



**NOTICE OF A
SPECIAL MEETING OF THE
CALOPTIMA HEALTH BOARD OF DIRECTORS'
PROVIDER ADVISORY COMMITTEE**

TUESDAY, MAY 19, 2026

12:00 P.M.

**CALOPTIMA HEALTH
505 CITY PARKWAY WEST, SUITE 109
ORANGE, CALIFORNIA 92868**

AGENDA

This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda. To speak on an item, complete a Public Comment Request Form(s) identifying the item(s) and submit to the Clerk. To speak on a matter not appearing on the agenda, but within the subject matter jurisdiction of the Board of Directors' Member Advisory and Provider Advisory Committees, you may do so during Public Comments. Public Comment Request Forms must be submitted prior to the beginning of the Approval of the Minutes portion of the agenda and/or the beginning of Public Comments. When addressing the Committee, it is requested that you state your name for the record. Address the Committee as a whole through the Chair. Comments to individual Committee Members or staff are not permitted. Speakers are limited to three (3) minutes per item.

In compliance with the Americans with Disabilities Act, those requiring accommodations for this meeting should notify the Clerk of the Board's Office at (714) 246-8806 at least 72 hours prior to the meeting.

The Board of Directors' Special Provider Advisory Committee meeting agenda and supporting materials are available for review at CalOptima Health, 505 City Parkway West, Orange, CA 92868, from 8 a.m. to 5:00 p.m., Monday through Friday, and online at www.caloptima.org.

Register to Participate via Zoom at:
https://us02web.zoom.us/webinar/register/WN_9vccIa9vRKeeRxBenGml2Q **and join the meeting.**

Webinar ID: 853 3161 5766

Passcode: 263178 – Webinar instructions are provided below.

1. **CALL TO ORDER**

Pledge of Allegiance

2. **ESTABLISH QUORUM**

3. **PUBLIC COMMENT**

At this time, members of the public may address the Member and Provider Advisory Committees on matters not appearing on the agenda, but within the subject matter jurisdiction of the Member or Provider Advisory Committees. Speakers will be limited to three (3) minutes.

4. **INFORMATIONAL ITEMS**

A. [Provider Rate Changes](#)

B. [Whole-Child Model Age Transition Primary Care Provider Incentive Model](#)

5. **MANAGEMENT REPORTS**

A. COO Update

B. [CEO Update](#)

6. **COMMITTEE MEMBER COMMENTS**

7. **ADJOURNMENT**

Webinar Information

Please register for the Special Meeting of the Provider Advisory Committee on Tuesday, May 19, 2026, at 12:00 p.m. (PDT)

To register in advance for this webinar:

https://us02web.zoom.us/webinar/register/WN_9vccIa9vRKeeRxBenGml2Q

Join from a PC, Mac, iPad, iPhone or Android device

On the day of the meeting, please click this URL to join:

<https://us02web.zoom.us/j/85331615766?pwd=ARb8FbPpZ0grlEl66inr6au6EMUbp.f.1>

Passcode: **263178**

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**CalOptima
Health**

Medi-Cal Program Contracted Provider Rate Enhancements

Provider Advisory Committee

May 19, 2026

Tory Vazquez

Director of Contracting

Our Mission

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

Our Vision

Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.

[Back to Agenda](#)

What is changing?

- At the May 7, 2026, Board meeting, CalOptima Health presented the planned enhancements for contracted provider payments for the Medi-Cal Program to be effective July 1, 2026.
- The enhanced payments will be for the following service categories, pending Board final approval:
 - Fee For Service Contracted Rates
 - Physician Specialist – Professional Component
 - Hospital Outpatient
 - Health Network Capitation Payments

Proposed Planned Enhancements to Fee-For-Service Contracted Rates Effective July 1, 2026

Service Category	Current Standard Rates	Proposed Pending Board Final Approval
Physician Specialist - Professional Component	156% of Medi-Cal Fee Schedule	200% of Medi-Cal Fee Schedule

+Proposed rate enhancements impact contracts at standard rates.

++ Rate enhancements exclude transplant related services and care.

+++Rate enhancements are contingent upon CalOptima Health Board approval.

