

# Financial Summary of Medi-Cal Managed Care Health Plans Quarter Ending September 30, 2024

Prepared on February 10, 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 the Medi-Cal program to achieve more equitable comprehensive coverage and better healthcare outcomes for Medi-Cal managed care enrollees. Approximately 13.9 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 board 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 September 2024, approximately 9 million Medi-Cal beneficiaries are enrolled in these plans.

In addition, five commercial health plans serve 3.5 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 September 30, 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:

- 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. DHCS implemented the first phase of Targeted Rate Increases (TRI) effective January 1, 2024, whereby certain provider types will be reimbursed at increased rates.
- In the first quarter of 2024, the majority of MCMC plans reported an increase in enrollment due to the expansion of Medi-Cal to all income eligible adults, regardless of immigration status. However, most of MCMC plans experienced decreases in enrollment in the second and third quarter of 2024, largely attributed to unwinding of continuous coverage effective May 31, 2024.
- Half of the MCMC plans reported negative net income in the third quarter of 2024 due to a decrease in enrollment and increase in medical utilization and retro rate adjustment.
- 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. Two out of the five NGM plans are for-profit corporations and distribute dividends to their parent companies and/or shareholders thereby reducing reserve levels.

### III. Local Plans

#### A. Highlights

- At present, 15 Local Plans<sup>5</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. 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. Health Plan of San Mateo is also licensed for Medicare Advantage Dual Special Needs Plan.
  - CalOptima and Central California Alliance for Health have Knox-Keene licenses for other lines of business such as Medicare Advantage, Medicare Advantage Dual Special Needs Plan, In-Home Supportive Services (IHSS), and Program of All Inclusive Care for the Elderly (PACE).
  - CenCal Health and Partnership HealthPlan maintain a Knox-Keene license for their Medicare Advantage Dual Special Needs Plan.
  - Gold Coast has only a Medi-Cal line of business and no Knox-Keene license at QE September 30, 2024. Therefore, this report does not include information for Gold Coast. However, Gold Coast filed an application and was issued a Knox-Keene license on February 7, 2025, for Medicare Advantage Dual Special Needs Plan.
  - Local Plans reported combined enrollment of almost 9.2 million enrollees as of June 2024. Approximately 8.9 million (97%) of the total enrollment were Medi-Cal beneficiaries. The remaining 3% of non-Medi-Cal enrollment includes other lines of business such as Commercial, Medicare Advantage, and IHSS.
  - Total Local Plan Medi-Cal enrollment decreased by 0.2% from June 2024 to September 2024.
  - Local Plans reported net loss of \$217 million in September 2024 compared to net income of \$865 million in June 2024, and \$389 million in March 2024.
  - Local Plans' TNE ranged from 315% to 1878% of required TNE.

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<sup>5</sup> Please see Appendix A for a full list of Local Plans and the counties they serve.

