

# Financial Summary of Medi-Cal Managed Care Health Plans Quarter Ending September 30, 2025

Prepared on December 16, 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 members. 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 members 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 2025, approximately 9.1 million Medi-Cal beneficiaries are enrolled in these plans.

In addition, five commercial health plans serve 3.4 million Medi-Cal members 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 members, 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 September 30, 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. In second quarter and third quarter of 2025, most of MCMC plans reported a decrease in enrollment.
- Majority of the MCMC plans reported net income in third quarter of 2025 due to increase in revenue and decrease in administration expenses.
- 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.
  - 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 granted a Knox-Keene license on February 7, 2025, for Medicare Advantage Dual Special Needs Plan.
- Local Plans reported combined enrollment of almost 9.4 million members as of September 2025. Approximately 9.1 million (96%) of the total enrollment were Medi-Cal beneficiaries. The remaining 4% 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 1.5% from June 2025 to September 2025.
- Local Plans reported net income of \$96 million in September 2025 compared to \$223 million in June 2025, and net income of \$268 million in March 2025.
- Local Plans' TNE ranged from 219% to 2190% 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**

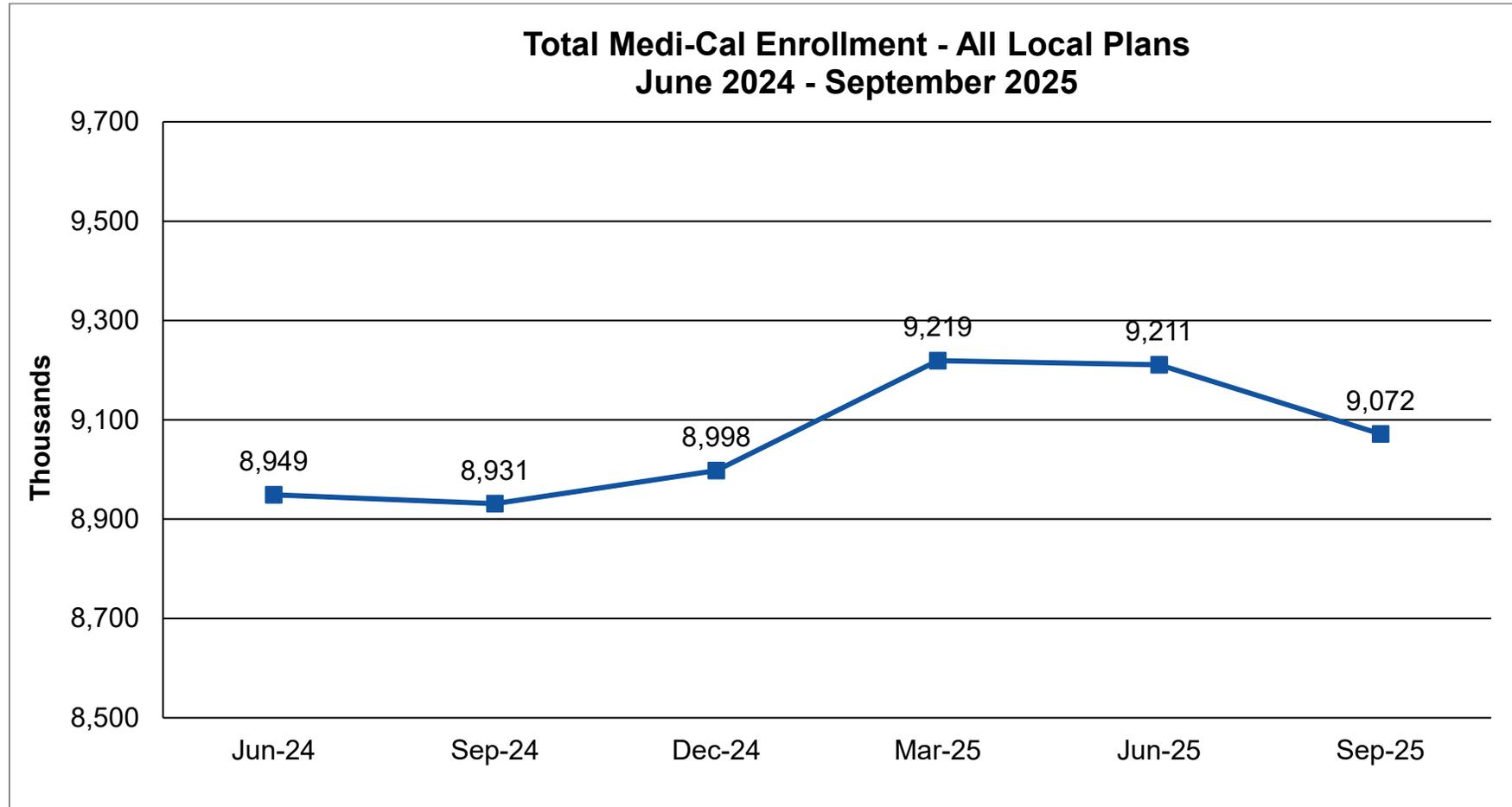
At September 30, 2025, Local Plans served 9.4 million members in 50 counties in California. Medi-Cal enrollment decreased by 1.5% from the previous quarter. The table below lists total enrollment by line of business as of September 2025 for Local Plans.

