

# **Financial Summary of Medi-Cal Managed Care Health Plans Quarter Ending March 31, 2025**

Prepared on July 31, 2025

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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 14 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 March 2025, approximately 9.2 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 the quarter ending March 31, 2025.<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. In the fourth quarter of 2024 and first quarter of 2025 most of MCMC plans reported an increase in enrollment.
- The majority of the MCMC plans reported net income in the first quarter of 2025 due to an increase in enrollment and decrease in medical utilization.
- Local Plans continue to report healthy TNE reserves. In comparison to NGM plans, Local Plans generally maintain higher reserves to cover any needed capital expenditure 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.

### III. Local Plans

#### A. Highlights

- At present, 16 Local Plans<sup>5</sup> serve 50 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 (D-SNP).
  - CalOptima and Central California Alliance for Health have Knox-Keene licenses for other lines of business such as Medicare Advantage, Medicare Advantage D-SNP, 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 D-SNP.
  - Gold Coast granted a Knox-Keene license on February 7, 2025, for Medicare Advantage D-SNP.
- Local Plans reported combined enrollment of almost 9.5 million enrollees as of March 2025. Approximately 9.2 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 increased by 2.5% from December 2024 to March 2025.
- Local Plans reported net income of \$268 million in March 2025 compared to net loss of \$34 million in December 2024, and net loss of \$225 million in September 2024.
- Local Plans' TNE ranged from 197% to 2123% 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.

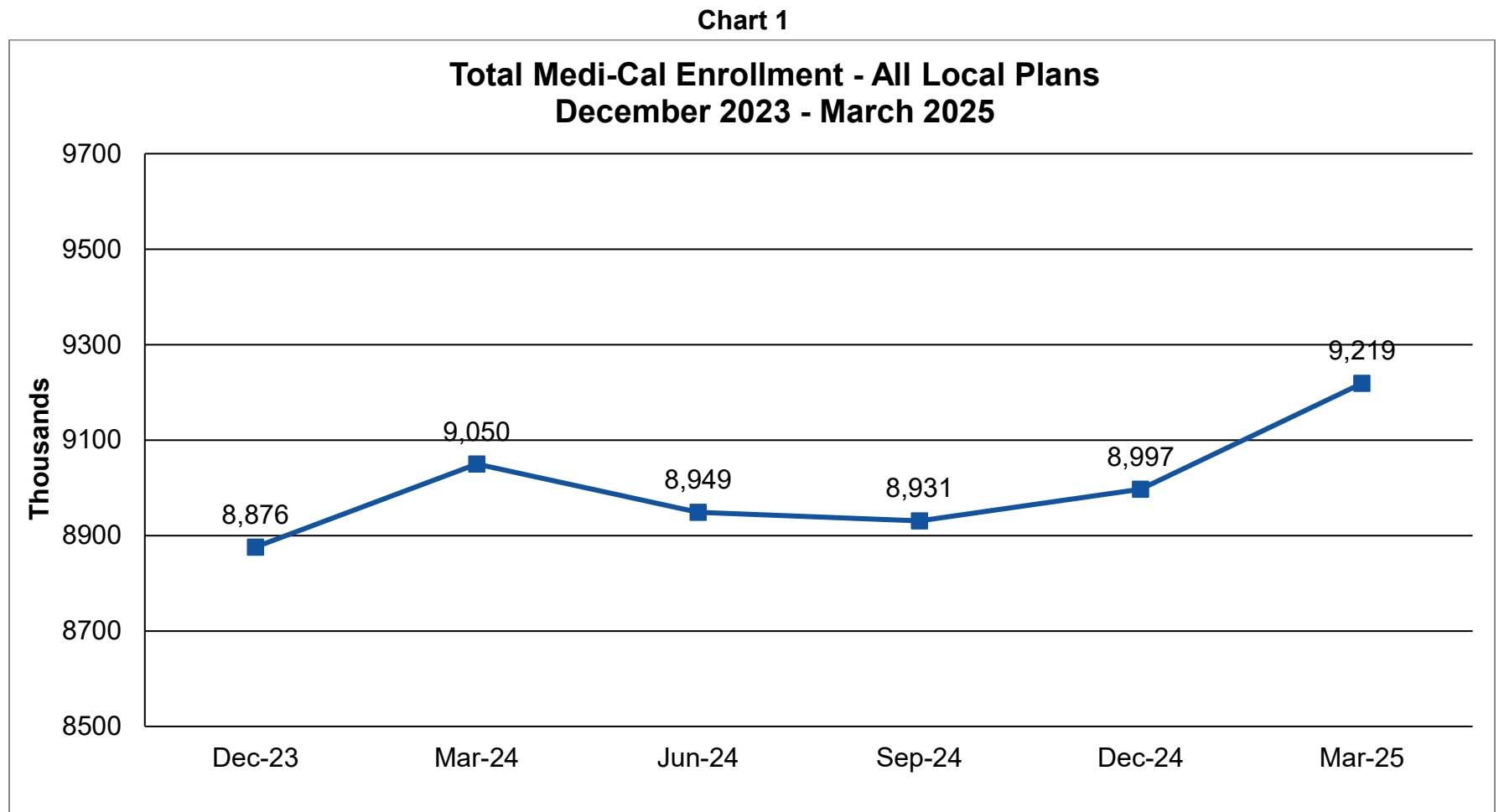
## **B. Enrollment Trends – Local Plans**