## B. Enrollment Trends – Local Plans

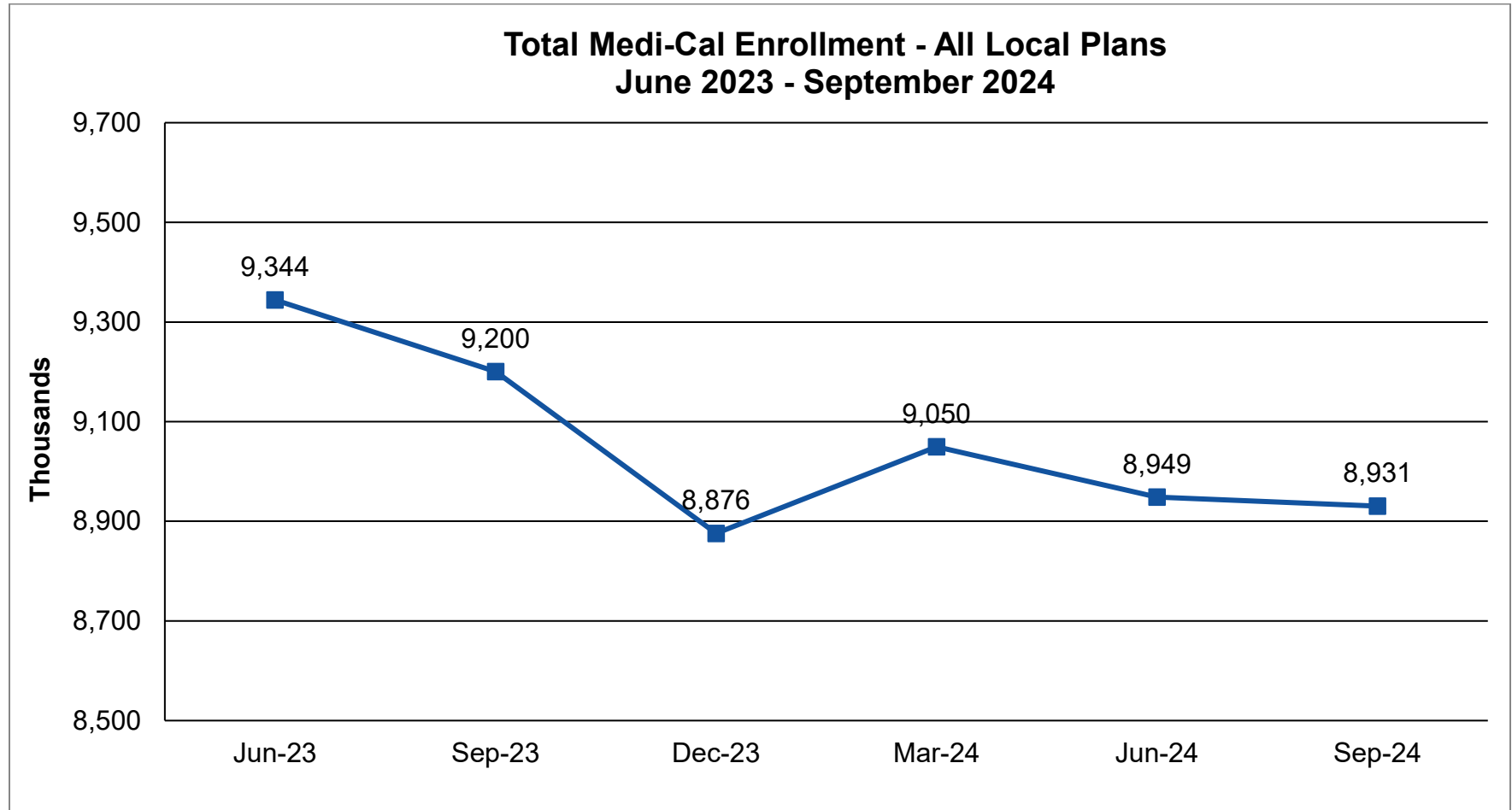
At September 30, 2024, Local Plans served 9.2 million enrollees in 49 counties in California. Medi-Cal enrollment slightly decreased by 0.2% from the previous quarter. The table below lists total enrollment by line of business as of September 2024 for Local Plans.

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

Local Plans	Medi-Cal	Commercial	Medicare	Plan-to-Plan	Total Enrollment
Alameda Alliance	400,893	5,711	0	0	406,604
CalOptima	895,716	0	17,785	0	913,501
CalViva Health	435,615	0	0	0	435,615
GenCal Health	239,660	0	0	0	239,660
Central California Alliance for Health	444,495	717	0	0	445,212
Community Health Plan of Imperial Valley	96,263	0	0	0	96,263
Contra Costa Health Plan	257,706	6,375	0	0	264,081
Health Plan of San Joaquin	417,068	0	0	0	417,068
Health Plan of San Mateo	144,311	1,277	0	0	145,588
IEHP	1,486,026	19,015	0	0	1,505,041
Kern Health Systems	401,956	0	0	0	401,956
L.A. Care Health Plan	2,354,467	195,703	0	0	2,550,170
Partnership HealthPlan	898,490	0	0	0	898,490
San Francisco Health Plan	177,876	11,650	0	0	189,526
Santa Clara Family Health Plan	280,161	0	10,742	0	290,903
<b>Total</b>	<b>8,930,703</b>	<b>240,448</b>	<b>28,527</b>	<b>0</b>	<b>9,199,678</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