**Table 1  
Line of Business Enrollment for Local Plans  
September 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                         | 400,620          | 6,058             | 0               | 0                   | 406,678                 |
| CalOptima                                | 867,072          | 0                 | 18,242          | 0                   | 885,314                 |
| CalViva Health                           | 430,342          | 0                 | 0               | 0                   | 430,342                 |
| CenCal Health                            | 239,648          | 0                 | 0               | 0                   | 239,648                 |
| Central California Alliance for Health   | 437,665          | 727               | 0               | 0                   | 438,392                 |
| Community Health Plan of Imperial Valley | 97,492           | 0                 | 0               | 0                   | 97,492                  |
| Contra Costa Health Plan                 | 263,214          | 6,393             | 0               | 0                   | 269,607                 |
| Gold Coast Health Plan                   | 239,670          | 0                 | 0               | 0                   | 239,670                 |
| Health Plan of San Joaquin               | 393,251          | 0                 | 0               | 0                   | 393,251                 |
| Health Plan of San Mateo                 | 147,262          | 1,319             | 0               | 0                   | 148,581                 |
| IEHP                                     | 1,473,175        | 54,955            | 0               | 0                   | 1,528,130               |
| Kern Health Systems                      | 401,037          | 0                 | 0               | 0                   | 401,037                 |
| L.A. Care Health Plan                    | 2,320,808        | 226,319           | 0               | 0                   | 2,547,127               |
| Partnership HealthPlan                   | 899,540          | 0                 | 0               | 0                   | 899,540                 |
| San Francisco Health Plan                | 178,267          | 12,062            | 0               | 0                   | 190,329                 |
| Santa Clara Family Health Plan           | 282,662          | 0                 | 11,481          | 0                   | 294,143                 |
| <b>Total</b>                             | <b>9,071,725</b> | <b>307,833</b>    | <b>29,723</b>   | <b>0</b>            | <b>9,409,281</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