Proposed Planned Enhancements to Fee-For-Service Contracted Rates Effective July 1, 2026

Service Category	Current Standard Rates	Proposed Pending Board Final Approval
<p>Hospital Outpatient</p>	<p>240% of Medi-Cal Fee Schedule (ER, Operating Room, and Observation)</p> <p>140% Medi-Cal Fee Schedule (All other services except drugs)</p>	<p>70% of Medicare Fee Schedule (All Outpatient Services)</p>

- +Proposed rate enhancements impact contracts at standard rates.
- ++ Rate enhancements exclude transplant related services and care.
- +++ Rate enhancements are contingent upon CalOptima Health Board approval.



Proposed Planned Enhancements to Health Network Contract Rates Effective July 1, 2026

Service Category	
Health Networks	To ensure rates are sufficient to cover both medical and non-medical expenses in aggregate across all Health Networks, the base capitation rates paid to our Health Networks will be recalibrated using an actuarially sound approach.

- + CalOptima Health engaged Milliman for actuarial services in November 2025.
- ++ Rate enhancements exclude transplant related services and care.
- +++ Rate enhancements are contingent upon CalOptima Health Board approval.

How are we funding these changes?

- CalOptima Health will be funding provider payment enhancements through an appropriation of up to \$429.6 million from existing reserves for 2.5 years, starting July 1, 2026, through December 31, 2028¹

When do these changes take effect?

- The planned enhancements will be presented for formal approval to the Board on June 4, 2026, for an effective date of July 1, 2026.

1. Reserve Planning- Board of Directors Meeting, May 7, 2026

Why are we making these changes?

Specialist Physicians	Hospital Outpatient
<ul style="list-style-type: none">• Improves timely access to care• Strengthens geographic coverage• Supports job stability, recruiting and retention of healthcare workers in specialist offices• Supports market competitiveness by attracting hard-to- recruit specialists• Reduces provider terminations due to non-competitive rates• Enhances provider satisfaction	<ul style="list-style-type: none">• Reduces the financial burden of uncompensated care.<ul style="list-style-type: none">➤ As Medi-Cal beneficiaries lose coverage, hospitals will be forced to provide uncompensated care.• Reduces risk of closure or reduction in service<ul style="list-style-type: none">➤ Hospitals who provide care for large populations of Medi-Cal beneficiaries are disproportionately affected because they rely on Medi-Cal funding to keep the doors open.

What about other providers?

- CalOptima Health is continuing to identify additional means to enhance provider funding while pending guidance from the DHCS. Once identified, CalOptima Health will present the proposed recommendations to the Board.



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Whole Child Model (WCM) Age Out Transition-PCP Incentive Pilot

May 19, 2026

Kelly Giardina, Executive Director, Clinical Operations

Michael Gomez, Executive Director, Network Operations

Our Mission

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

Our Vision

Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.

Whole Child Model (WCM) Age Out Transition: Three-Year PCP Incentive Pilot

- CalOptima Health is launching a three-year, performance-based incentive pilot designed to improve continuity and reduce care disruptions for CCS/WCM members transitioning into the adult system, while boosting provider engagement and addressing system barriers.

Critical System Barriers

California Children's Services (CCS) members age out of the Whole Child Model (WCM) at age 21. CalOptima Health has adopted early planning, beginning at age 14, but the shift to adult care continues to present challenges for our members:

- Adult system fragmentation creates barriers to seamless care. Members lose long-standing pediatric PCPs, specialists, and DME vendors during the transition.
- Adult PCPs often lack readiness and competency to establish care for the transition of complex needs. Members' biopsychosocial complexity further complicates transitions.
- Pediatric providers must develop transition plans with limited adult-care options and resources.

CCS/WCM Age-Out Impact

Health Network	# of total WCM Eligible Members as of March 2026	# of total newly eligible WCM members as of March 2026	# 19-21 Year old WCM members
CalOptima Health (All Health Networks)	8,914	190	1,105
CalOptima Community Network	1,023	65	195
HPN - Regal	38	2	7
Optum Care Network	742	9	129
Prospect Medical Group, Inc.	99	1	21
AltaMed Health Services	347	12	53
Family Choice Health Network	144	1	16
Rady's/ CHOC Health Alliance	6,040	91	605
AMVI Care Health Network	80	0	10
Noble Mid-Orange County	130	5	27
Providence	108	0	11
United Care Medical Group	163	4	31