At March 31, 2025, Local Plans served 9.5 million enrollees in 50 counties in California. Medi-Cal enrollment increased by 2.5% from the previous quarter. The table below lists total enrollment by line of business as of March 2025 for Local Plans.

**Table 1**  
**Line of Business Enrollment for Local Plans**  
**March 2025**

<b>Local Plans</b>	<b>Medi-Cal</b>	<b>Commercial</b>	<b>Medicare</b>	<b>Plan-to-Plan</b>	<b>Total Enrollment</b>
Alameda Alliance	407,567	5,882	0	0	413,449
CalOptima	888,988	0	17,283	0	906,271
CalViva Health	432,619	0	0	0	432,619
CenCal Health	242,537	0	0	0	242,537
Central California Alliance fr Health	445,160	675	0	0	445,835
Community Health Plan of Iperial Valley	98,009	0	0	0	98,009
Contra Costa Health Plan	263,073	6,448	0	0	269,521
Gold Coast Health Plan	242,371	0	0	0	242,371
Health Plan of San Joaquin	412,551	0	0	0	412,551
Health Plan of San Mateo	148,933	1,322	0	0	150,255
IEHP	1,487,900	43,574	0	0	1,531,474
Kern Health Systems	405,200	0	0	0	405,200
L.A. Care Health Plan	2,371,917	222,466	0	0	2,594,383
Partnership HealthPlan	908,267	0	0	0	908,267
San Francisco Health Plan	179,615	11,923	0	0	191,538
Santa Clara Family Health Pan	284,482	0	11,119	0	295,601
<b>Total</b>	<b>9,219,189</b>	<b>292,290</b>	<b>28,402</b>	<b>0</b>	<b>9,539,881</b>