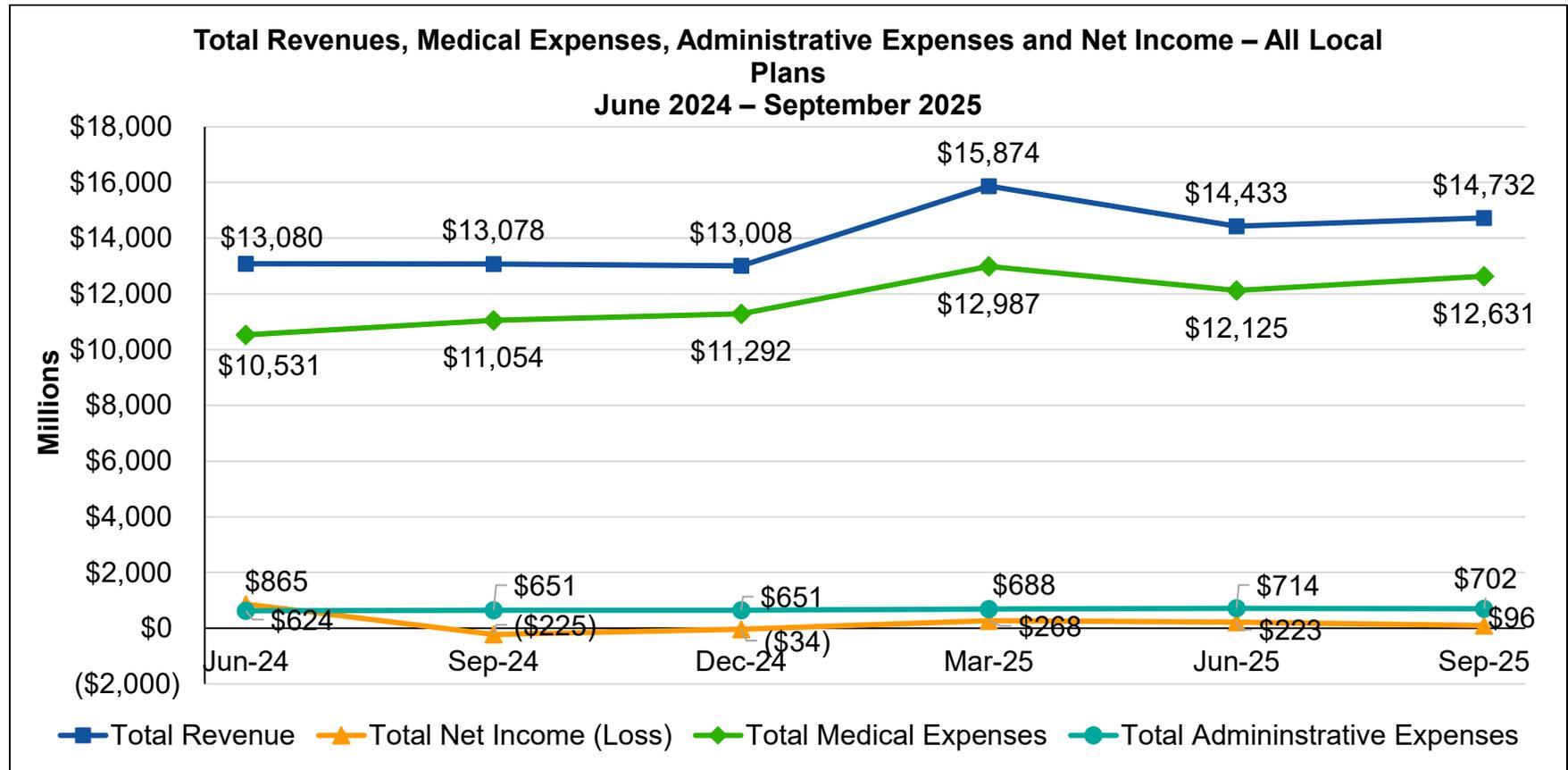


Medi-Cal enrollment in Local Plans decreased from June 2024 through September 2024. Local Plans experienced an increase in enrollment in December 2024, March 2025, and decrease in June 2025 and September 2025. Overall, the Local Plans Medi-Cal enrollment increased by almost 123,000 members from June 2024 to September 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 and medical expenses. Local Plans reported a combined net income of \$96 million for the quarter ending (QE) September 30, 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 September 30, 2025, majority of the Local Plans reported net income.