PCP Incentive Pilot Philosophy

- Targeted incentive-supported activities are started six months prior to transition age 21.
- The model incorporates warm handoffs, ICT coordination, and family engagement to support continuity of care.
- Emphasizes a proactive, structured, and coordinated transition approach.
- Pilot to be Launched with accompanying Member and Provider Standardized transition playbook

Financial Foundation & Incentive Model

- Primary Care Providers currently receive payment through annual capitation rebasing and existing funding structures.
- The pilot introduces targeted performance-based payment enhancements for coordination activities rather than changes to underlying rates.
- The pilot directly incentivizes providers for high-touch coordination and communication while reinforcing accountability and quality performance.

Focused Incentives on High-Impact Activities

- **PCP Acceptance (G9001):** Supports adult PCP engagement in accepting members with complex transition needs.
- **Care Coordination / ICT (99367):** Reinforces multidisciplinary care coordination and transition planning.
- **Specialist Transition Completion (G9002):** Promotes successful transition and continuity of specialty care services.
- Incentives are designed to strengthen key transition activities and reduce care disruption risks.

Provider Partnership & Care Impact of Pilot

- Incentive payment potential up to 243% of Medicare-equivalent value in high-performance scenarios.
- Estimated enhanced payment ranges from \$781–\$1,491 per member.
- Approximately \$3M dedicated to provider partnership over three years.
- Expected outcomes: Reduction in ED utilization/unnecessary hospitalization rates, improved access and member satisfaction.
- Strengthens PCP capacity while advancing quality access and cost stewardship goals.

Strategic Value Summary

- Expands upon existing provider support infrastructure.
- Adds meaningful performance-based incentive alignment.
- Advances care coordination, quality performance, and member outcomes.
- Creates strong clinical value while supporting value optimization goals.



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MEMORANDUM

DATE: April 30, 2026

TO: CalOptima Health Board of Directors

FROM: Michael Hunn, Chief Executive Officer

SUBJECT: CEO Report — May 7, 2026, Special Board of Directors Meeting

COPY: Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; and Whole-Child Model Family Advisory Committee

A. Covered California Monthly Update

CalOptima Health is continuing to prepare to launch a Covered California plan, effective January 1, 2027. On April 16, Covered California approved the 2027 standard benefit package. Subsequently, staff submitted CalOptima Health's formal application to Covered California on April 28 and the associated premium rate package on April 30. Staff will continue to remain engaged with Covered California's Plan Management Advisory Group in advance of implementation. In addition, staff continues to respond to questions from the California Department of Managed Health Care (DMHC) on our filing to expand the scope of CalOptima Health's current Knox-Keene Act license. Staff also continues to make progress on operational implementation activities, including information technology solutions and regular onboarding sessions with delegated health networks.

B. H.R. 1 State Budget Request Submitted by Counties

A coalition of county-related associations in California has submitted a budget request to the State Legislature for additional resources to support the implementation of H.R. 1 and respond to its downstream impacts. The coalition includes the California State Association of Counties, the Urban Counties of California, the California Welfare Directors Association and the California Behavioral Health Directors Association, among others. Totaling \$1.9 billion in Fiscal Year (FY) 2026–27 and \$4.5 billion in FY 2027–28, the budget request covers the four areas of indigent care, public hospital systems, county eligibility and county behavioral health. In addition, the Orange County Board of Supervisors has submitted a letter to state legislative leadership to support applicable components of the request.

C. H.R. 1 Implementation Bills Update

Several bills have been introduced in the State Legislature to implement the requirements of H.R. 1, while simultaneously minimizing their negative impacts. Staff is monitoring ongoing legislative developments, including the following four key bills that have now passed their respective health committees and have been referred to their respective appropriations committees:

- **SB 1202 (Weber Pierson)**: Would create a Medi-Cal application and enrollment dashboard; would strengthen beneficiary outreach regarding eligibility changes

- [AB 2161 \(Bonta\)](#): Would automate verification for work requirements using available data sources; would prevent extending work requirements to state-funded Medi-Cal populations
- [AB 2201 \(Boerner\)](#): Would align Medi-Cal renewal processes with new federal requirements; would encourage counties to verify income and assets through existing data sources
- [AB 2208 \(Stefani\)](#): Would cap copays at \$0.01 for applicable non-emergency services and prohibit service denial due to unpaid copays; would preserve three months of state-funded retroactive coverage