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

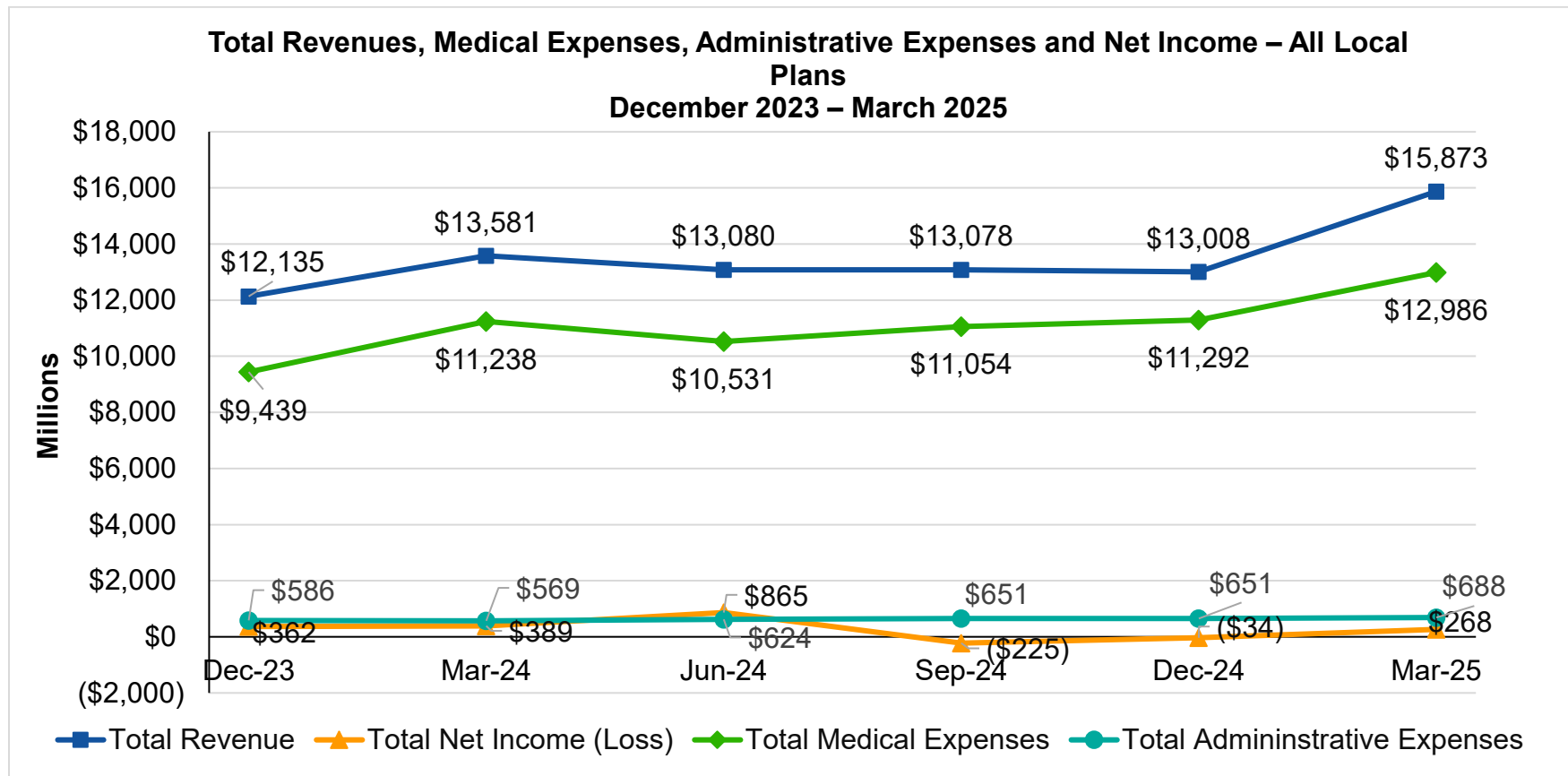


Medi-Cal enrollment in Local Plans decreased in the second half of 2023 and increased in March 2024. However, Local Plans experienced decreases in enrollment in June 2024, September 2024, and increases in December 2024 and March 2025. Overall, the Local Plans Medi-Cal enrollment increased by almost 343,000 from December 2023 to March 2025.

### 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 revenue, medical expenses, administrative expenses, and net income. Local Plans reported a combined net income of \$268 million for the quarter ending (QE) March 31, 2025.

**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 March 2025, more than half of the Local Plans reported a net income.