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

| Local Plans                              | QE Jun-24        | QE Sep-24          | QE Dec-24         | QE Mar-25        | QE Jun-25        | QE Sep-25       |
|--|------------------|--------------------|-------------------|------------------|------------------|-----------------|
| Alameda Alliance                         | (\$98,037)       | (\$34,063)         | (\$63,098)        | (\$1,141)        | \$12,207         | \$7,806         |
| CalOptima                                | \$587,714        | \$33,183           | \$91,924          | \$156,430        | \$41,020         | \$103,659       |
| CalViva Health                           | \$5,077          | \$1,618            | \$5,532           | \$4,435          | \$6,822          | \$4,481         |
| CenCal Health                            | \$10,455         | (\$3,068)          | \$58              | \$9,326          | \$6,005          | \$8,337         |
| Central California Alliance for Health   | \$35,210         | (\$24,209)         | (\$17,067)        | \$23,602         | (\$16,019)       | (\$16,263)      |
| Community Health Plan of Imperial Valley | \$1,715          | \$808              | \$851             | \$1,226          | \$978            | \$876           |
| Contra Costa Health Plan                 | \$72,896         | (\$2,201)          | (\$27,726)        | (\$21,319)       | \$23,131         | \$5,645         |
| Gold Coast Health Plan                   | N/A              | N/A                | N/A               | (\$34,112)       | (\$13,843)       | (\$14,331)      |
| Health Plan of San Joaquin               | \$71,805         | \$13,943           | \$25,316          | (\$105,602)      | (\$67,160)       | (\$67,839)      |
| Health Plan of San Mateo                 | \$24,339         | \$20,423           | (\$12,186)        | \$17,012         | \$15,975         | (\$18,871)      |
| IEHP                                     | (\$8,709)        | (\$210,433)        | (\$155,840)       | (\$10,729)       | \$23,626         | (\$5,988)       |
| Kern Health Systems                      | \$982            | (\$42,302)         | (\$13,582)        | \$2,612          | (\$8,572)        | (\$18,923)      |
| L.A. Care Health Plan                    | \$133,826        | \$28,546           | \$88,850          | \$101,238        | \$170,334        | \$69,807        |
| Partnership HealthPlan                   | \$15,748         | (\$18,615)         | \$34,614          | \$98,203         | (\$19,395)       | \$17,044        |
| San Francisco Health Plan                | \$18,090         | \$14,456           | \$637             | \$16,965         | \$17,031         | \$11,918        |
| Santa Clara Family Health Plan           | (\$5,652)        | (\$2,761)          | \$7,596           | \$9,754          | \$30,621         | \$8,932         |
| <b>Total Local Plans Net Income</b>      | <b>\$865,458</b> | <b>(\$224,675)</b> | <b>(\$34,121)</b> | <b>\$267,899</b> | <b>\$222,761</b> | <b>\$96,289</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<br/>Jun-24</b> | <b>QE<br/>Sep-24</b> | <b>QE<br/>Dec-24</b> | <b>QE<br/>Mar-25</b> | <b>QE<br/>Jun-25</b> | <b>QE<br/>Sep-25</b> |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Alameda Alliance                         | 403%                 | 315%                 | 204%                 | 197%                 | 210%                 | 219%                 |
| CalOptima                                | 1920%                | 1878%                | 1966%                | 2123%                | 2165%                | 2190%                |
| CalViva Health                           | 680%                 | 651%                 | 621%                 | 673%                 | 670%                 | 659%                 |
| CenCal Health                            | 900%                 | 857%                 | 781%                 | 769%                 | 763%                 | 773%                 |
| Central California Alliance for Health   | 1383%                | 1279%                | 1175%                | 1164%                | 1092%                | 1042%                |
| Community Health Plan of Imperial Valley | 427%                 | 445%                 | 464%                 | 434%                 | 466%                 | 485%                 |
| Contra Costa Health Plan                 | 723%                 | 670%                 | 602%                 | 536%                 | 535%                 | 539%                 |
| Gold Coast Health Plan                   | N/A                  | N/A                  | N/A                  | 715%                 | 694%                 | 615%                 |
| Health Plan of San Joaquin               | 1405%                | 1414%                | 1430%                | 1142%                | 936%                 | 807%                 |
| Health Plan of San Mateo                 | 1420%                | 1455%                | 1416%                | 1351%                | 1385%                | 1311%                |
| IEHP                                     | 621%                 | 497%                 | 411%                 | 389%                 | 380%                 | 371%                 |