D. Care Traffic Control Earmark Funding Fully Drawn Down

CalOptima Health has officially drawn down the full \$2 million in earmark funding from the U.S. Department of Health & Human Services' Payment Management System to reimburse construction and tenant improvement costs for our Care Traffic Control command center on the third floor of the 500 building. The federal earmark was sponsored by U.S. Representatives Lou Correa and Young Kim as part of the Consolidated Appropriations Act, 2023. This milestone marks the near completion of the Care Traffic Control project this summer, when staff plans to host a grand opening ceremony with several partners.

E. CalOptima Health Holds a Press Conference for Santa Ana Street Medicine Program; Offers Collaborative Expansion Opportunity

On April 22, CalOptima Health held a press conference to formally announce the launch of our Santa Ana Street Medicine Program. The event was well attended by the media, resulting in significant coverage in the following outlets: [ABC7](#), [NBC4](#), [KCBS Radio](#), [Telemundo 52](#), [Orange County Register](#), [KNX Radio](#), [Fullerton Observer](#) and [New Santa Ana](#). The speakers included me, Board Chair and Supervisor Vicente Sarmiento, Board Director and AltaMed Chief Quality Officer Dr. José Mayorga, Santa Ana Mayor Valerie Amezcua, and Kelly Bruno-Nelson, DSW, Executive Director of Medi-Cal/CalAIM. According to Santa Ana's point-in-time count in 2025, approximately 500 people are unsheltered in the city.

In other Street Medicine Program news, CalOptima Health is exploring expansion through a collaborative approach and has released a [Notice of Interest Opportunity](#). This is designed for groups of cities that recognize the value of regional coordination and shared responsibility in addressing the complex needs of unsheltered individuals. The [application portal](#) can be accessed through May 29, 2026.

F. CalAIM Annual Summit Highlights Major 2025 Achievements

CalOptima Health hosted the Third Annual CalAIM Provider & Grantee Summit on April 3, convening 210 contracted providers, grantees and organizational leaders for a comprehensive review of program progress and strategic priorities. The CalAIM Year in Review highlighted major 2025 achievements, including more than 32,000 members receiving Community Supports, continued expansion of Enhanced Care Management (ECM) services to more than 10,000 members, and significant advancements across Justice-Involved initiatives, Street Medicine and grantmaking, with approximately 260 grants under management totaling \$300 million. The summit also featured a Member Success Stories segment showcasing real-world progress across diverse populations, including individuals with complex behavioral health needs, families facing housing instability, and a Justice-Involved member whose successful transition and stabilization highlighted the impact of coordinated support services and cross-sector collaboration. Providers shared meaningful accomplishments — including successful linkages to housing, nutrition services, IHSS, Medi-Cal renewals and strengthened care coordination — while also raising system-level challenges related to reimbursement pressures, affordable housing scarcity and the need for clearer operational guidance.

G. DHCS Distributes News Release on Fraud Scheme Targeting the Medi-Cal Program

The California Department of Health Care Services (DHCS) and the California Department of Justice (DOJ), working in close coordination with the California Department of Public Health (CDPH), have taken decisive action to dismantle a large-scale identity theft and hospice fraud scheme targeting the Medi-Cal program. This coordinated enforcement effort underscores California's commitment to protecting Medi-Cal members and safeguarding taxpayer dollars from fraud, waste and abuse. Working together, DHCS and DOJ's Division of Medi-Cal Fraud and Elder Abuse confirmed that transnational criminal networks used stolen identities to fraudulently enroll individuals in Medi-Cal and bill for hospice services that were never provided. The scheme involved 14 fraudulent hospice providers and resulted in more than \$267 million in improper billing. State agencies have revoked licenses, suspended payments, disenrolled fraudulent accounts and begun recovery efforts, recovering more than \$70 million to date. Enhanced safeguards and oversight measures are being implemented, including stricter provider checks and expanded oversight starting July 2026. The full release can be found [here](#).

