

Mission: To serve member health with excellence and dignity, respecting the value and needs of each person.

Membership Data* (as of August 31, 2024)

Total CalOptima Health Membership	Program	Members
	Medi-Cal	898,135
	OneCare (HMO D-SNP)	17,307
	Program of All-Inclusive Care for the Elderly (PACE)	508

915,950

*Based on unaudited financial report and includes prior period adjustment

Operating Budget (for two months ending August 31, 2024)

	YTD Actual	YTD Budget	Difference
Revenues	\$730,385,548	\$713,523,687	\$16,861,861
Medical Expenses	\$737,054,238	\$712,050,583	(\$25,003,655)
Administrative Expenses	\$38,020,838	\$48,328,906	\$10,308,068
Operating Margin	(\$44,689,528)	(\$46,855,802)	\$2,166,274
Medical Loss Ratio (MLR)	100.9%	99.8 %	1.1%
Administrative Loss Ratio (ALR)	5.2%	6.8%	1.6%

Notes:

- Totals may not add due to rounding
- Adjusted MLR is 96.1% excluding estimated provider rate increases funded by reserves

Reserve Summary (as of August 31, 2024)

	Amount (in millions)
Board Designated Reserves	\$1,027.5*
Statutory Designated Reserves	\$135.2
Capital Assets (Net of depreciation)	\$104.1
Resources Committed by the Board	\$495.3
Board Approved Provider Rate Increases	\$491.1
Resources Unallocated/Unassigned	\$195.0*
Total Net Assets	\$2,448.3

*Total of Board-designated reserves and unallocated resources can support approximately 114 days of CalOptima Health's current operations.

**Total Annual
Budgeted Revenue**

\$4 Billion

NOTE: CalOptima Health receives its funding from state and federal revenues only. CalOptima Health does not receive any of its funding from the County of Orange.

CalOptima Health Fast Facts

October 2024

Personnel Summary (as of September 21, 2024, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,317.3	73.35	49.69%	50.31%	5.27%
Supervisor	81	3	66.67%	33.33%	3.57%
Manager	114	6	33.33%	66.67%	5%
Director	68.75	2	50%	50%	2.83%
Executive	20	2	0%	100%	9.09%
Total FTE Count	1,601.1	86.4	47.89%	52.11%	5.12%

FTE count based on position control reconciliation and includes both medical and administrative positions.

Provider Network Data (as of August 31, 2024)

	Number of Providers
Primary Care Providers	1,297
Specialists	6,770
Pharmacies	529
Acute and Rehab Hospitals	40
Community Health Centers	52
Long-Term Care Facilities	104

Treatment Authorizations (as of July 31, 2024)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	35.32 hours
Prior Authorization – Urgent	72 hours	21.46 hours
Prior Authorization – Routine	5 days	2.28 days

Average turnaround time for routine and urgent authorization requests for CalOptima Health Community Network.

Member Demographics (as of August 31, 2024)

Member Age		Language Preference		Medi-Cal Aid Category	
0 to 5	8%	English	54%	Temporary Assistance for Needy Families	38%
6 to 18	23%	Spanish	31%	Expansion	38%
19 to 44	36%	Vietnamese	9%	Optional Targeted Low-Income Children	7%
45 to 64	20%	Other	2%	Seniors	11%
65 +	13%	Korean	2%	People With Disabilities	5%
		Farsi	1%	Long-Term Care	<1%
		Chinese	<1%	Other	<1%
		Arabic	<1%		