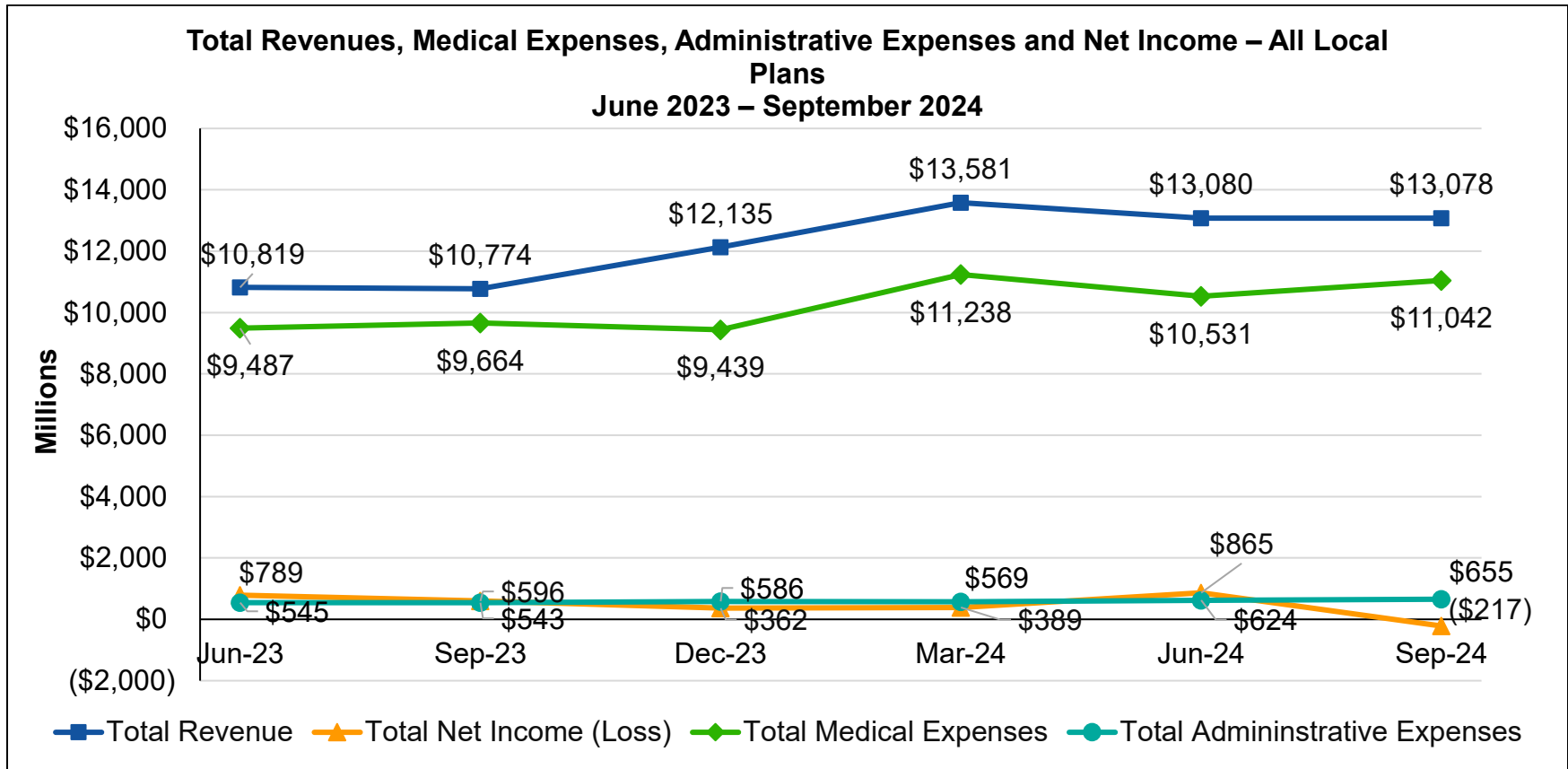


Medi-Cal enrollment in Local Plans decreased in the second half of 2023 and increased in March 2024. However, Local Plans experienced decreases in enrollment in June 2024 and September 2024. Overall, the Local Plans Medi-Cal enrollment decreased by almost 414,000 from June 2023 to September 2024.

**C. Financial Trends – Local Plans**

Chart 2 illustrates total revenue, medical expenses, administrative expenses, and net income<sup>6</sup> for the Local Plans over six quarters. There was a slight increase in total medical expenses and administrative expenses. Local Plans reported combined net loss of \$217 million for the quarter ending (QE) September 2024.

**Chart 2**



<sup>6</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 September 2024, about half of the Local Plans reported a net loss.

