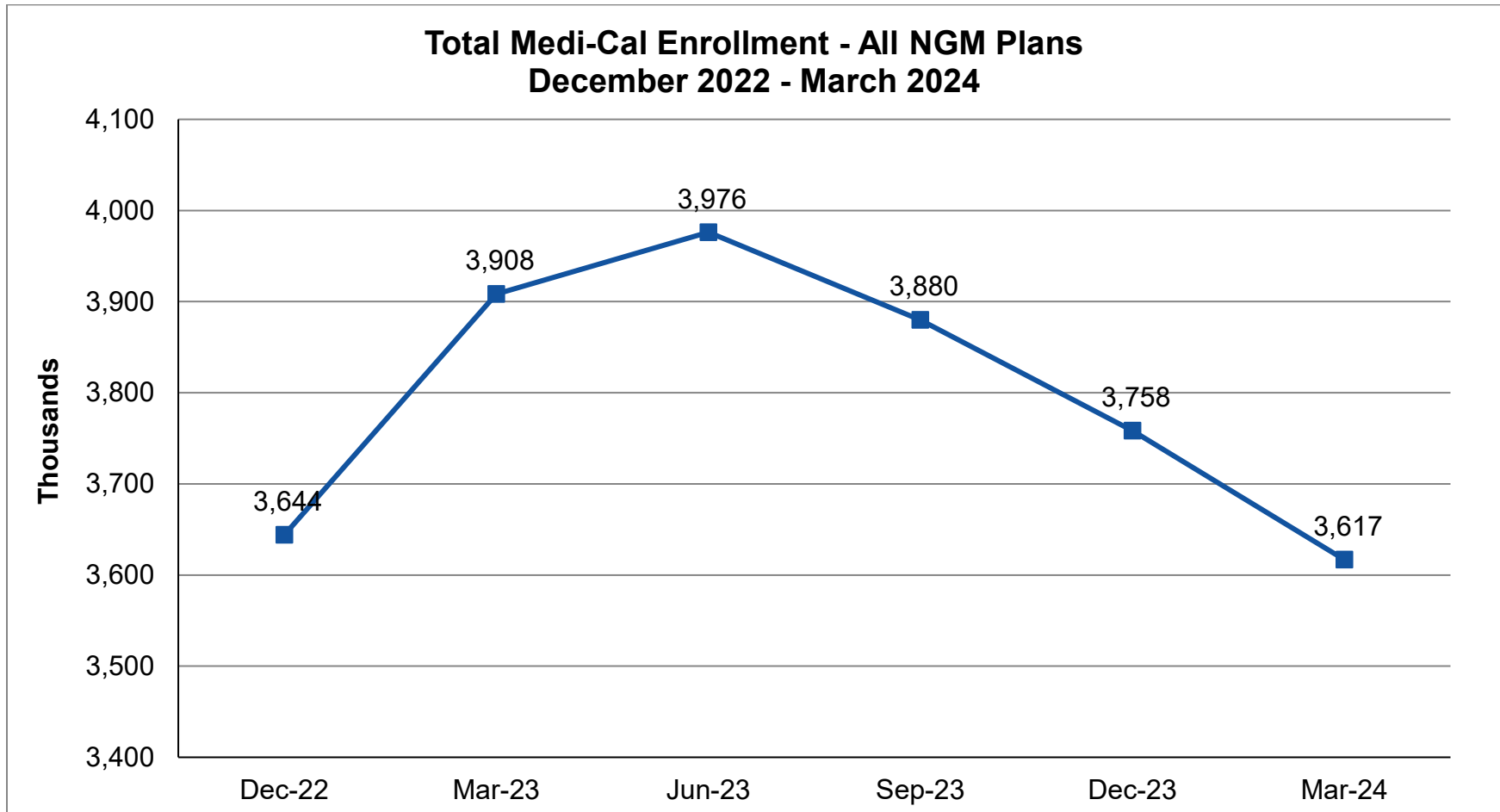
<b>Non-Governmental Medi-Cal Plans</b>	<b>Medi-Cal</b>	<b>Commercial</b>	<b>Medicare</b>	<b>Plan-to- Plan<sup>11</sup></b>	<b>Others<sup>12</sup></b>	<b>Total</b>
Blue Cross of California Partnership Plan	804,975	0	133,406	0	0	938,381
Blue Shield of California Promise Health Plan	198,187	0	0	388,038	0	586,225
CHG Foundation	404,751	0	0	0	0	404,751
Health Net Community Solutions	1,606,543	0	65,855	532,143	0	2,204,541
Molina	602,337	51,579	20,399	566,878	0	1,241,193
<b>Total Enrollment in NGMs</b>	<b>3,616,793</b>	<b>51,579</b>	<b>219,660</b>	<b>1,487,059</b>	<b>0</b>	<b>5,375,091</b>
Kaiser Permanente	939,396	6,790,832	1,396,869	0	273,951	9,401,048
<b>Grand Total</b>	<b>4,556,189</b>	<b>6,842,411</b>	<b>1,616,529</b>	<b>1,487,059</b>	<b>273,951</b>	<b>14,776,139</b>