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

<b>Local Plans</b>	<b>QE Dec-23</b>	<b>QE Mar-24</b>	<b>QE Jun-24</b>	<b>QE Sep-24</b>	<b>QE Dec-24</b>	<b>QE Mar-25</b>
Alameda Alliance	\$17,781	(\$5,931)	(\$98,037)	(\$34,063)	(\$63,098)	(\$1,141)
CalOptima	\$79,458	\$52,680	\$587,714	\$33,183	\$91,924	\$156,430
CalViva Health	\$4,604	\$7,760	\$5,077	\$1,618	\$5,532	\$4,435
CenCal Health	\$18,146	\$10,025	\$10,455	(\$3,068)	\$58	\$9,326
Central California Alliance fr Health	\$75,890	\$59,171	35,210	(\$24,209)	(\$17,067)	\$23,602
Community Health Plan of mperial Valley	N/A	\$2,781	\$1,715	\$808	\$851	\$1,226
Contra Costa Health Plan	\$6,887	\$7,488	\$72,896	(\$2,201)	(\$27,726)	(\$21,319)
Gold Coast Health Plan	N/A	N/A	N/A	N/A	N/A	(\$34,112)
Health Plan of San Joaquin	\$7,983	\$36,458	\$71,805	\$13,943	\$25,316	(\$105,602)
Health Plan of San Mateo	\$65,280	\$20,767	\$24,339	\$20,423	(\$12,186)	\$17,012
IEHP	(\$194,827)	\$32,449	(\$8,709)	(\$210,433)	(\$155,840)	(\$10,729)
Kern Health Systems	(\$30,405)	\$5,501	\$982	(\$42,302)	(\$13,582)	\$2,612
L.A. Care Health Plan	\$255,740	\$120,131	\$133,826	\$28,546	\$88,850	\$101,238
Partnership HealthPlan	\$21,641	\$6,804	\$15,748	(\$18,615)	\$34,614	\$98,203
San Francisco Health Plan	\$18,118	\$11,743	\$18,090	\$14,456	\$637	\$16,965
Santa Clara Family Healtlan	\$15,848	\$21,232	(\$5,652)	(\$2,761)	\$7,596	\$9,754
<b>Total Local Plans Net Ince</b>	<b>\$362,144</b>	<b>\$389,059</b>	<b>\$865,458</b>	<b>(\$224,675)</b>	<b>(\$34,121)</b>	<b>\$267,899</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 Dec-23</b>	<b>QE Mar-24</b>	<b>QE Jun-24</b>	<b>QE Sep-24</b>	<b>QE Dec-24</b>	<b>QE Mar-25</b>
Alameda Alliance	724%	628%	403%	315%	204%	197%
CalOptima	1557%	1533%	1920%	1878%	1966%	2123%
CalViva Health	887%	714%	680%	651%	621%	673%
CenCal Health	889%	909%	900%	857%	781%	769%
Central California Alliance fr Health	1341%	1359%	1383%	1279%	1175%	1164%
Community Health Plan of Iperial Valley	N/A	386%	427%	445%	464%	434%
Contra Costa Health Plan	588%	549%	723%	670%	602%	536%
Gold Coast Health Plan	N/A	N/A	N/A	N/A	N/A	715%
Health Plan of San Joaquin	1283%	1259%	1405%	1414%	1430%	1142%
Health Plan of San Mateo	1404%	1408%	1420%	1455%	1416%	1351%
IEHP	672%	652%	621%	497%	411%	389%
Kern Health Systems	656%	607%	563%	472%	420%	380%
L.A. Care Health Plan	1090%	1149%	1241%	1163%	1138%	1132%
Partnership HealthPlan	703%	622%	562%	651%	613%	657%

<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.