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

Local Plans	QE Jun-23	QE Sep-23	QE Dec-23	QE Mar-24	QE Jun-24	QE Sep-24
Alameda Alliance	\$28,012	\$17,605	\$17,781	(\$5,931)	(\$98,037)	(\$34,063)
CalOptima	\$137,673	\$59,805	\$79,458	\$52,680	\$587,714	\$33,183
CalViva Health	\$4,483	\$5,499	\$4,604	\$7,760	\$5,077	\$1,618
CenCal Health	\$57,780	\$12,086	\$18,146	\$10,025	\$10,455	(\$3,068)
Central California Alliance for Health	\$39,316	\$30,420	\$75,890	\$59,171	35,210	(\$24,209)
Community Health Plan of Imperial Valley	N/A	N/A	N/A	\$2,781	\$1,715	\$808
Contra Costa Health Plan	\$21,218	\$3,172	\$6,887	\$7,488	\$72,896	\$5,217
Health Plan of San Joaquin	\$57,377	\$22,547	\$7,983	\$36,458	\$71,805	\$13,943
Health Plan of San Mateo	\$32,362	\$19,153	\$65,280	\$20,767	\$24,339	\$20,423
IEHP	\$129,278	\$61,096	(\$194,827)	\$32,449	(\$8,709)	(\$210,433)
Kern Health Systems	\$42,843	\$24,282	(\$30,405)	\$5,501	\$982	(\$42,302)
L.A. Care Health Plan	\$148,503	\$294,997	\$255,740	\$120,131	\$133,826	\$28,546
Partnership HealthPlan	\$52,101	\$19,391	\$21,641	\$6,804	\$15,748	(\$18,615)
San Francisco Health Plan	(\$3,975)	\$15,928	\$18,118	\$11,743	\$18,090	\$14,456
Santa Clara Family Health Plan	\$42,464	\$10,345	\$15,848	\$21,232	(\$5,652)	(\$2,761)
<b>Total Local Plans Net Income</b>	<b>\$789,435</b>	<b>\$596,326</b>	<b>\$362,144</b>	<b>\$389,059</b>	<b>\$865,458</b>	<b>(\$217,257)</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>7</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>8</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>9</sup>

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

<b>Local Plans</b>	<b>QE Jun-23</b>	<b>QE Sep-23</b>	<b>QE Dec-23</b>	<b>QE Mar-24</b>	<b>QE Jun-24</b>	<b>QE Sep-24</b>
Alameda Alliance	758%	737%	724%	628%	403%	315%
CalOptima	1556%	1577%	1557%	1533%	1920%	1878%
CalViva Health	853%	866%	887%	714%	680%	651%
CenCal Health	811%	820%	889%	909%	900%	857%
Central California Alliance for Health	1180%	1211%	1341%	1359%	1383%	1279%
Community Health Plan of Imperial Valley	N/A	N/A	N/A	386%	427%	445%
Contra Costa Health Plan	618%	604%	588%	549%	719%	689%
Health Plan of San Joaquin	1447%	1381%	1283%	1259%	1405%	1414%
Health Plan of San Mateo	1275%	1241%	1404%	1408%	1420%	1455%
IEHP	794%	796%	672%	652%	621%	497%
Kern Health Systems	729%	741%	656%	607%	563%	472%
L.A. Care Health Plan	789%	954%	1090%	1149%	1241%	1163%
Partnership HealthPlan	771%	729%	703%	622%	562%	651%
San Francisco Health Plan	793%	710%	664%	685%	767%	781%
Santa Clara Family Health Plan	716%	654%	679%	704%	605%	643%

<sup>7</sup> “Goodwill” is an intangible asset that arises as a result of the acquisition of one company by another for a premium value.

<sup>8</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>9</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 September 2024, the reported TNE ranged from 315% to 1878% of required TNE.

## 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. 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 Corporation, a publicly traded company. Health Net Community Solutions paid dividends of \$500 million in 2022, \$500 million in 2023, and \$400 million in the first nine months of 2024 to Centene Corporation.
  - 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, \$125 million in the first nine months of 2024 to Molina Healthcare, Inc.
- Kaiser Permanente serves another 971,000 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 1.2% from June 2024 to September 2024. NMG plans served 3.5 million Medi-Cal enrollees at September 30, 2024.
- NGM plans reported a net income of \$98 million in September 2024, which was less than the net income of \$330 million reported in June 2024.
- TNE for NGM plans ranged from 238% to 1592% of required TNE in September 2024.

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

Total enrollment for NGM plans decreased by 1.5% in September 2024 compared to June 2024. The table below lists total enrollment by line of business as of September 2024 for NGM plans.