<sup>11</sup> Majority of the Plan-to-Plan lives are with other Medi-Cal managed care plans

<sup>12</sup> Others include out of state line of business

Chart 3 illustrates the Medi-Cal enrollment trend in NGM plans. This chart does not include the Medi-Cal enrollment reported by Kaiser Permanente. Medi-Cal enrollment decreased by about 142,000 in March 2024 compared to December 2023.

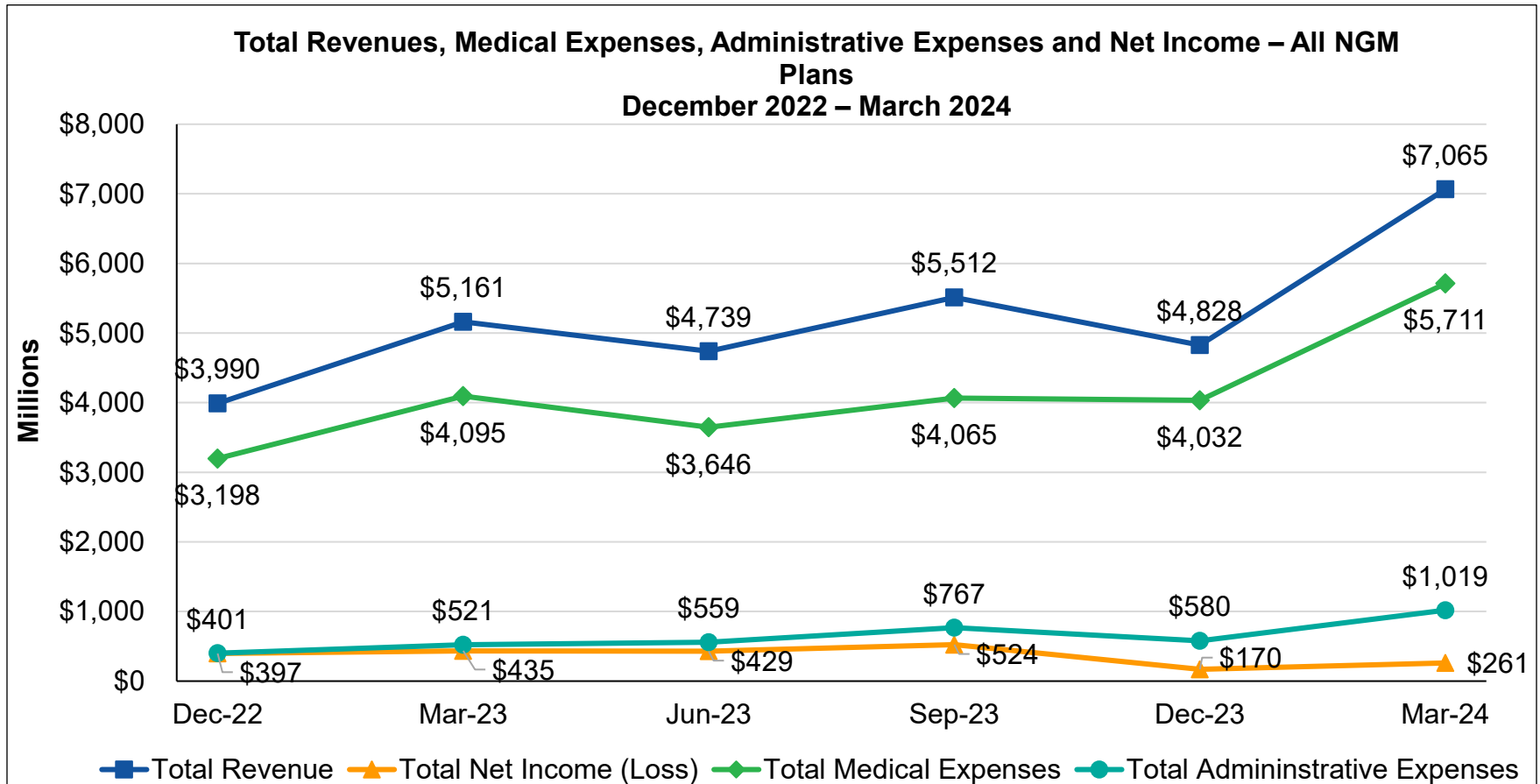
Chart 3



**C. Financial Trends – Non-Governmental Medi-Cal Plans**

Chart 4 shows total revenue, medical expenses, administrative expenses, and net income for NGM plans. Total revenue, total medical expenses, total administrative expenses, and total net income increased slightly from the previous quarter. This chart does not include the revenue, medical expenses, administrative expenses, and net income reported by Kaiser Permanente.

**Chart 4**





**Net Income – Non-Governmental Medi-Cal Plans**

Table 5 shows the net income for NGM plans over the past six quarters. All NGM plans reported a net income for March 2024.

**Table 5  
NGM Net Income by Quarter (in thousands)**

<b>Non-Governmental Medi-Cal Plans</b>	<b>QE Dec-22</b>	<b>QE Mar-23</b>	<b>QE Jun-23</b>	<b>QE Sep-23</b>	<b>QE Dec-23</b>	<b>QE Mar-24</b>
Blue Cross of California Partnership Plan	\$86,696	\$101,899	\$50,638	\$160,302	\$16,478	\$19,325
Blue Shield of California Promise Health Plan	\$78,003	\$14,267	\$19,536	\$62,391	\$21,659	\$25,428
CHG Foundation	\$50,942	\$93,684	\$97,641	\$77,109	\$33,540	\$40,806
Health Net Community Solutions	\$129,170	\$151,929	\$225,359	\$175,944	\$61,497	\$105,091
