California Pan-Ethnic
HEALTH NETWORK

SAN DIEGO COUNTY

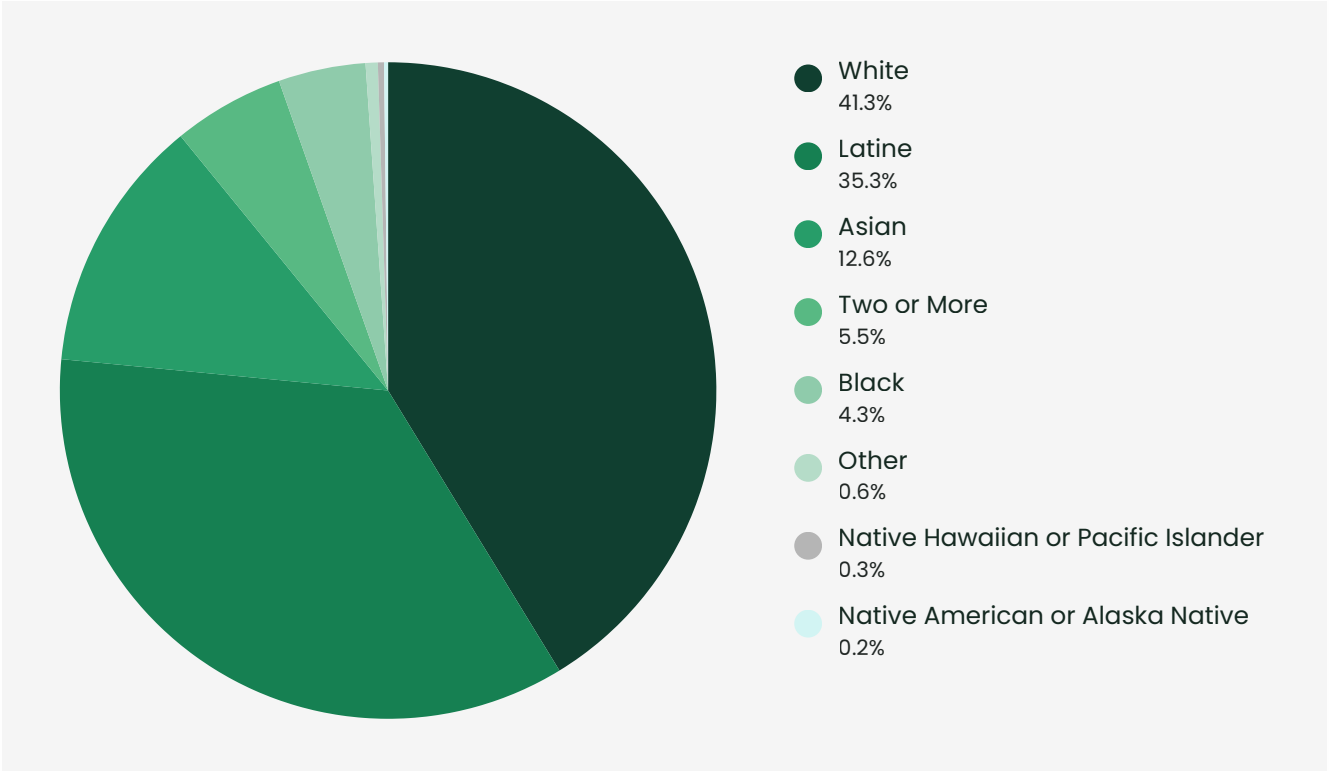
# Health Care Access, Affordability, and Equity: San Diego Landscape



# Overview of San Diego Health Care Market

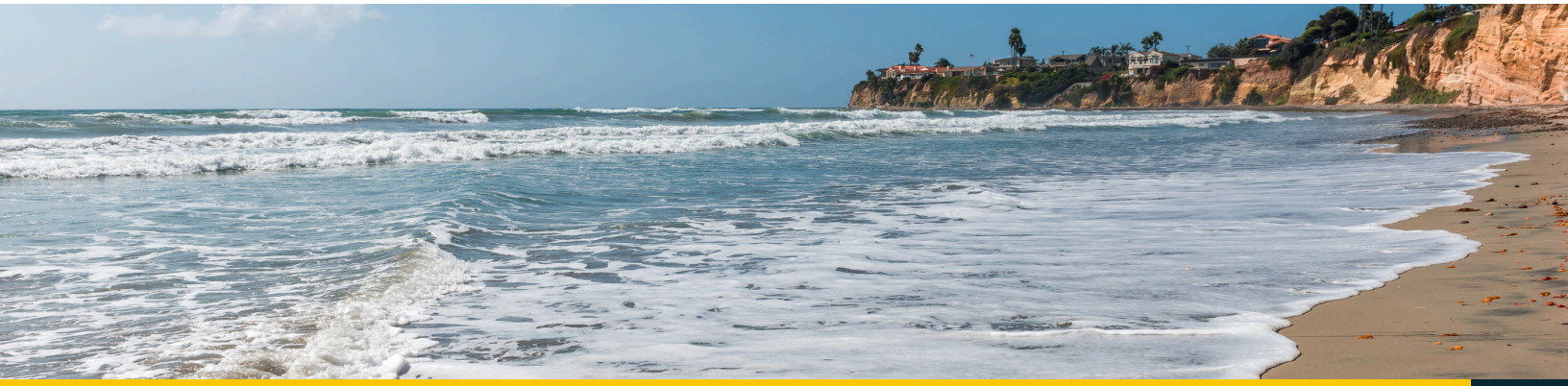
San Diego County has a diverse population of slightly less with 3.5 million people, with 41% White, 35% Latine, and 13% Asian residents. San Diego's health care marketplace is fairly consolidated, with a large presence of integrated health care systems that include multiple hospitals and physician groups, and a health plan in the case of Scripps and Kaiser. The region is struggling with a significant shortage of behavioral health providers, and Latine providers are very underrepresented in key provider positions including physicians, psychologists, and registered nurses (RNs).