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

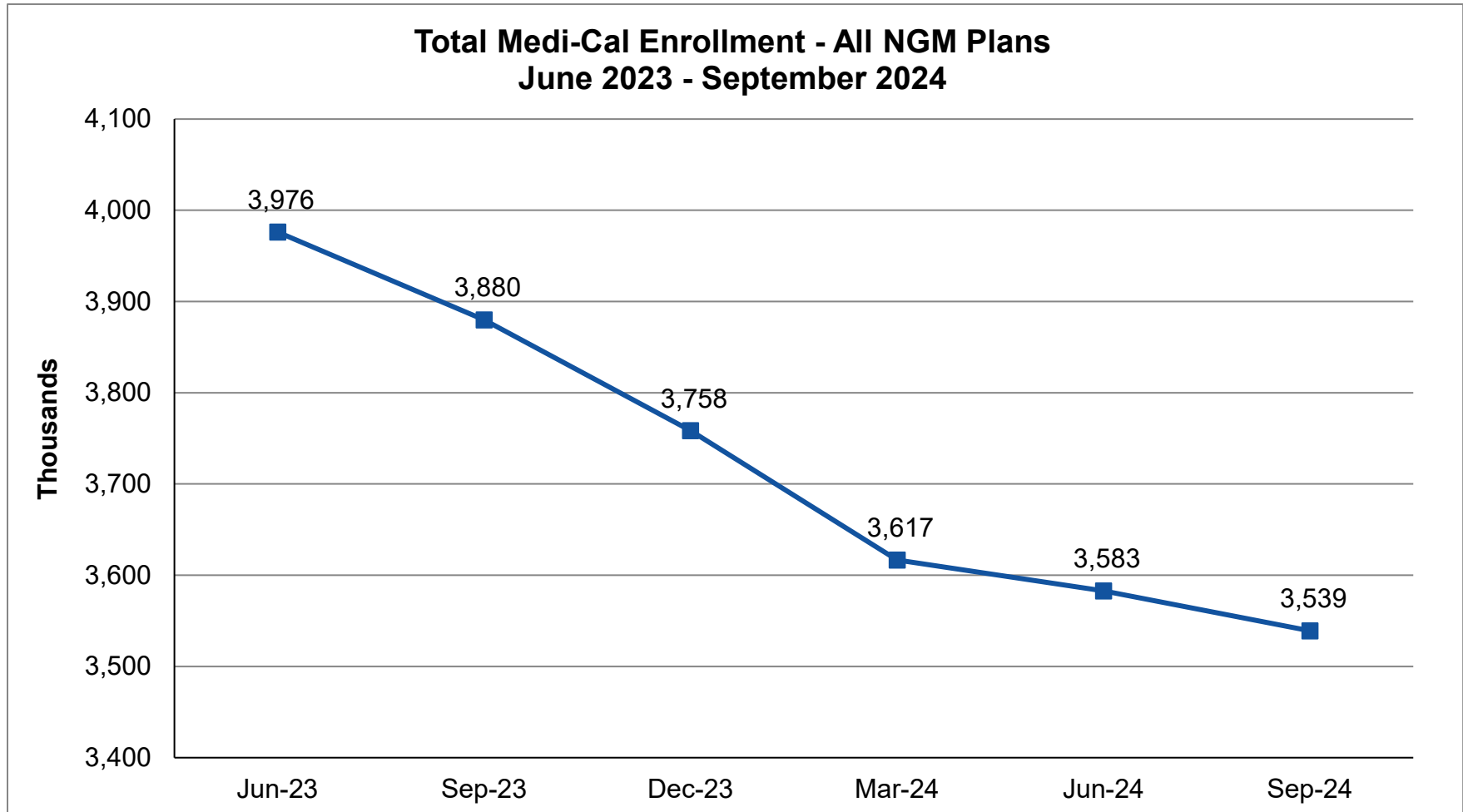
<b>Non-Governmental Medi-Cal Plans</b>	<b>Medi-Cal</b>	<b>Commercial</b>	<b>Medicare</b>	<b>Plan-to-Plan<sup>10</sup></b>	<b>Others<sup>11</sup></b>	<b>Total</b>
Blue Cross of California Partnership Plan	791,429	0	165,993	0	0	957,422
Blue Shield of California Promise Health Plan	194,242	0	0	386,114	0	580,356
CHG Foundation	390,198	0	0	0	0	390,198
Health Net Community Solutions	1,579,059	0	64,074	531,202	0	2,174,335
Molina	584,112	57,604	22,166	531,917	0	1,195,799
<b>Total Enrollment in NGMs</b>	<b>3,539,040</b>	<b>57,604</b>	<b>252,233</b>	<b>1,449,233</b>	<b>0</b>	<b>5,298,110</b>
Kaiser Permanente	970,987	6,693,294	1,416,079	0	265,951	9,346,311
<b>Grand Total</b>	<b>4,510,027</b>	<b>6,750,898</b>	<b>1,668,312</b>	<b>1,449,233</b>	<b>265,951</b>	<b>14,644,421</b>