<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<br/>Jun-24</b> | <b>QE<br/>Sep-24</b> | <b>QE<br/>Dec-24</b> | <b>QE<br/>Mar-25</b> | <b>QE<br/>Jun-25</b> | <b>QE<br/>Sep-25</b> |
|--------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Kern Health Systems            | 563%                 | 472%                 | 420%                 | 380%                 | 481%                 | 438%                 |
| L.A. Care Health Plan          | 1241%                | 1163%                | 1138%                | 1132%                | 1135%                | 1149%                |
| Partnership HealthPlan         | 562%                 | 651%                 | 613%                 | 657%                 | 624%                 | 671%                 |
| San Francisco Health Plan      | 685%                 | 767%                 | 781%                 | 773%                 | 815%                 | 815%                 |
| Santa Clara Family Health Plan | 704%                 | 605%                 | 643%                 | 634%                 | 791%                 | 846%                 |

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 2024 and first half of 2025. For September 2025, the reported TNE ranged from 219% to 2190% 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. 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, \$250 million in 2024, and \$100 million in the second quarter of 2025.
  - 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, \$200 million, \$150 million, and \$100 million in first quarter, second quarter, and third quarter of 2025 respectively 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, \$50 million in first quarter of 2025, \$80 million each in second quarter and third quarter of 2025 to Molina Healthcare, Inc.
- Kaiser Permanente serves another 1,224,000 Medi-Cal members. 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 2.3% from June 2025 to September 2025. NMG plans served 3.4 million Medi-Cal members at September 30, 2025.
- NGM plans reported a net income of \$181 million in September 2025, which was greater than the net income of \$115 million reported in June 2025.
- TNE for NGM plans ranged from 254% to 1439% of required TNE in September 2025.

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

Total enrollment for NGM plans decreased by 0.7% in September 2025 compared to June 2025. The table below lists total enrollment by line of business as of September 2025 for NGM plans.