**Figure 1: San Diego County by Race and Ethnicity, 2024**




***Source:*** *2024 American Community Survey (ACS) 1-year estimates*

*Note: This report uses the term "Latine" when referring to Hispanic or Latino individuals.*



While the majority of San Diego residents (59%) have commercial insurance, about one in three (32%) have Medi-Cal coverage. Eighteen percent have Medicare coverage, and 5.9% are uninsured.

Nearly 9 in 10 (87%) San Diego residents say they have a usual source of care; however, fewer residents with Medi-Cal coverage (77%) have a usual source of care compared to residents with employment-based insurance (90%) and those with Medicare coverage (96%) [1]. Thirteen percent say their health is fair or poor compared to 17% of residents statewide.

**Table 1: Health Indicators Among Adults Age 18 and Older, San Diego County, 2024**

| Health Indicator | San Diego | Statewide |
|---|---|---|
| Percent of adults reporting fair or poor health | 13.0% | 17.2% |
| Percent of adults reporting ever being diagnosed with asthma | 16.7% | 16.6% |
| Percent of adults reporting ever being diagnosed with diabetes | 8.1% | 12.4% |
| Percent of adults reporting ever being diagnosed with high blood pressure | 25.8% | 26.2% |

***Source:*** *2024 California Health Interview Survey*

From 2022 to 2024, 8.4% of San Diego adults said they had problems paying their own or their household medical bills in the past year, compared to 10.3% of California adults overall. Among these, 34% say they were unable to afford basic necessities due to medical debt [2]. In 2025, 31% of San Diego area[i] residents report having any medical debt, lower than California residents overall (40%) [3]. Despite these challenges, there are several key opportunities for advocates and community leaders to strengthen access to affordable health care and advance health equity.

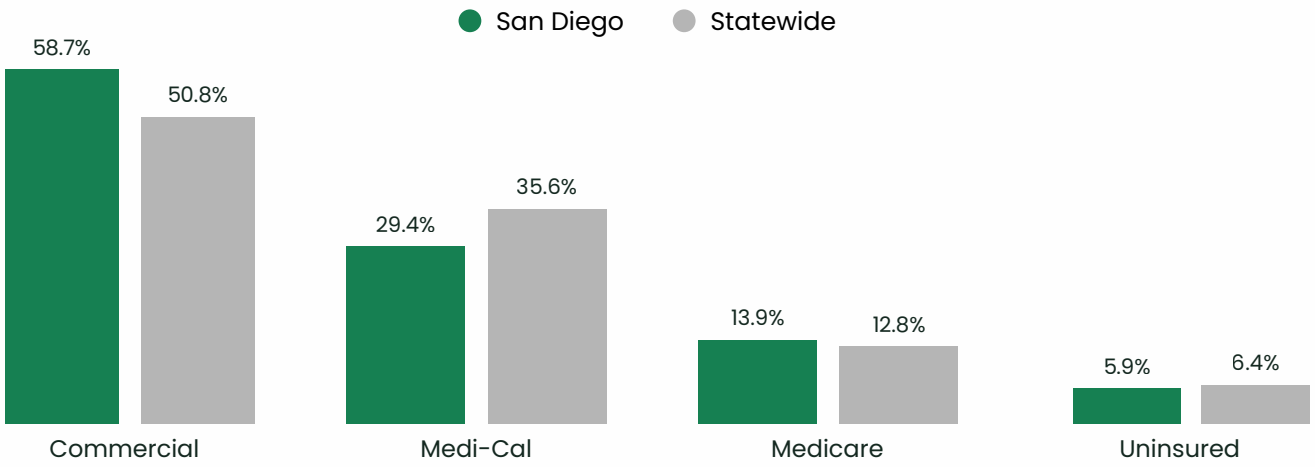
[i] Includes San Diego and Imperial counties.



# Health Insurance Coverage in San Diego County

**Compared to California overall, more San Diego residents have commercial insurance and fewer have Medi-Cal coverage or are uninsured.**

**Figure 2: Source of Health Insurance Coverage in San Diego County, 2023**



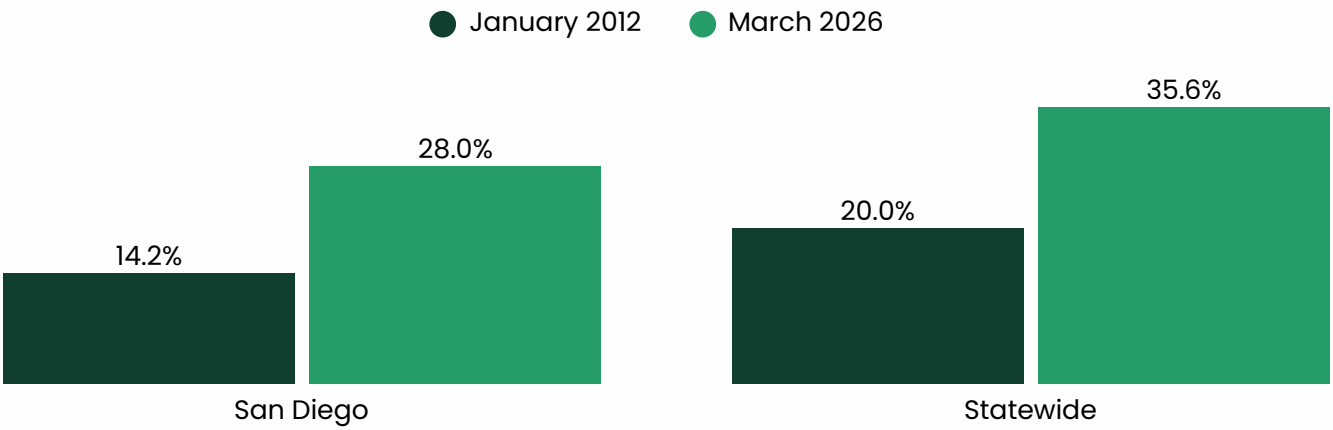

***Source:*** *California Health Care Foundation Regional Market Report 2026: San Diego and Imperial Counties*



# Medi-Cal Coverage

From 2012 to 2026, Medi-Cal enrollment in San Diego County doubled, increasing from 14% to 28%. San Diego County had lower Medi-Cal enrollment than the state in both years.