<sup>10</sup> Majority of the Plan-to-Plan lives are with other Medi-Cal managed care plans

<sup>11</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. Total Medi-Cal enrollment in NGM plans experienced a steady decline since June 2023.

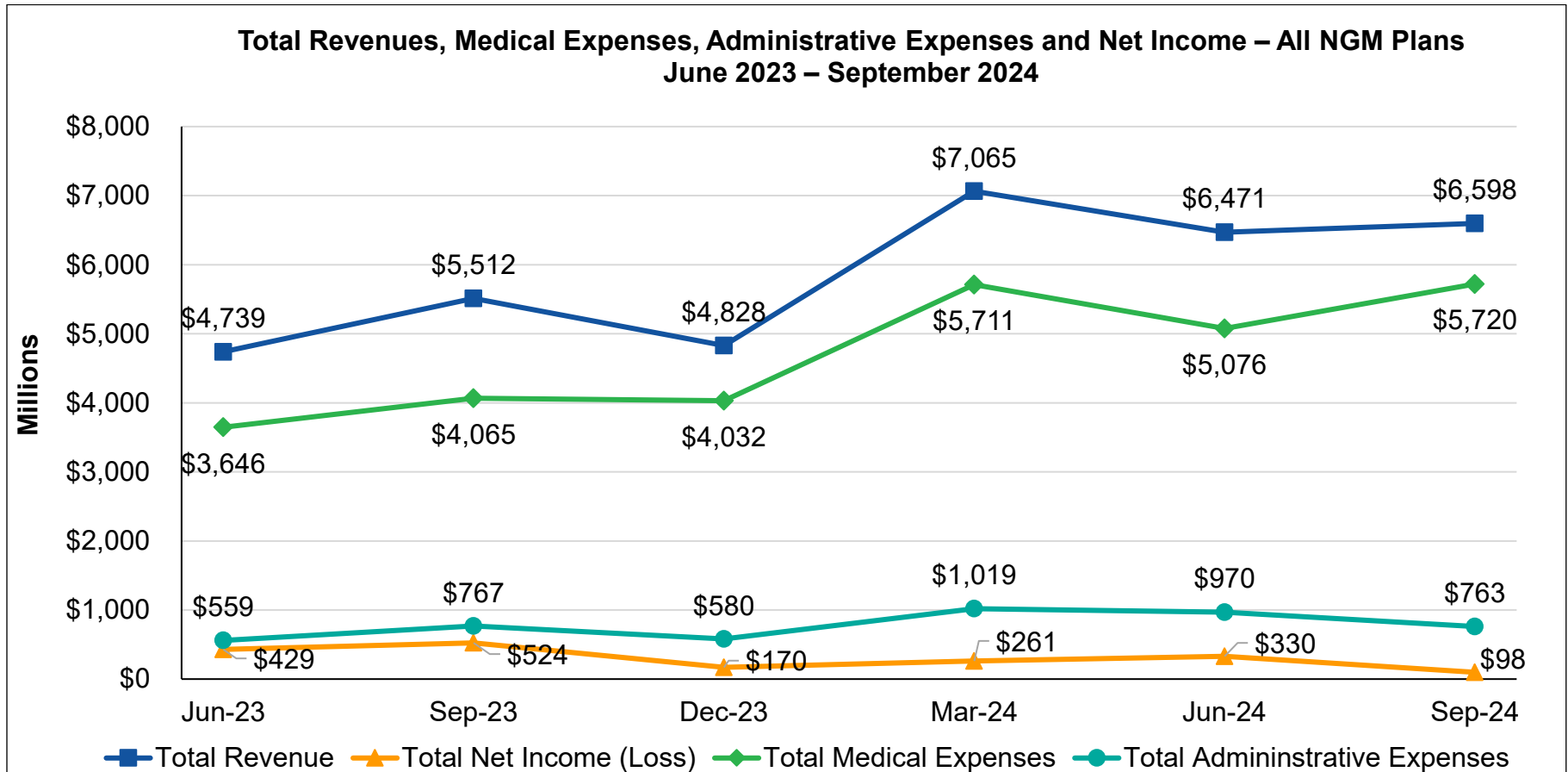
**Chart 3**



**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 and total medical expenses 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. For September 2024, all NGM plans reported a net income except Blue Cross of California Partnership Plan and Blue Shield of California Promise Health Plan.