<b>Local Plans</b>	<b>QE Dec-23</b>	<b>QE Mar-24</b>	<b>QE Jun-24</b>	<b>QE Sep-24</b>	<b>QE Dec-24</b>	<b>QE Mar-25</b>
San Francisco Health Plan	664%	685%	767%	781%	773%	810%
Santa Clara Family Health Plan	679%	704%	605%	643%	634%	648%

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 2023 and 2024. For March 2025, the reported TNE ranged from 197% to 2123% 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 \$300 million in 2023 and \$250 million in 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 2023, \$500 million in 2024, and \$200 million in first quarter of 2025 to Centene Corporation.
  - Molina is a for-profit wholly owned subsidiary of Molina Healthcare, Inc., a publicly traded company. Molina paid dividends of \$175 million in 2023, \$175 million in 2024, and \$50 million in first quarter of 2025 to Molina Healthcare, Inc.
- Kaiser Permanente serves another 1,182,000 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 increased 0.2% from December 2024 to March 2025. NMG plans served 3.5 million Medi-Cal enrollees at March 31, 2025.
- NGM plans reported a net income of \$246 million in March 2025, which was greater than the net income of \$223 million reported in December 2024.
- TNE for NGM plans ranged from 254% to 1608% of required TNE in March 2025.

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

Total enrollment for NGM plans increased by 0.4% in March 2025 compared to December 2024. The table below lists total enrollment by line of business as of March 2025 for NGM plans.

**Table 4**  
**Line of Business Enrollment in Non-Governmental Medi-Cal Plans**  
**March 2025**

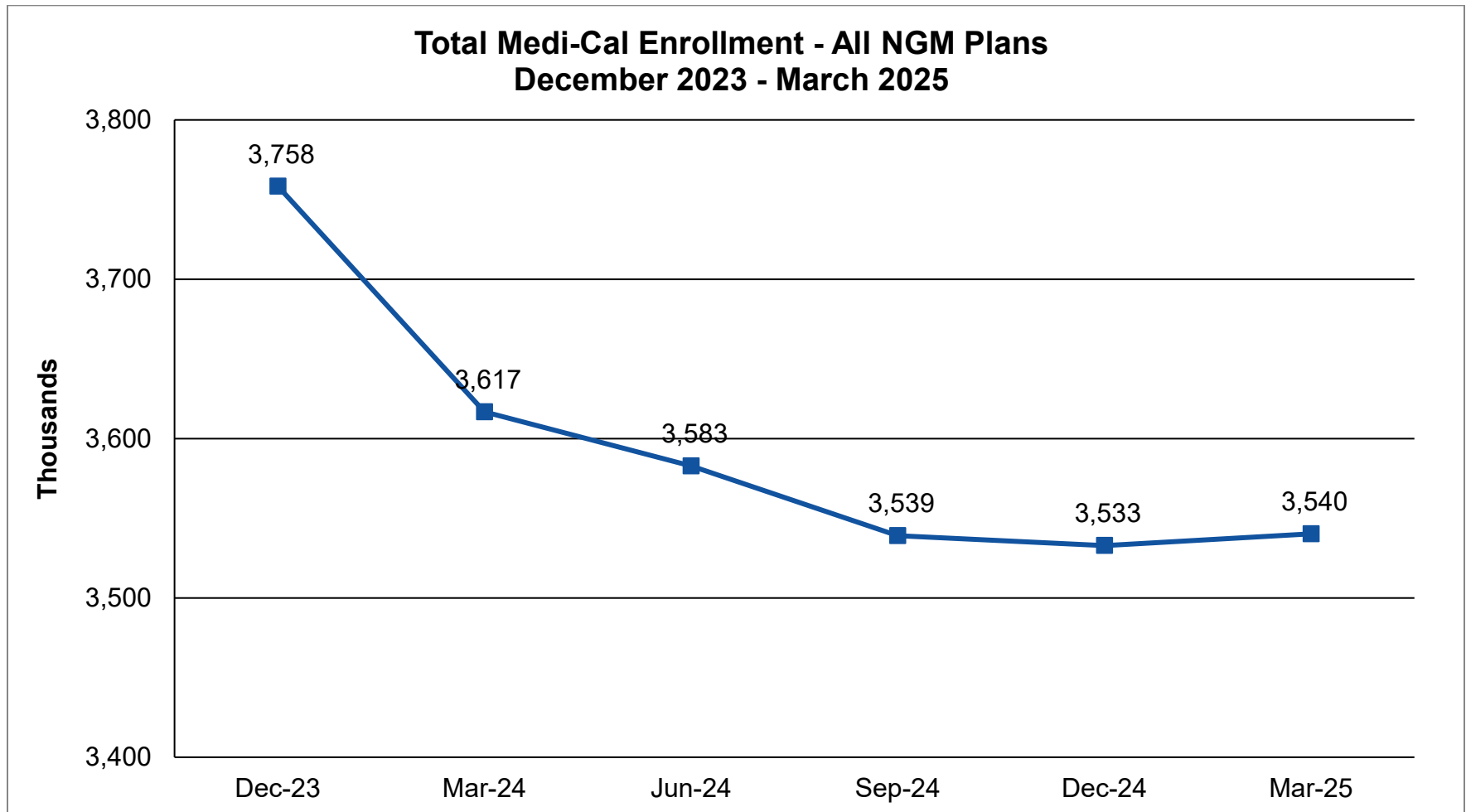
<b>Non-Governmental Medi-Cal Plans</b>	<b>Medi-Cal</b>	<b>Commercial</b>	<b>Medicare</b>	<b>Plan-to- Plan<sup>10</sup></b>	<b>thers<sup>11</sup></b>	<b>Total</b>
Blue Cross of California Partnership Plan	805,922	0	156,617	0	0	962,539
Blue Shield of California Promise Health Plan	192,103	0	0	390,160	0	582,263
CHG Foundation	381,537	0	0	0	0	381,537
Health Net Community Solutions	1,596,280	0	58,896	528,642	0	2,183,818
Molina	564,373	67,182	23,531	553,833	0	1,208,919
<b>Total Enrollment in NGMs</b>	<b>3,540,215</b>	<b>67,182</b>	<b>239,044</b>	<b>1,472,635</b>	<b>0</b>	<b>5,319,076</b>
Kaiser Permanente	1,181,788	6,732,616	1,275,405	0	271,974	9,461,783
<b>Grand Total</b>	<b>4,722,003</b>	<b>6,799,798</b>	<b>1,514,449</b>	<b>1,472,635</b>	<b>271,974</b>	<b>14,780,859</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 December 2023.