**Figure 3: Medi-Cal Enrollment, San Diego County, 2012 and 2026**




***Source:*** *CHCF Medi-Cal Enrollment Tracking Tool*

*Note: County totals were calculated using ACS 5-Year population estimates for 2008-2012 and 2020-2024.*

Nearly all the region's Medi-Cal enrollees (94%) are enrolled in a managed care plan (MCP), the same as California overall. **San Diego is one of two geographic managed care counties in Medi-Cal. GMC has repeatedly been shown to cause confusion, weaken networks, and worsen health outcomes** [4]**.**

Currently four Medi-Cal managed care plans operate in San Diego County: Community Health Group Partnership Plan, Molina Healthcare of California, Blue Shield of California Promise Health Plan, and Kaiser Permanente [5]. Kaiser Permanente was added through its direct contract with the state, and its membership is limited primarily to Medi-Cal members who were previously enrolled or have a family member who is enrolled in a Kaiser commercial plan [6]. Other plans receive enrollment through member selection and auto-enrollment.

San Diego's largest Medi-Cal managed care plan, Community Health Group Partnership Plan, had a negative 4.5% net profit margin in 2025; however, the plan had positive margins of between 10% and 18% in the prior three years. Blue Shield of California Promise Health Plan also had a slightly negative margin in 2025 but was profitable for each of the prior three years. Molina Healthcare, the county's second largest Medi-Cal plan, posted a positive 4.1% margin in 2025.

**Table 2: Medi-Cal Managed Care Plans, San Diego County, 2025**

| Managed Care Plan | Number of Medi-Cal Enrollees | Share of Region's Medi-Cal Enrollment | Net Profit (Loss) in Dollars | Net Profit Margin (%) |
|---|---|---|---|---|
| Blue Shield of California Promise Health Plan | 188,592 | 20.2% | -$12,683,604 | -0.5% |
| Community Health Group Partnership Plan | 385,840 | 41.4% | -$76,844,230 | -4.5% |
| Kaiser Permanente | 72,647 | 7.8% | $9,325,472,000 | 6.9% |
| Molina Healthcare of California | 285,545 | 30.6% | $210,532,231 | 4.1% |

***Sources:*** *California Department of Health Care Services (DHCS) Medi-Cal Certified Eligibles Data by Month; California Department of Managed Health Care (DMHC) Health Plan Dashboard*

*Note: Medi-Cal Managed Care Plan enrollment figures are based on January 2025 eligibility data. Net profit margin and net profit (loss) are based on revenues and costs for the plan's whole business, which may include other counties and commercial, government (e.g., Medi-Cal, Medicare), and other types of business. The majority of Kaiser's enrollment comes from their commercial plans.*

In order to satisfy state legal requirements (California Welfare and Institutions Code Section 14089.05), San Diego created Healthy San Diego and its associated Consumer and Professional Advisory Committee. This Committee has no formal governance or regulatory role, unlike Sacramento's County Health Authority Commission.

The California Department of Health Care Services (DHCS) requires all Medi-Cal managed care plans to contribute a minimum percentage of their annual net revenue to qualifying community reinvestment activities each year [7]. MCPs that fail to meet certain quality standards are required to make additional investments. Community reinvestment activities should meet identified community needs and must be non-clinical activities such as programs that address the social determinants of health.



**Table 3: 2026 Medi-Cal Managed Care Plan Community Reinvestment Obligations, San Diego County**

| Plan Name | Base Obligation | Quality Obligation | Total Obligation |
|---|---|---|---|
| Blue Shield of California Promise Health Plan | $978,819 | $0 | $978,819 |
| Community Health Group Partnership Plan | $13,298,506 | $0 | $13,298,506 |
| Molina Healthcare of California | $2,431,129 | $0 | $2,431,129 |
| **County Total** | **$16,708,454** | **$0** | **$16,708,454** |

***Source:*** *Community Reinvestment Obligations: Managed Care Plan & Qualifying Subcontractor Preliminary Obligations, DHCS*



## Medicare

In 2024, 592,200 San Diego residents had Medicare coverage. The percent of residents with Medicare increased from 15.8% in 2019 to 18% in 2024. More than half (54%) used Medicare Advantage plans, which bundle hospital services, physician services, and often prescription drugs into one health plan sold by private insurance companies, slightly more than California overall (51%). The remainder use Original Medicare [8].



# Commercial Insurance

While county level data is not available, California's largest health plans are Kaiser Permanente, Blue Shield, and Anthem, which together account for about 77% of commercial health enrollees in the state. In 2025, the latest year for which data is available, six of the seven largest health plans had positive profit margins, while Health Net had a negative margin. Kaiser Permanente posted a net profit of $9.3 billion in 2025.

In addition to six of the largest health plans, several other plans serve the county, including MediExcel, Molina Healthcare of California, Scripps Health Plan, Sharp Health Plan, Sistemas Medicos Nacionales, and UnitedHealthcare.