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

<b>Non-Governmental Medi-Cal Plans</b>	<b>QE Jun-23</b>	<b>QE Sep-23</b>	<b>QE Dec-23</b>	<b>QE Mar-24</b>	<b>QE Jun-24</b>	<b>QE Sep-24</b>
Blue Cross of California Partnership Plan	\$50,638	\$160,302	\$16,478	\$19,325	\$135,114	(\$19,891)
Blue Shield of California Promise Health Plan	\$19,536	\$62,391	\$21,659	\$25,428	\$15,865	(\$1,324)
CHG Foundation	\$97,641	\$77,109	\$33,540	\$40,806	\$64,825	\$37,098
Health Net Community Solutions	\$225,359	\$175,944	\$61,497	\$105,091	\$70,081	\$10,392
Molina	\$35,497	\$64,302	\$36,482	\$70,631	\$43,654	\$71,889
<b>Total NGM Net Income</b>	<b>\$428,671</b>	<b>\$540,047</b>	<b>\$169,656</b>	<b>\$261,281</b>	<b>\$329,539</b>	<b>\$98,164</b>

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

NGM plans’ TNE to required TNE ranged from 238% to 1592% for September 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 Jun-23</b>	<b>QE Sep-23</b>	<b>QE Dec-23</b>	<b>QE Mar-24</b>	<b>QE Jun-24</b>	<b>QE Sep-24</b>
Blue Cross of California Partnership Plan	598%	706%	708%	445%	587%	578%
Blue Shield of California Promise Health Plan	924%	1115%	1187%	975%	1185%	881%
CHG Foundation	1108%	1772%	1727%	1613%	1620%	1592%
Health Net Community Solutions	811%	807%	752%	711%	633%	605%
Molina	268%	291%	269%	289%	259%	238%

## **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.

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. However, for June 30, 2024 and September 30, 2024 most of MCMC plans reported a decrease in Medi-Cal enrollment due to unwinding of continuous coverage, which officially ended on May 31, 2024.

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.

Half of MCMC plans reported net losses at quarter ended September 30, 2024 due to increased medical utilization and retro rate adjustment applied from January 2024 through September 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 September 30, 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	400,893	315%
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	791,429	578%
Blue Shield of California Promise Health Plan	NGM Plan	San Diego	194,242	881%
CalOptima	Local Plan	Orange	895,716	1878%
CalViva Health	Local Plan	Fresno, Kings, and Madera	435,615	651%
CenCal Health	Local Plan	Santa Barbara and San Luis Obispo	239,660	857%
Central California Alliance for Health	Local Plan	Mariposa, Merced, Monterey, San Benito, Santa Cruz	444,495	1279%
CHG Foundation	NGM Plan	San Diego	390,198	1592%
Community Health Plan of Imperial Valley	Local Plan	Imperial	96,263	445%
Contra Costa Health Plan	Local Plan	Contra Costa	257,706	689%
Health Net Community Solutions	NGM Plan	Amador, Calaveras, Inyo, Los Angeles, Mono, Sacramento, San Joaquin, Stanislaus, Tulare, Tuolumne	1,579,059	605%
Health Plan of San Joaquin	Local Plan	Alpine, El Dorado, San Joaquin, Stanislaus	417,068	1414%
Health Plan of San Mateo	Local Plan	San Mateo	144,311	1455%
IEHP	Local Plan	Riverside and San Bernardino	1,486,026	497%

<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	970,987	2214%
Kern Health Systems	Local Plan	Kern	401,956	472%
L.A. Care Health Plan	Local Plan	Los Angeles	2,354,467	1163%
Molina	NGM Plan	Los Angeles, Riverside, Sacramento, San Bernardino, San Diego	584,112	238%
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	898,490	651%
San Francisco Health Plan	Local Plan	San Francisco	177,876	781%
Santa Clara Family Health Plan	Local Plan	Santa Clara	280,161	643%