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

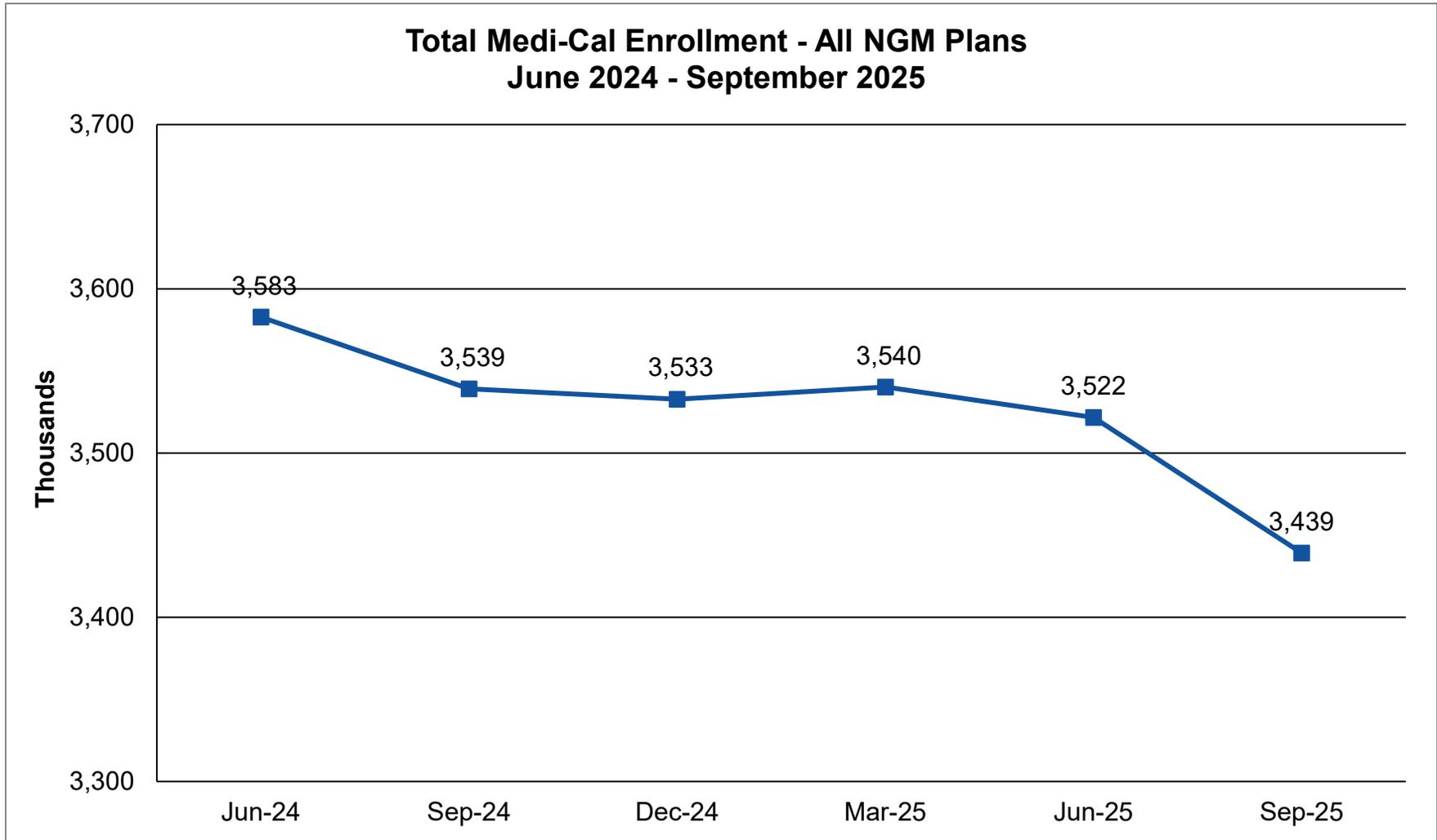
| <b>Non-Governmental<br/>Medi-Cal Plans</b>    | <b>Medi-Cal</b>  | <b>Commercial</b> | <b>Medicare</b>  | <b>Plan-to-<br/>Plan<sup>10</sup></b> | <b>Others<sup>11</sup></b> | <b>Total</b>      |
|---|------------------|-------------------|------------------|---------------------------------------|----------------------------|-------------------|
| Blue Cross of California Partnership Plan     | 791,239          | 0                 | 160,328          | 0                                     | 0                          | 962,256           |
| Blue Shield of California Promise Health Plan | 186,475          | 0                 | 0                | 375,877                               | 0                          | 576,532           |
| CHG Foundation                                | 357,561          | 0                 | 0                | 0                                     | 0                          | 372,458           |
| Health Net Community Solutions                | 1,572,707        | 0                 | 54,611           | 524,692                               | 0                          | 2,180,371         |
| Molina  | 531,115          | 69,505            | 25,206           | 554,379                               | 0                          | 1,209,517         |
| <b>Total Enrollment in NGMs</b>               | <b>3,439,097</b> | <b>69,505</b>     | <b>240,145</b>   | <b>1,454,948</b>                      | <b>0</b>                   | <b>5,203,695</b>  |
| Kaiser Permanente                             | 1,224,434        | 6,675,352         | 1,288,618        | 0                                     | 271,667                    | 9,450,578         |
| <b>Grand Total</b>                            | <b>4,663,531</b> | <b>6,744,857</b>  | <b>1,528,763</b> | <b>1,454,948</b>                      | <b>271,667</b>             | <b>14,654,273</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 except March 2025.