**Table 4: Top 7 Commercial Insurers in California, 2025**

| Health Plan | Number of Commercial Enrollees | Share of California's Commercial Enrollees (%) | Net Profit (Loss) in Dollars | Net Profit Margin (%) |
|---|---|---|---|---|
| Kaiser Permanente | 6,653,930 | 48.5% | $9,325,472,000 | 6.9% |
| Blue Shield of California | 1,964,613 | 14.3% | $234,973,000 | 0.9% |
| Elevance (Anthem Blue Cross) | 1,924,050 | 14.0% | $426,274,000 | 2.2% |
| UnitedHealthcare of California | 829,462 | 6.0% | $106,488,000 | 1.5% |
| Centene (Health Net of California, Inc.) | 530,883 | 3.9% | -$100,688,270 | -1.8% |
| CVS (Aetna Health of California, Inc.) | 426,484 | 3.1% | $41,041,917 | 2.4% |
| Cigna HealthCare of California, Inc. | 295,781 | 2.2% | $46,019,893 | 5.4% |

***Source:*** *DMHC Health Plan Dashboard; CDI Health Insurance Covered Lives Report*

*Note: Number of commercial enrollees and share of California's commercial enrollees calculated based on combined data from the California Department of Managed Health Care (DMHC) and the California Department of Insurance (CDI). Net profit margin and net profit (loss) are based on revenues and costs for commercial, government (e.g., Medi-Cal, Medicare), and other types of business, and only pertain to DMHC-regulated plans, which represent 95% of commercial enrollment in California.*

### Table 5: Commercial Insurers Serving San Diego County, 2026

| Health Plan | |
|---|---|
| Blue Cross of California (Anthem Blue Cross) | Molina Healthcare of California |
| Blue Shield of California (California Physicians' Service) | Scripps Health Plan Services, Inc. |
| Cigna HealthCare of California, Inc. | Sharp Health Plan |
| Centene (Health Net of California, Inc.) | Sistemas Medicos Nacionales, S.A. de C.V. (SIMNSA Health Plan) |
| Kaiser Permanente | UnitedHealthcare of California |
| MediExcel, S.A. de C.V. | UnitedHealthcare Benefits Plan of California |

***Source:*** *DMHC Health Plan Dashboard*

*Note: Only plans regulated by DMHC are represented in this table.*



# Covered California

In 2026, 136,440 San Diego residents were enrolled in Covered California health plans. More than 8 in 10 Covered California enrollees in the San Diego County (85%) receive a premium subsidy, slightly lower than enrollees statewide (89%) [9]. The average monthly premium for San Diego enrollees who receive a subsidy is $194, which is 27% higher than California overall ($153). Residents who do not receive subsidies pay on average $667 monthly, slightly lower than the statewide average of $704.

**Table 6: Covered California Enrollment and Average Monthly Premiums, San Diego County, 2026**

| Geography | Number of Enrollees | Members Receiving Subsidies: Average Monthly Premium per Member | Unsubsidized Members: Average Monthly Premium per Member |
|---|---|---|---|
| San Diego County | 136,440 | $194 | $667 |
| Statewide | 1,785,900 | $153 | $704 |

***Source:*** *Covered California Active Member Profile, March 2026*

In 2026, Sharp Health Plan and Kaiser Permanente had the largest Covered California enrollment in San Diego, representing 52% of the County's enrollees.



**Table 7: Covered California Plans Operating in San Diego County, 2026**

| Plan | Number of Enrollees | Percent of Enrollees |
|---|---|---|
| Anthem Blue Cross of California | 7,200 | 5.3% |
| Blue Shield of California | 22,800 | 16.7% |
| Health Net | 9,780 | 7.2% |
| Inland Empire Health Plan | 20 | 0.0% |
| Kaiser Permanente | 34,010 | 24.9% |
| L.A. Care Health Plan | 80 | 0.1% |
| Molina Healthcare | 25,130 | 18.4% |
| Sharp Health Plan | 37,410 | 27.4% |
| **Total** | **136,440** | **100.0%** |

***Source:*** *Covered California Active Member Profile, March 2026*

*Note: Only plans with more than 10 enrollees in a county are shown.*

Statewide quality data for the Covered California plans offered in the San Diego County reveals that only a minority of children and adolescents are receiving annual well-care visits in most plans (ranging from 17% to 58%). In addition, more than 1 in 10 Covered California enrollees in all plans have received no care (ranging from 11% to 34%). See Appendix for data.



# Medically Indigent Adult Program

California's Medically Indigent Adult (MIA) programs are not considered health insurance but can help low-income uninsured adults pay for health services. Twenty-three counties operate independent programs with county level discretion determining eligibility, benefits, enrollment period, and cost. Thirty-five counties are centrally administered under the County Medical Services Program (CMSP) with uniform offerings in all participating counties. MIA programs generally do not provide care outside of their specified county, with some exceptions for emergency care.

- San Diego County operates an independent program called **County Medical Services (CMS).**

**Table 8: Medically Indigent Adult Program, San Diego County**

| Program Name | Program Type | Covered Benefits | Eligibilty | Cost |
|---|---|---|---|---|
| County Medical Services (CMS) | County Specific | Primary care for serious health conditions, emergency services, hospitalization, dental care, and select prescriptions. | **Duration:** 6-12 months<br>**Age:** 21-64<br>**Income:** ≤165% FPL<br>**Citizenship Status:** US citizen or eligible non-citizen | ≤165% FPL no cost; Possible share of cost above that under the CMS Hardship program* |

**The CMS Hardship program is an additional county offering that helps expand program eligibility to those with incomes >165% FPL.*

MIA programs are one way counties comply with their legal obligation under California Welfare and Institutions Code 17000 (cir.1933) naming them the "providers of last resort" for county residents with no other sources of care. Recent health policy changes have renewed interest in these programs as a possible resource for people who are no longer eligible for Medi-Cal, and some counties, like San Diego, are exploring ways to reform them. The California State Budget did not include any additional funding for MIA programs in 2026-2027, so programs across the state are navigating how they will respond to the increasing volume of uninsured residents with health care needs.