H. BrightLife Kids and Soluna Release Impact Report

On April 17, DHCS released the [2025 BrightLife Kids and Soluna Impact Report](#), featuring video testimonials and key data detailing how California's free behavioral health platforms have reached more than 500,000 users, including children, youth, young adults and families, across all 58 California counties. Launched in 2024, the platforms offer free confidential mental health support and resources to all Californians, regardless of insurance or immigration status. Early data show the platforms are advancing equity, with most users coming from communities with the greatest social and health inequities. Participant satisfaction remains high at 98%, and for most users, this is their first experience with professional mental health support — 77% of BrightLife Kids users and 50% of Soluna users. CalOptima Health has been actively promoting both platforms to our members since inception.

I. CalOptima Health Receives News Coverage of Housing Grant

On April 9, the [San Clemente Times](#) interviewed Kelly Bruno-Nelson, DSW, Executive Director, Medi-Cal/CalAIM, about CalOptima Health investing \$500,000 to transform a motel in San Clemente into permanent supportive housing.



Fast Facts May 2026

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

Membership Data* (as of March 31, 2026)

Total CalOptima Health Membership 841,313 Prior month: 850,253	Program	Members
	Medi-Cal	822,183
	OneCare (HMO D-SNP)	18,573
	Program of All-Inclusive Care for the Elderly (PACE)	557

*Based on unaudited financial report and includes prior period adjustments.

Key Financial Indicators (for the month ended March 31, 2026)

	Dashboard	YTD Actual	Actual vs. Budget (\$)	Actual vs. Budget (%)
Operating Income/(Loss)	●	\$135.9M	\$110.4M	433.8%
Non-Operating Income/(Loss)	●	\$118.0M	\$44.2M	60.0%
Covered California Start-up Expenses	●	(\$3.5M)	\$4.5M	56.4%
Bottom Line (Change in Net Assets)	●	\$250.4M	\$159.1M	174.4%
<i>Medical Loss Ratio (MLR)</i> <i>(Percent of every dollar spent on member care)</i>	●	91.7%	---	(1.3%)
<i>Administrative Loss Ratio (ALR)</i> <i>(Percent of every dollar spent on overhead costs)</i>	●	4.9%	---	1.5%

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 87.8%.

Reserve Summary (as of March 31, 2026)

	Amount (in millions)
Board Designated Reserves*	\$1,628.5
Statutory Designated Reserves	\$136.0
Capital Assets (Net of depreciation)	\$107.2
Unspent Balance of Allocated Resources	\$341.4
Unspent Balance of Board Approved Provider Rate Increase**	\$157.9
Unallocated Resources*	\$680.0
Total Net Assets	\$3,051.0

* Total of Designated Reserves and Unallocated Resources can support approximately 211 days of CalOptima Health's current operations.

**5/2/24 meeting: Board of Directors committed \$526.2 million for provider rate increases from 7/1/24–12/31/26.

Total 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

May 2026

Personnel Summary (as of April 18, 2026, pay period)

	Filled	Open	Vacancy Administrative	Vacancy Medical	Vacancy % Combined
Staff	1,361	72.25	35.50	36.75	5.04%
Supervisor	86	1	1	0	1.15%
Manager	116	9	6	3	7.2%
Director	84	5.5	3	2.5	6.15%
Executive	21	1	1	0	4.55%
Total FTE Count	1,668	88.75	46.50	42.25	5.05%

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

Provider Network Data (as of April 23, 2026)

	Number of Providers
Primary Care Providers	1,299
Specialists	8,265
Pharmacies	499
Acute and Rehab Hospitals	43
Community Health Centers	73
Long-Term Care Facilities	247

Treatment Authorizations (as of February 28, 2026)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	36.89 hours
Prior Authorization – Urgent	72 hours	4.98 hours
Prior Authorization – Routine	5 days	0.63 days

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

Member Demographics (as of March 31, 2026)

Member Age		Language Preference		Medi-Cal Aid Category	
0 to 5	8%	English	56%	Expansion	37%
6 to 18	22%	Spanish	29%	Temporary Assistance for Needy Families	36%
19 to 44	33%	Vietnamese	9%	Seniors	13%
45 to 64	20%	Other	2%	Optional Targeted Low-Income Children	8%
65 +	17%	Korean	2%	People With Disabilities	5%
		Farsi	1%	Long-Term Care	<1%
		Chinese	<1%	Other	<1%
		Arabic	<1%		
		Russian	<1%		