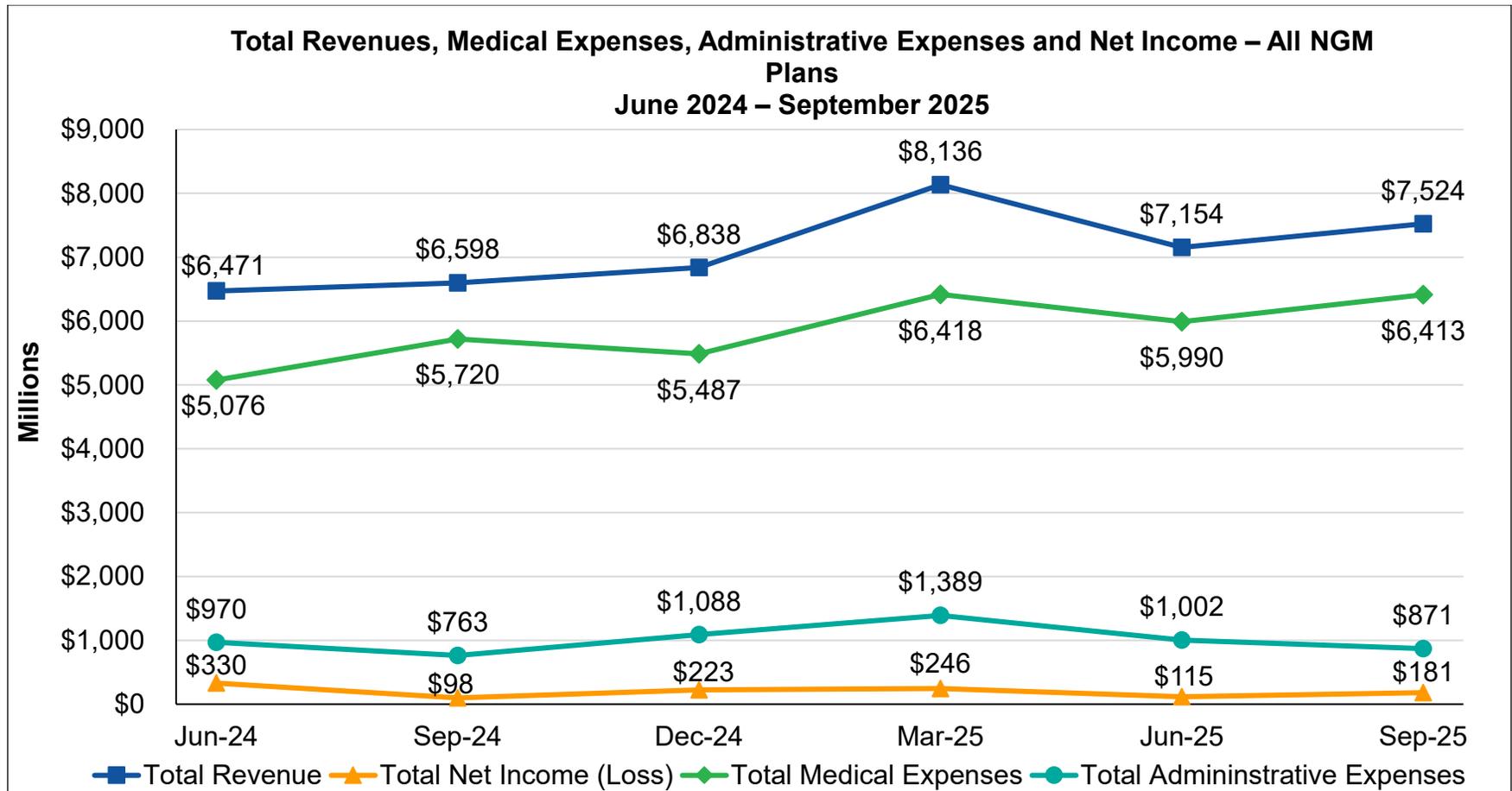
**Chart 3**



**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, 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 September 2025, all NGM plans reported a net income except CHG Foundation.

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

| <b>Non-Governmental Medi-Cal Plans</b>        | <b>QE<br/>Jun-24</b> | <b>QE<br/>Sep-24</b> | <b>QE<br/>Dec-24</b> | <b>QE<br/>Mar-25</b> | <b>QE<br/>Jun-25</b> | <b>QE<br/>Sep-25</b> |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Blue Cross of California Partnership Plan     | \$135,114            | (\$19,891)           | (\$19,499)           | \$94,854             | \$2,398              | \$25,327             |
| Blue Shield of California Promise Health Plan | \$15,865             | (\$1,324)            | \$41,780             | \$7,893              | (\$3,092)            | \$2,623              |
| CHG Foundation                                | \$64,825             | \$37,098             | \$63,909             | \$6,052              | (\$33,596)           | (\$24,777)           |
| Health Net Community Solutions                | \$70,081             | \$10,392             | \$53,108             | \$65,871             | \$77,952             | \$83,929             |
| Molina  | \$43,654             | \$71,889             | \$83,525             | \$71,558             | \$71,516             | \$94,079             |
| <b>Total NGM Net Income</b>                   | <b>\$329,539</b>     | <b>\$98,164</b>      | <b>\$222,824</b>     | <b>\$246,228</b>     | <b>\$115,177</b>     | <b>\$181,181</b>     |