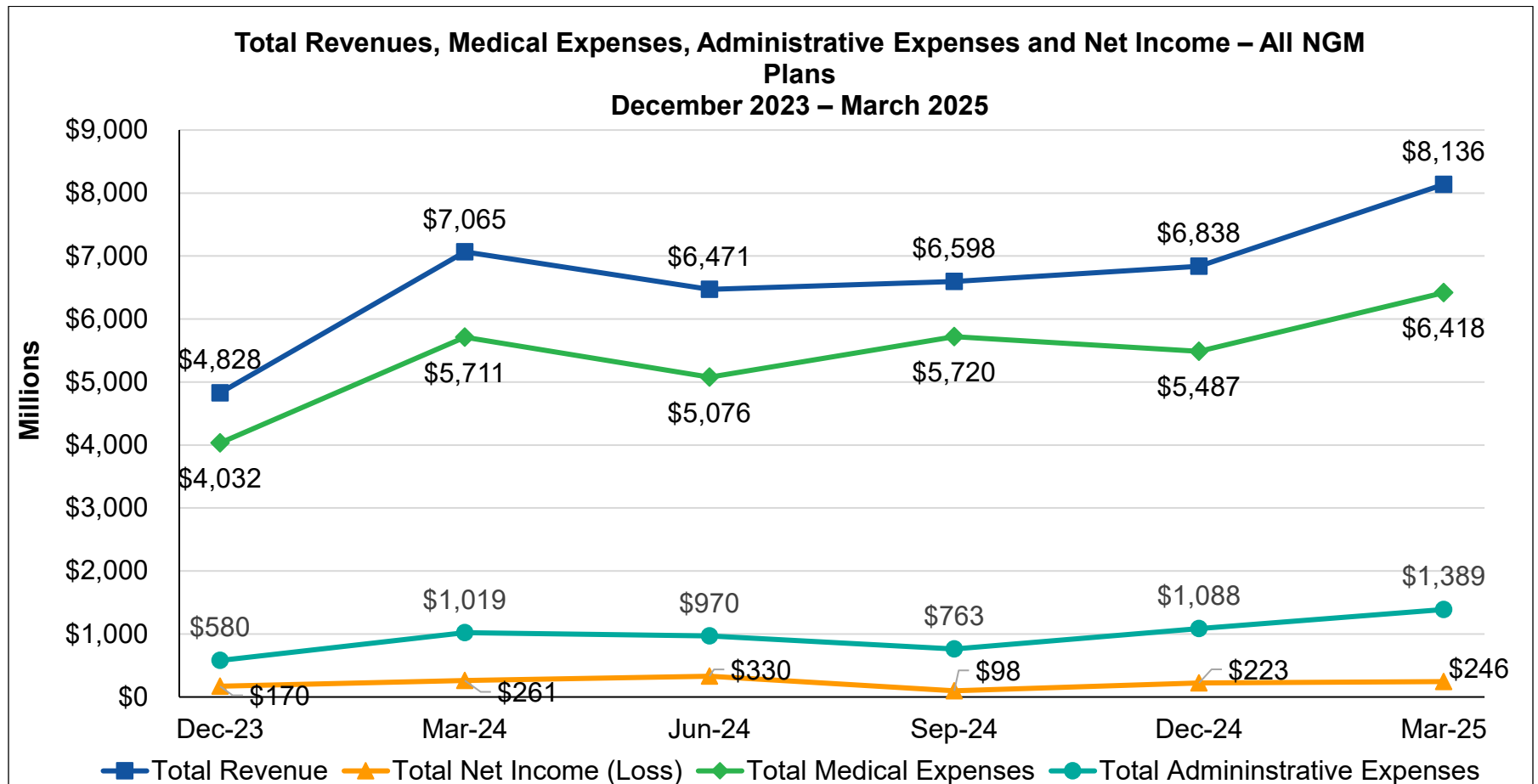
**Chart 3**



### 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, medical expenses, administrative expenses, and 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. For March 2025, all NGM plans reported a net income.

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

<b>Non-Governmental Medi-Cal Plans</b>	<b>QE Dec-23</b>	<b>QE Mar-24</b>	<b>QE Jun-24</b>	<b>QE Sep-24</b>	<b>QE Dec-24</b>	<b>QE Mar-25</b>
Blue Cross of California Partnership Plan	\$16,478	\$19,325	\$135,114	(\$19,891)	(\$19,499)	\$94,854
Blue Shield of California Promise Health Plan	\$21,659	\$25,428	\$15,865	(\$1,324)	\$41,780	\$7,893
CHG Foundation	\$33,540	\$40,806	\$64,825	\$37,098	\$63,909	\$6,052
Health Net Community Solutions	\$61,497	\$105,091	\$70,081	\$10,392	\$53,108	\$65,871
Molina	\$36,482	\$70,631	\$43,654	\$71,889	\$83,525	\$71,558
<b>Total NGM Net Income</b>	<b>\$169,656</b>	<b>\$261,281</b>	<b>\$329,539</b>	<b>\$98,164</b>	<b>\$222,824</b>	<b>\$246,228</b>

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

NGM plans' TNE to required TNE ranged from 254% to 1608% for March 2025. 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-23</b>	<b>QE Mar-24</b>	<b>QE Jun-24</b>	<b>QE Sep-24</b>	<b>QE Dec-24</b>	<b>QE Mar-25</b>
Blue Cross of California Partnership Plan	708%	445%	587%	578%	532%	572%
Blue Shield of California Promise Health Plan	1187%	975%	1185%	881%	909%	883%
CHG Foundation	1727%	1613%	1620%	1592%	1620%	1608%
Health Net Community Solutions	752%	711%	633%	605%	555%	487%
Molina	269%	289%	259%	238%	243%	254%

## **V. Conclusion**

Medi-Cal enrollment declined in the latter half of 2023 following the end of the federal continuous coverage requirement. California resumed Medi-Cal redeterminations on April 1, 2023, with the first disenrollments taking effect in July 2023. As a result, most MCMC plans experienced declines in enrollment and revenue during the second half of 2023.