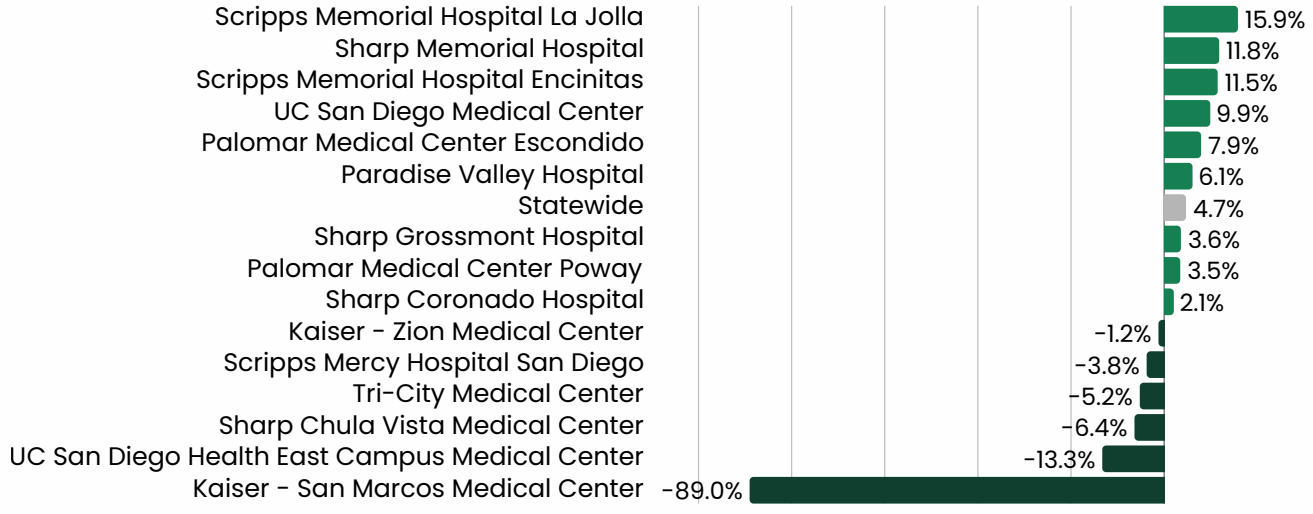
**San Diego advocates are currently leading a campaign to reform the County Medical Services (CMS) program.** Advocacy efforts are working to remove barriers to application, expand eligibility to county residents regardless of immigration status, and expand covered benefits to better serve the needs of the community.

# Hospitals

San Diego County has 10 nonprofit hospitals, 3 public district hospitals, 2 UC San Diego hospitals, 1 for-profit hospital, and no county-operated hospitals. **San Diego has a moderately consolidated hospital market: 8 of the county's 16 hospitals and 53% of the county's beds are owned by the top two systems - Sharp HealthCare and Scripps Health.** UCSD, Kaiser Permanente, and Palomar Health each have 2 hospitals in the county. The most recent consolidation event was UCSD's purchase of Alvarado Hospital from Prime Healthcare in 2023 (which was renamed UCSD East Campus). Prior consolidation events, such as the consolidation of Scripps Chula Vista under Scripps San Diego, have led to concerns about labor and delivery closures and reduction in emergency services. The county has a similar number of hospital beds per 100,000 population as California overall, with 195 available beds in San Diego compared to 198 beds statewide.

**San Diego hospitals are, on the whole, more profitable than hospitals statewide, with a 3-year average net income margin of 6.0% compared to 4.7% statewide across 2021-2023** [10]**.** Over a three-year period, the most profitable hospitals in San Diego were Scripps Memorial La Jolla, Sharp Memorial, Scripps Memorial Encinitas, UC San Diego Medical Center, and Palomar Medical Center Escondido. Medi-Cal's share of net patient revenue varies widely among San Diego hospitals, from 4% at Kaiser – San Marcos Medical Center to 57% at Paradise Valley Hospital. The median hospital receives 25% of its net patient revenue from Medi-Cal.