CalOptima Health

Provider Network Trend May 2026

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

CHCN and Health Networks

Total Providers ¹

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP ²	1,312	1,301	1,281	1,306	1,337	25
Specialist (Physicians)	7,070	7,479	7,685	8,246	8,501	1,431
Hospitals ³	41	41	43	42	41	2
Community Health Centers ⁴	65	68	68	68	68	3
Long Term Care	207	207	225	241	242	35
Behavioral Health ⁵	2,529	2,579	2,791	3,023	3,148	619
ECM	31	32	34	34	34	3
Community Support	102	103	107	107	106	4

Medi-Cal

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP ²	1,087	1,076	1,057	1,090	1,126	39
Specialist (Physicians)	6,464	7,173	7,394	7,987	8,248	1,784
Hospitals ³	37	37	40	39	38	3
Community Health Centers ⁴	63	66	66	68	68	5
Long Term Care	203	203	221	237	238	35
Behavioral Health ⁵	2,436	2,495	2,695	2,926	3,075	639
ECM	31	32	34	34	34	3
Community Support	102	103	107	107	106	4

OneCare

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP ²	1,096	1,082	1,074	1,088	1,083	-13
Specialist (Physicians)	5,488	5,844	6,047	6,270	6,494	1,006
Hospitals ³	36	36	40	39	39	4
Community Health Centers ⁴	58	62	62	62	62	4
Long Term Care	203	207	224	240	240	37
Behavioral Health ⁵	668	713	851	952	1,020	352

PACE

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP ²	3	4	3	3	3	0
Specialist (Physicians)	3,549	4,033	4,256	4,446	4,713	1,164
Hospitals ³	29	29	31	30	30	2
Community Health Centers ⁴	0	0	0	0	0	0
Long Term Care	67	69	76	91	96	29
Behavioral Health ⁵	106	116	119	132	127	21

Provider Network Trend

May 2026

CHCN Only

Total Providers ¹

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP ²	677	671	671	685	690	13
Specialist (Physicians)	6,384	6,841	7,058	7,330	7,602	1,218
Hospitals ³	37	37	40	39	36	1
Community Health Centers ⁴	56	58	58	59	60	4
Long Term Care	203	203	221	237	238	35
Behavioral Health ⁵	2,500	2,541	2,767	2,975	3,098	598
ECM	31	32	34	34	34	3
Community Support	102	103	107	107	106	4

Medi-Cal

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP ²	653	650	650	514	532	-121
Specialist (Physicians)	6,026	6,791	7,000	7,269	7,549	1,523
Hospitals ³	34	34	38	37	36	4
Community Health Centers ⁴	56	58	58	59	60	4
Long Term Care	203	203	221	237	238	35
Behavioral Health ⁵	2,411	2,471	2,673	2,879	3,026	615
ECM	31	32	34	34	34	3
Community Support	102	103	107	107	106	4

OneCare

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP ²	571	565	567	581	584	13
Specialist (Physicians)	4,746	5,136	5,359	5,575	5,789	1,043
Hospitals ³	31	31	33	32	30	0
Community Health Centers ⁴	46	48	48	49	51	5
Long Term Care	203	203	220	236	236	33
Behavioral Health ⁵	652	699	836	936	1,006	354

PACE

Provider Type	2025 – Q1	2025 – Q2	2025 – Q3	2025 – Q4	2026 – Q1	YOY Net Δ
PCP ²	3	4	3	3	3	0
Specialist (Physicians)	3,549	4,033	4,256	4,446	4,713	1,164
Hospitals ³	29	29	31	30	30	2
Community Health Centers ⁴	0	0	0	0	0	0
Long Term Care	67	69	76	91	96	29
Behavioral Health ⁵	106	116	119	132	127	21

Footnotes:

¹ Unique count of Provider by NPI (does not include count of each practice location per provider)

² Includes Primary Care Physicians, FQHCs and Long Term Care facilities acting as Primary Care Providers

³ Includes Acute, Rehab and Long Term Acute Care Hospitals. Removed LOA Hospitals, effective Q1 2026

⁴ Community Health Centers includes FQHCs, FQHC look-alike and Community Clinics

⁵ Includes Practitioners and Behavioral Health Groups