Molina	\$52,256	\$73,379	\$35,497	\$64,302	\$36,482	\$70,631
<b>Total NGM Net Income</b>	<b>\$397,066</b>	<b>\$435,158</b>	<b>\$428,671</b>	<b>\$540,047</b>	<b>\$169,656</b>	<b>\$261,281</b>

**Tangible Net Equity – Non-Governmental Medi-Cal Plans**

NGM plans’ TNE to required TNE ranged from 289% to 1613% for March 2024. The TNE reported by most NGM plans is lower than Local Plans. Some NGM plans pay dividends to parent companies or shareholders, thereby reducing the reserve levels. All NGM plans maintained compliance with the DMHC’s TNE requirement.

**Table 6**

**NGM Percentage of TNE by Quarter**

<b>Non-Governmental Medi-Cal Plans</b>	<b>QE Dec-22</b>	<b>QE Mar-23</b>	<b>QE Jun-23</b>	<b>QE Sep-23</b>	<b>QE Dec-23</b>	<b>QE Mar-24</b>
Blue Cross of California Partnership Plan	971%	618%	598%	706%	708%	445%
Blue Shield of California Promise Health Plan	1004%	905%	924%	1115%	1187%	975%
CHG Foundation	1251%	904%	1108%	1772%	1727%	1613%
Health Net Community Solutions	784%	771%	811%	807%	752%	711%
Molina	255%	292%	268%	291%	269%	289%

## **Claims**

Pursuant to the Knox-Keene Act, full service health plans are required to process 95% of their claims within 45 working days. For QE March 31, 2024, Blue Shield of California Promise Health Plan failed to process 95 percent of their claims within 45 working days.

## **V. Conclusion**

The second half of 2023 observed a decline in Medi-Cal enrollment following the resumption of the Medi-Cal redetermination on April 1, 2023, with the initial disenrollments from coverage occurring in July. This contributed to decreases in enrollment and revenues for MCMC plans during the latter part of the year.

