

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

### Membership Data\* (as of June 30, 2025)

Total CalOptima Health Membership	Program	Members
	Medi-Cal	886,034
	OneCare (HMO D-SNP)	17,664
	Program of All-Inclusive Care for the Elderly (PACE)	515
<b>904,213</b>		
*Based on unaudited financial report and includes prior period adjustments.		

### Key Financial Indicators (for 12 months ended June 30, 2025)

	Dashboard	YTD Actual	Actual vs. Budget (\$)	Actual vs. Budget (%)
Operating Income/(Loss)	●	\$251.8M	\$514.8M	195.7%
Non-Operating Income/(Loss)	●	\$103.7M	\$39.1M	60.7%
Bottom Line (Change in Net Assets)	●	\$355.5M	\$554.0M	279.1%
Medical Loss Ratio (MLR) (Percent of every dollar spent on member care)	●	89.8%	---	(9.3%)
Administrative Loss Ratio (ALR) (Percent of every dollar spent on overhead costs)	●	5.2%	---	1.8%

Notes:

- For additional financial details, refer to the financial packages included in the Board of Directors meeting materials.
- Adjusted MLR (without the estimated provider rate increases funded by reserves) is 85.6%.

### Reserve Summary (as of June 30, 2025)

	Amount (in millions)
Board Designated Reserves*	\$1,584.4
Statutory Designated Reserves	\$132.4
Capital Assets (Net of depreciation)	\$98.6
Unspent Balance of Allocated Resources	\$404.5
Unspent Balance of Board Approved Provider Rate Increase**	\$315.7
Unallocated Resources*	\$265.0
<b>Total Net Assets</b>	<b>\$2,800.6</b>

\* Total of Board-designated reserves and unallocated resources can support approximately 168 days of CalOptima Health's current operations.

\*\* 5/5/24 meeting: Board of Directors committed \$526.2 million for provider rate increases from 7/1/24–12/31/26.

**Total FY 2026 Annual  
Budgeted Revenue**

**\$4.7 Billion**

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

# CalOptima Health Fast Facts

August 2025

## Personnel Summary (as of July 12, 2025, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,352.25	85	40%	60%	5.91%
Supervisor	83	4	0%	100%	4.60%
Manager	113	14	14.29%	85.71%	11.02%
Director	73	10.5	33.33%	66.67%	12.57%
Executive	22	0	---%	---%	---%
Total FTE Count	1,642.25	114.5	47.89%	52.11%	6.52%

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

## Provider Network Data (as of July 23, 2025)

	Number of Providers
Primary Care Providers	1,308
Specialists	7,535
Pharmacies	607
Acute and Rehab Hospitals	43
Community Health Centers	68
Long-Term Care Facilities	207

## Treatment Authorizations (as of May 31, 2025)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	37.27 hours
Prior Authorization – Urgent	72 hours	15.33 hours
Prior Authorization – Routine	5 days	1.89 days

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

## Member Demographics (as of June 30, 2025)

Member Age		Language Preference		Medi-Cal Aid Category	
0 to 5	8%	English	54%	Expansion	38%
6 to 18	22%	Spanish	31%	Temporary Assistance for Needy Families	37%
19 to 44	35%	Vietnamese	9%	Seniors	12%
45 to 64	21%	Other	2%	Optional Targeted Low-Income Children	7%
65 +	14%	Korean	2%	People With Disabilities	5%
		Farsi	1%	Long-Term Care	<1%
		Chinese	<1%	Other	<1%
		Arabic	<1%		