**Figure 4: Net Income Margin by Hospital, San Diego County, 2021 to 2023 (Average)**



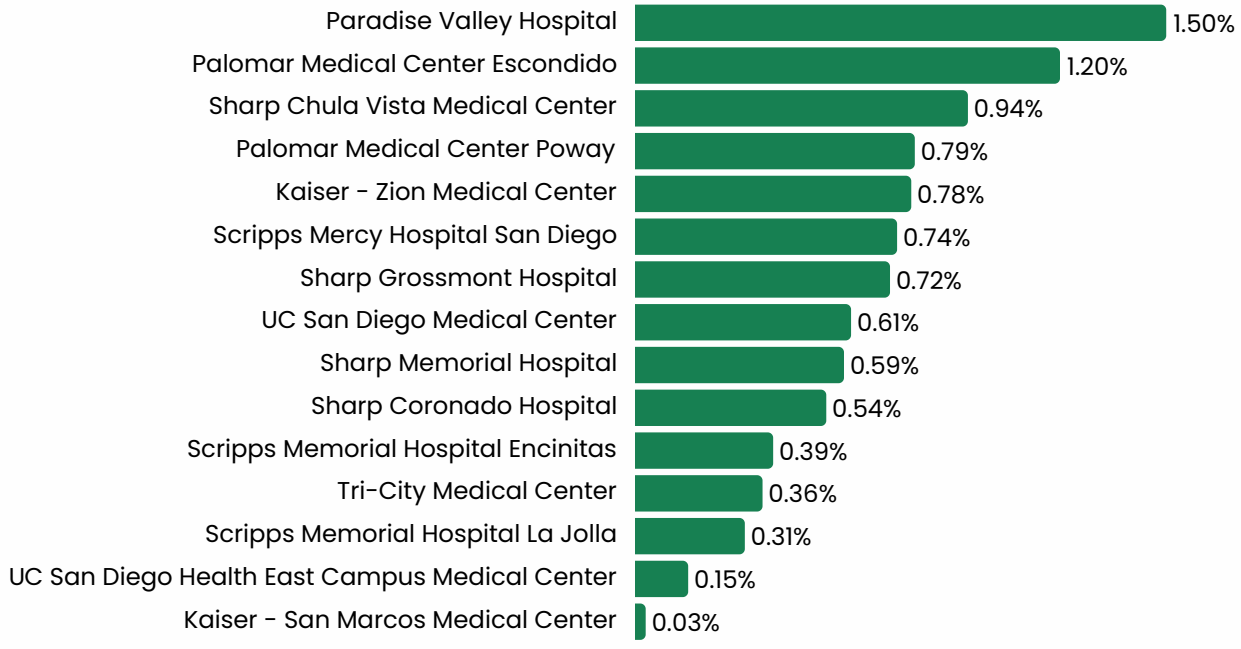

***Source:*** *HCAI Hospital Annual Financial Data: Selected Data, 2021-2023 CY*
*Note: The data includes hospitals HCAI classifies as general acute care facilities; excludes specialty, psychiatric, children, long-term care, and rehabilitation hospitals. Scripps Green Hospital and Kindred Hospital San Diego are not included in this figure or the countywide and statewide averages due to lack of available data. Kaiser San Marcos Medical Center reflects data from 2023 only. Net income margin is net income divided by the sum of net patient revenue, other operating revenue, and nonoperating revenue.*

San Diego's 9 nonprofit hospitals (excluding Scripps Green hospital) avoided a total of $43 million in property taxes annually and received $212.6 million in total tax exemptions (including federal income, state income, federal unemployment, property, value of tax-exempt donations and bonds) in 2023.[i] **Five of San Diego's 9 nonprofit hospitals spend less on financial assistance, community health programs, subsidized health services, and community group grants combined than they gain in total tax exemptions.**

**San Diego hospitals spend a total of $78 million on average on financial assistance annually, while San Diegans struggling to pay their medical bills carry $769 million in medical debt.** Financial assistance and debt collection practices vary across the region's hospitals and health care systems.

- The amount of financial assistance provided to patients as a share of total expenses ranged from a low of 0.03% at Kaiser San Marcos Medical Centre to a high of 1.5% at Paradise Valley Hospital. The median financial assistance provided was 0.61%.
- Scripps Mercy Hospital takes the extraordinary collection steps of selling patient debt and reporting unpaid medical bills to collection agencies.
- Kaiser Permanente Zion Medical Center and Palomar Medical Center allow legal actions, including lawsuits and wage garnishments.

**Figure 5: Financial Assistance Provided to Patients as a Share of Total Expenses by Hospital, San Diego County, 2021 to 2023 (average)**




***Source:*** *Data provided by The Lown Institute Hospitals Index for Social Responsibility sourced from IRS Form 990 or CMS hospital cost reports*
*Note: Kindred Hospital San Diego and Scripps Green Hospital are not included in this data.*

[ii] Data provided by the Lown Institute Hospitals Index for Social Responsibility. Real estate assessed value sourced from Parcel Quest, includes all tax-exempt real estate owned by hospital or system in the county. Only available for private nonprofits. Property taxes avoided includes real property and equipment. Only available for private nonprofits.

# Medical Groups, Integrated Health Care Systems, and FQHCs

San Diego has 92 FQHCs owned by three main systems: San Ysidro Health, Family Health Centers of San Diego, and Neighborhood Healthcare. The FQHCs in San Diego serve nearly 1 million patients, or 0.3 patients per capita, slightly more than FQHCs statewide that serve 0.21 patients per capita. These clinics predominantly serve Medi-Cal members, and 72% of their patients have an income under the federal poverty level (FPL). The share of patients receiving free care is only 0.7% versus 1.8% statewide. San Diego's FQHCs are significantly more financially stable than FQHCs statewide with an average operating margin of 7% compared to 1.2% statewide [11].

**San Diego has multiple, competing, large medical groups; most are owned by hospital systems including some that are part of fully integrated systems that include a health plan (Sharp and Kaiser).** The other large medical groups are Graybill Medical Group and Integrated Health Partners.

**Table 9: Vertically Integrated Health Systems in San Diego County**

| Hospital(s) | Medical Group(s) | Health Plan |
|---|---|---|
| • Sharp Memorial Hospital<br>• Sharp Grossmont Hospital<br>• Sharp Chula Vista Medical Center<br>• Sharp Coronado Hospital | Sharp Rees-Stealy Medical Group | Sharp Health Plan |
| • Scripps Mercy Hospital San Diego<br>• Scripps Memorial Hospital La Jolla<br>• Scripps Memorial Hospital Encinitas<br>• Scripps Green Hospital | Scripps Clinic, Scripps Coastal | None |
| • UC San Diego Medical Center<br>• UC San Diego East Campus Medical Center | USCD Physician Group | None |
| • Kaiser - Zion Medical Center<br>• Kaiser - San Marcos Medical Center | Kaiser Permanente Medical Group | Kaiser Health Plan |
| • Palomar Medical Center Escondido<br>• Palomar Medical Center Poway | Arch Medical Group | None |

***Source:*** *Information sourced from each health system's websites. Scripps, Sharp Healthcare, Palomar Health Medical Group*