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

NGM plans’ TNE to required TNE ranged from 254% to 1439% for September 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 Jun-24</b> | <b>QE Sep-24</b> | <b>QE Dec-24</b> | <b>QE Mar-25</b> | <b>QE Jun-25</b> | <b>QE Sep-25</b> |
|---|------------------|------------------|------------------|------------------|------------------|------------------|
| Blue Cross of California Partnership Plan     | 587%             | 578%             | 532%             | 572%             | 449%             | 451%             |
| Blue Shield of California Promise Health Plan | 1185%            | 881%             | 909%             | 883%             | 877%             | 907%             |
| CHG Foundation                                | 1620%            | 1592%            | 1620%            | 1608%            | 1508%            | 1439%            |
| Health Net Community Solutions                | 633%             | 605%             | 555%             | 487%             | 431%             | 424%             |
| Molina  | 259%             | 238%             | 243%             | 254%             | 246%             | 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, the first quarter of 2025, and decreased in second and third 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 September 30, 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 September 30, 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   | 400,620                    | 219%                             |
| 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 | 791,239                    | 451%                             |
| Blue Shield of California Promise Health Plan | NGM Plan                 | San Diego   | 186,475                    | 907%                             |
| CalOptima                                     | Local Plan               | Orange  | 867,072                    | 2190%                            |
| CalViva Health                                | Local Plan               | Fresno, Kings, and Madera   | 430,342                    | 659%                             |
| CenCal Health                                 | Local Plan               | Santa Barbara and San Luis Obispo   | 239,648                    | 773%                             |
| Central California Alliance for Health        | Local Plan               | Mariposa, Merced, Monterey, San Benito, Santa Cruz  | 437,665                    | 1042%                            |
| CHG Foundation                                | NGM Plan                 | San Diego   | 357,561                    | 1439%                            |
| Community Health Plan of Imperial Valley      | Local Plan               | Imperial  | 97,492                     | 485%                             |
| Contra Costa Health Plan                      | Local Plan               | Contra Costa  | 263,214                    | 539%                             |
| Gold Coast Health Plan                        | Local Plan               | Ventura   | 239,670                    | 615%                             |
| Health Net Community Solutions                | NGM Plan                 | Amador, Calaveras, Inyo, Los Angeles, Mono, Sacramento, San Joaquin, Stanislaus, Tulare, Tuolumne                               | 1,572,707                  | 424%                             |
| Health Plan of San Joaquin                    | Local Plan               | Alpine, El Dorado, San Joaquin, Stanislaus  | 393,251                    | 807%                             |
| Health Plan of San Mateo                      | Local Plan               | San Mateo   | 147,262                    | 1311%                            |
| IEHP  | Local Plan               | Riverside and San Bernardino  | 1,473,175                  | 371%                             |

| <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 | 1,224,434                  | 2277%                            |
| Kern Health Systems            | Local Plan               | Kern   | 401,037                    | 438%                             |
| L.A. Care Health Plan          | Local Plan               | Los Angeles  | 2,320,808                  | 1149%                            |
| Molina                         | NGM Plan                 | Los Angeles, Riverside, Sacramento, San Bernardino, San Diego  | 531,115                    | 254%                             |
| 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  | 899,540                    | 671%                             |
| San Francisco Health Plan      | Local Plan               | San Francisco  | 178,267                    | 815%                             |
| Santa Clara Family Health Plan | Local Plan               | Santa Clara  | 282,662                    | 846%                             |