Beginning January 1, 2024, most MCMC plans reported increases in Medi-Cal enrollment, driven in part by changes to DHCS contracts — particularly initiatives such as the expansion of Medi-Cal eligibility to income-eligible adults regardless of immigration status. However, for the quarters ending June 30 and September 30, 2024, most MCMC plans reported a decline in enrollment due to the continued unwinding of the continuous coverage protections, which officially ended on May 31, 2024. Enrollment increased in the fourth quarter of 2024 and continued to increase into the first quarter of 2025 for most MCMC plans.

Assembly Bill (AB) 119 authorized a Managed Care Organization (MCO) Provider Tax effective April 1, 2023, through December 31, 2026. Revenues from the MCO tax are intended to support the Medi-Cal program including but not limited to new targeted provider rate increases and other investments that improve access, quality, and equity for Medi-Cal members while encouraging provider participation. Pursuant to AB 119, DHCS implemented the first phase of Targeted Rate Increases (TRI) effective January 1, 2024, which increased reimbursement rates for certain provider types. As a result of both the TRI and the enrollment growth beginning in early 2024, MCMC plans reported increases in both revenues and expenses.

For the quarter ending March 31, 2025, most MCMC plans reported net income, supported in part by favorable retroactive adjustments to 2024 capitation rates. All MCMC plans continue to meet or exceed the minimum TNE requirement. A few MCMC plans experienced significant net losses in 2024 and experienced decline in their TNE. The DMHC is monitoring these MCMC plans closely and getting more frequent updates from them.

The DMHC continues to collaborate with DHCS to review the changes in state and federal requirements that may have a financial impact 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, 2025**

<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	407,567	197%
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	805,922	572%
Blue Shield of California Promise Health Pl	NGM Plan	San Diego	192,103	883%
CalOptima	Local Plan	Orange	888,487	2123%
CalViva Health	Local Plan	Fresno, Kings, and Madera	432,619	673%
CenCal Health	Local Plan	Santa Barbara and San Luis Obispo	242,537	769%
Central California Alliance for Health	Local Plan	Mariposa, Merced, Monterey, San Benito, Santa Cruz	445,160	1164%
CHG Foundation	NGM Plan	San Diego	381,537	1608%
Community Healthlan of Imperial Valley	Local Plan	Imperial	98,009	434%
Contra Costa Healh Plan	Local Plan	Contra Costa	263,073	536%
Gold Coast Healtlan	Local Plan	Ventura	242,371	715%
Health Net Commnity Solutions	NGM Plan	Amador, Calaveras, Inyo, Los Angeles, Mono, Sacramento, San Joaquin, Stanislaus, Tulare, Tuolumne	1,596,280	487%
Health Plan of San Joaquin	Local Plan	Alpine, El Dorado, San Joaquin, Stanislaus	412,551	1142%
Health Plan of San Mateo	Local Plan	San Mateo	148,933	1351%
IEHP	Local Plan	Riverside and San Bernardino	1,487,900	389%

<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 Permanent	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	1,181,788	2204%
Kern Health Systes	Local Plan	Kern	405,200	380%
L.A. Care Health Pan	Local Plan	Los Angeles	2,371,917	1132%
Molina	NGM Plan	Los Angeles, Riverside, Sacramento, San Bernardino, San Diego	564,373	254%
Partnership Healtlan	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	908,267	657%
San Francisco Heth Plan	Local Plan	San Francisco	179,615	810%
Santa Clara Famil Health Plan	Local Plan	Santa Clara	284,482	648%