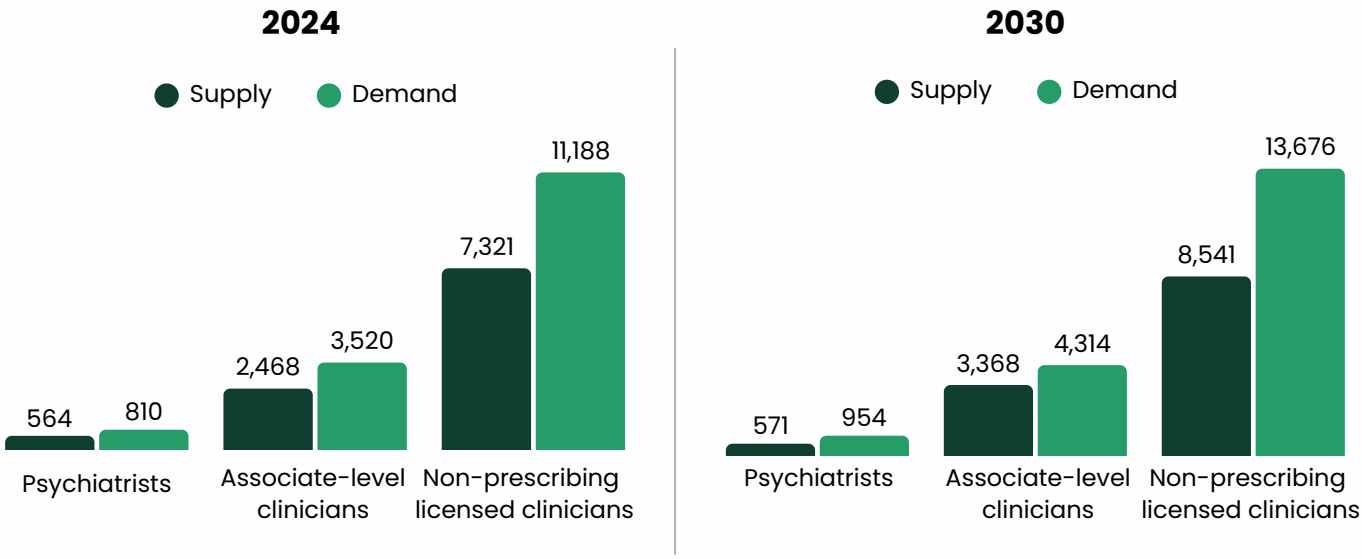
# Workforce

**San Diego-area[ii] health care worker wages are generally at or below the California statewide median across most health care occupations, despite being one of California's highest cost-of-living metro areas.** Notably, wages for marriage and family therapists are 23% below the state median, and wages for physical therapists are 14% below the median. Registered nurse wages are 5% below the statewide average [12].

**San Diego county faces some critical provider shortages, especially for behavioral health care.**

- San Diego has a significant behavioral health provider shortage today that is projected to persist or worsen by 2030. In 2024, the region has a shortage of 246 psychiatrists, 1,052 associate-level clinicians, and 3,867 non-prescribing licensed clinicians. Shortages for both psychiatrists and non-prescribing licensed clinicians are projected to widen by 2030. The associate level clinical shortage is projected to narrow to a shortage of 946 clinicians by 2030.
- Currently, San Diego has an adequate supply of registered nurses (1.7% surplus), but the region is projected to have a -4.8% shortage of RNs by 2030 [13].
- There are 14 primary care shortage areas across the region, which are concentrated in South Bay, City Heights, Logan Heights, and East County tribal communities. The Pala/Pauma Valley tribal community has the most severe provider shortage in San Diego. Barona/Moreno and Ballena/Four Corners have zero primary care providers [14].

**Figure 6: Behavioral Health Provider Supply, San Diego County, 2024 and 2030**

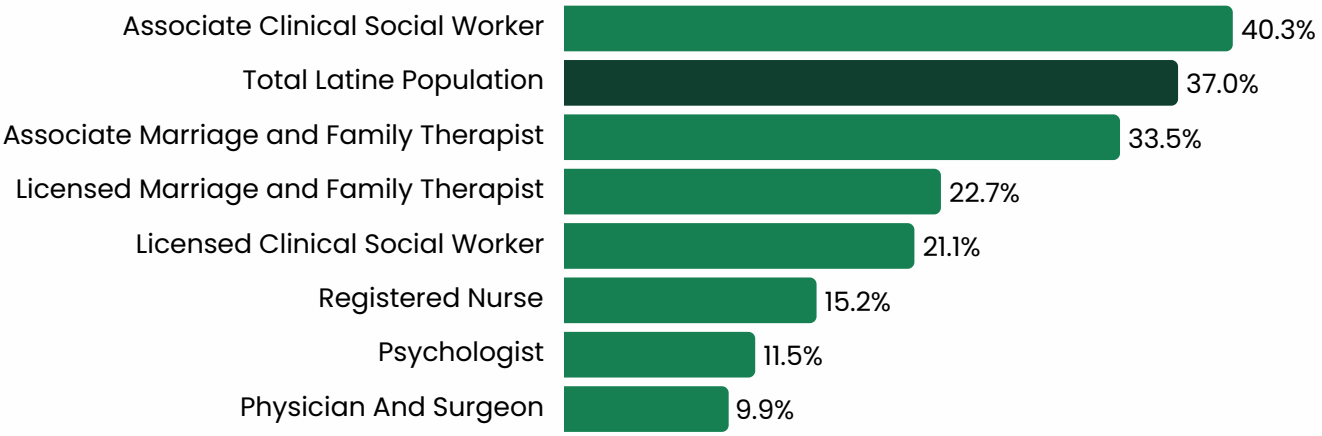



***Source:*** *HCAI Supply and Demand Modeling for California's Behavioral Health Workforce*

[iii] Wage data is for the San Diego-Chula Vista-Carlsbad MSA.

**The diversity of the San Diego area's** (including San Diego and Imperial counties) **health care workforce does not align well with the region's population.** Latine workers are especially underrepresented in the region's physicians, psychologists, and registered nurses. While 37% of the region's population is Latine, only 10% of the region's physicians and 12% of the region's psychologists are Latine. Latine also have large gaps for Licensed Clinical Social Workers and Licensed Marriage and Family Therapists. Spanish-speaking workers are also underrepresented across all health care workforce categories in the San Diego area, with the exception of oral health.