However, starting January 1, 2024, most MCMC plans reported increases in Medi-Cal enrollment, driven in part by changes in DHCS contracts, particularly initiatives such as the expansion of Medi-Cal to income eligible adults, regardless of immigration status.

Additionally, Assembly Bill (AB) 119 authorized a Managed Care Organization (MCO) Provider Tax effective April 1, 2023 through December 31, 2026. The MCO tax revenues will be used to support the Medi-Cal program including, but not limited to, new targeted provider rate increases and other investments that advance access, quality, and equity for Medi-Cal members and promote provider participation in the Medi-Cal program. Pursuant to AB 119, DHCS implemented the first phase of Targeted Rate Increases (TRI) effective January 1, 2024, whereby certain provider types will be reimbursed at increased rates. As a result of the TRI and increase in enrollment starting January 1, 2024, the MCMC plans reported increased revenues and expenses.

The majority of MCMC plans reported net income at March 31, 2024. The MCMC plans continue to meet or significantly exceed the minimum TNE requirement.

The DMHC continues to collaborate with DHCS on the implementation of California Advancing and Innovating Medi-Cal (CalAIM) and Medi-Cal contract changes to assess the financial impact of the changes on the MCMC plans. DMHC will continue to monitor the enrollment trends and financial solvency of all Medi-Cal managed care plans.

**Appendix A – Medi-Cal Managed Care Plans, Counties Served, Medi-Cal Enrollment and TNE at March 31, 2024**

<b>Health Plan</b>	<b>Local or NGM Plan</b>	<b>Counties Served</b>	<b>Medi-Cal Enrollment</b>	<b>Total TNE to Required TNE</b>
Alameda Alliance	Local Plan	Alameda	399,519	628%
Blue Cross of California Partnership Plan	NGM Plan	Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kern, Kings, Madera, Mono, Sacramento, San Francisco, Santa Clara, Tuolumne	804,975	445%
Blue Shield of California Promise Health Plan	NGM Plan	San Diego	198,187	975%
CalOptima	Local Plan	Orange	914,417	1533%
CalViva Health	Local Plan	Fresno, Kings, and Madera	435,626	714%
CenCal Health	Local Plan	Santa Barbara and San Luis Obispo	221,932	909%
Central California Alliance for Health	Local Plan	Mariposa, Merced, Monterey, San Benito, Santa Cruz	455,363	1359%
CHG Foundation	NGM Plan	San Diego	404,751	1613%
Community Health Plan of Imperial Valley	Local Plan	Imperial	97,714	386%
Contra Costa Health Plan	Local Plan	Contra Costa	263,222	549%
Health Net Community Solutions	NGM Plan	Amador, Calaveras, Inyo, Los Angeles, Mono, Sacramento, San Joaquin, Stanislaus, Tulare, Tuolumne	1,606,543	711%
Health Plan of San Joaquin	Local Plan	Alpine, El Dorado, San Joaquin, Stanislaus	434,521	1259%
Health Plan of San Mateo	Local Plan	San Mateo	145,478	1408%
IEHP	Local Plan	Riverside and San Bernardino	1,502,593	652%

<b>Health Plan</b>	<b>Local or NGM Plan</b>	<b>Counties Served</b>	<b>Medi-Cal Enrollment</b>	<b>Total TNE to Required TNE</b>
Kaiser Permanente	NGM Plan	Alameda, Amador, Contra Costa, El Dorado, Fresno, Imperial, Kern, Kings, Los Angeles, Madera, Marin, Mariposa, Napa, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Tulare, Ventura, Yolo, Yuba	939,396	2201%
Kern Health Systems	Local Plan	Kern	415,923	607%
L.A. Care Health Plan	Local Plan	Los Angeles	2,365,296	1149%
Molina	NGM Plan	Los Angeles, Riverside, Sacramento, San Bernardino, San Diego	602,337	289%
Partnership HealthPlan	Local Plan	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, Yuba	910,082	622%
San Francisco Health Plan	Local Plan	San Francisco	173,929	685%
Santa Clara Family Health Plan	Local Plan	Santa Clara	294,943	704%