**Figure 7: Latine licensed health care workforce by license level, San Diego Region, 2024**




***Source:*** *HCAI Health Workforce Race & Ethnicity Data*



# Opportunities for Advocacy

**1** **Address the fractured Medi-Cal infrastructure in San Diego County**

**A** **Establish a local health plan:** Advocates could urge the San Diego County Board of Supervisors to choose a different Medi-Cal model with a smaller number of health plans, like most of the state. This could help consumers and providers navigate the system and improve quality outcomes. San Diego could propose either a smaller number of commercial plans to serve the region or establish a local initiative plan. Importantly, even if the county does not feel equipped to act as the health plan at this time, the county could still establish the health plan and have jurisdiction over it, but contract with an existing plan to provide the administration and infrastructure. Community Health Group is a locally rooted plan with better quality than its current competitors and could also play an important role.

**B** **Increase the authority of Healthy San Diego:** State law requires counties with a geographic managed care model to have a governance structure, but Healthy San Diego lacks meaningful authority. Advocates could propose to amend its jurisdiction and governance to be more like that of the Sacramento County Health Authority.



# Opportunities for Advocacy

**2** **Hold hospital systems accountable for high prices, scant community investment, and aggressive debt collection practices**

**A** **Target egregious actors:** While hospital prices are not regulated locally, advocates could adopt a corporate accountability approach and focus on a few of the most egregious components of this problem including but not limited to the hospitals with disproportionately low financial assistance spending or aggressive debt collection practices.

**B** **Demand greater community investment, particularly as hospitals seek to expand:** Several major hospital systems in San Diego have very healthy margins- as high as 16% for Scripps Memorial Hospital La Jolla – and they contribute less to the community than they receive in tax exemptions. Advocates could demand greater community investment, particularly during the Community Health Assessment process every three years and when hospitals seek city and county approvals to expand their facilities. Furthermore, advocates could urge hospital systems to contribute to acute community needs, including care for uninsured people and financial support for the safety net (e.g., financially distressed community clinics). Notably, the UC San Diego Medical Center has a 10% profit margin; yet UC hospitals are not subject to the same community benefit reporting as other systems.

**C** **Engage in the Office of Health Care Affordability:** The state's Office of Health Care Affordability will publish the cost growth rates of individual hospitals in 2027 and begin to enforce a statewide target [15]. If hospitals fail to meet the target, they will undergo a performance improvement plan process. Advocates could engage in this process and encourage the adoption of long-term cost control efforts that benefit patients, including investment in primary care, prevention, and home and community-based services for older adults.

# Opportunities for Advocacy

**3** **Strengthen county health programs**

**A** Advocates could urge San Diego County to open eligibility for the County Medical Services program to all income-eligible and uninsured residents, regardless of immigration status.

**B** Advocates could examine the budget of San Diego County, in particular the general fund spending, and urge the Supervisors to shift dollars from public safety/law enforcement to health care services.





# Acknowledgements


### CPEHN Staff:

**Kiran Savage-Sangwan**
Executive Director

**Selene Betancourt**
Associate Policy Director

**Natalie Lupin**
Senior Policy Coordinator

**Stephany Strahle**
Research Manager

**Marlyn Pulido**
Associate Research Director

### Data, Research, and Writing Support:

**Jen Joynt**
Independent Consultant

**Jill Yegian, Ted Calvert, Katy Wilson**
Consultants to the California Health Care Foundation

**Sydney Johnson**
Graduate Student Researcher, UC Berkeley Labor Center

**Judith Garber**
Senior Policy Analyst, Lown Institute

### Design by:

**Emily Lintner**
Digital Engagement Manager, CPEHN

**Sami Sanchez**
X97 Labs


California Pan-Ethnic HEALTH NETWORK

The California Pan-Ethnic Health Network (CPEHN) is a BIPOC-led, multicultural, state policy organization, which seeks to advance health equity by dismantling structural racism and ensuring opportunity and health for all Californians. For 30 years, CPEHN has worked with a diverse network of community-based organizations across the state to identify and elevate community priorities to state policymakers. CPEHN is dedicated to building power with communities of color through policy advocacy, research, network and leadership building, and storytelling.

# Endnotes


1. UCLA Center For Health Policy Research. (2026). California Health Interview Survey. http://ask.chis.ucla.edu
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# Appendix

### Covered California Qualified Health Plan Performance by Plans, Statewide, 2024

| Qualified Health Plan | Percent of adults ages 18+ with no utilization | Number of ER visits per 1,000 enrolled members ages 18+ | Percent of children and adolescents ages 3-21 with at least one well-care visit |
|---|---|---|---|
| Aetna HMO | 28% | 181 | 28% |
| Anthem EPO | 19% | 204 | 34% |
| Anthem HMO | 23% | 143 | 28% |
| Blue Shield HMO | 15% | 190 | 32% |
| Blue Shield PPO | 11% | 196 | 53% |
| Chinese Community HMO | 27% | 81 | 58% |
| Health Net HMO | 17% | 161 | 35% |
| Health Net PPO | 23% | 149 | 38% |
| Kaiser HMO | 16% | 168 | 39% |
| L.A. Care HMO | 25% | 121 | 36% |
| Molina HMO | 24% | 138 | 30% |
| Sharp HMO | 14% | 160 | 52% |
| Valley Health Plan HMO | 34% | 172 | 17% |
| Western Health Advantage HMO | 16% | 182 | 42% |

***Source:*** *Covered California Plan Performance Report 2025 Healthcare Evidence Initiative (HEI): Utilization Dashboard*

*Notes:*

1. *The percent of adults age 18+ with no utilization is the percent of members with 12 months of continuous enrollment who had no medical or drug services during the year. A lower value indicates better performance.*
2. *With annual number of emergency room visits per 1,000 enrolled adult members, higher rates may signal difficulty accessing care through appropriate channels.*
3. *The well-care visit measure refers to the percent of children and adolescents ages 3-21 who had at least one well-care visit during the year.*



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