

Exploring Drivers of California Healthcare Spending Across Commercial Payers

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Abstract: In a recent report on health care spending, California's Office of Health Care Affordability (OHCA) documented that total medical expenses per member per year (TME PMPY) increased by 5% from 2022 to 2023 in the commercial market. To understand possible drivers, we examine commercial payer-level variation in (1) the average age of members, (2) the share of members who used health care services and (3) the share of members with chronic conditions. Using data from California's Health Care Payments Database (the state's all-payer claims database), we find no meaningful change in the average age of members between the two years. We further find that the utilization rate decreased for all payers between 2022 and 2023, while chronic condition prevalence decreased for 4 out of 13 payers. The growth in TME PMPY may be further explained by prices and intensity of utilization, which we intend to explore in future analyses.

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Key points

- On average, commercial plans saw no meaningful change in the average age of their members between 2022 and 2023.
- All commercial payers saw a decrease in the share of members who utilized health care services from 2022 to 2023.
- 4 out of 13 commercial payers saw a decrease in chronic condition prevalence among members who accessed care, while the remaining payers show an increase in the share of members with chronic conditions between 2022 and 2023, ranging from 0.5% to 5.4%.
- Given that utilization of care decreased for all the commercial payers from 2022 to 2023, the growth in TME PMPY is likely due to higher prices or intensity of utilization.

Background

In April 2024, the California Healthcare Affordability Board established a statewide target for per capita health care spending growth.¹ The per capita spending target was set at 3.5% for 2025 and 2026, at 3.2% for 2027 and 2028, and at 3.0% for 2029. In June 2025, the Office of Health Care Affordability (OHCA) published its baseline report on healthcare spending growth in California from 2022 and 2023 (further referred as baseline report).² The report draws on a variety of data sources, including aggregated total medical expense (TME) data submitted directly to OHCA by payers.³

As reported in OHCA's baseline report, from 2022 to 2023, in the commercial market, total medical expenses per member per year (TME PMPY) grew 5% (from \$6,503 to \$6,829). In the Medi-Cal market, TME PMPY grew 1.2% (from \$7,926 to 8,021) and in the Medicare market, TME PMPY grew 6.1% (from 17,437 to \$18,501).

In this analysis, we build upon OHCA's baseline report with claims data to analyze spending components by payer in the commercial market. More specifically, we look at average age, service utilization and prevalence of chronic conditions among commercial enrollees as potential explanatory factors of spending growth by payer between 2022 and 2023.

Methods

To analyze components of the spending growth reported in baseline report, we used calendar year 2022 and 2023 data from the Health Care Payments Database (HPD), which collects claims and encounter data from payers for California residents. Commercial market data in the HPD primarily consists of fully insured lives, with only a relatively small share of ERISA self-funded lives. Overall, the HPD represents approximately 80% of health care spending for California residents.⁴ Since HPD data is more granular than aggregated spending data submitted to OHCA, it allows us to look at member-level age, utilization and chronic condition prevalence by payer.

We constructed a member-year-payer level dataset by combining enrollment, utilization and chronic condition data. In the appendix, we include payer-level comparisons of the HPD and OHCA data by enrollment and age-sex distribution in 2022 and 2023. Notably, both data sources show broadly similar enrollment (measured in member months) and age-sex distributions across years and payers.

For this analysis, we defined a member with health care utilization if a member had at least one medical claim in a year by payer. And we calculate the share of members who have a chronic condition diagnosis on the claim for each year and payer. Thus, chronic condition identification is contingent on a member using medical services with a specific payer. Chronic conditions were defined based on the list of conditions with corresponding diagnosis codes from the Chronic Conditions Data Warehouse.⁵ We provide an alternative definition of member-level chronic condition prevalence in the Appendix with associated calculations.

Findings

Age

Table 1 shows average age and age standard deviation among members by payer and year in the commercial market. For 10 payers, average age changed by less than 0.3 years (3.6 months) between 2022 and 2023. For the remaining 3 payers, their member population became younger on average in 2023 by more than 0.5 years (6 months). Valley Health Plan showed a decrease in average age from 44.6 to 43.5 years, LA Care had a decrease from 45.4 to 43.5 years and Molina showed a decrease in average age from 44.1 to 43.5 years. Anthem Blue Cross and Centene have more variation in the age of their members in both years (standard deviation of age exceeds 20). On average, payers saw an increase in average age from 36.1 to 36.2 years between 2022 and 2023, but a slight decrease in variation (age standard deviation went down from 18.9 to 18.8).

Table 1. Average age of members across payers and years in commercial market.

Age, mean (SD)	2022	2023
Aetna	34.6 (18.2)	34.8 (18.2)
Anthem Blue Cross	37.6 (20.0)	37.9 (20.0)
Blue Shield of California	36.2 (18.6)	36.3 (18.6)
Centene / Health Net	41.0 (20.0)	41.1 (20.3)
Cigna	35.0 (18.0)	35.2 (17.8)
Kaiser	35.0 (18.6)	35.1 (18.5)
LA Care	45.4 (15.0)	43.5 (15.7)
Molina	44.1 (15.6)	43.5 (15.7)
Sharp	35.6 (18.3)	35.5 (18.6)
Sutter	34.3 (18.2)	34.4 (18.2)
UnitedHealthcare	35.0 (18.3)	35.2 (18.4)
Valley Health Plan	44.6 (17.3)	43.5 (17.8)
WHA	35.7 (18.7)	35.8 (18.7)
Market Average	36.1 (18.9)	36.2 (18.8)

Utilization rate

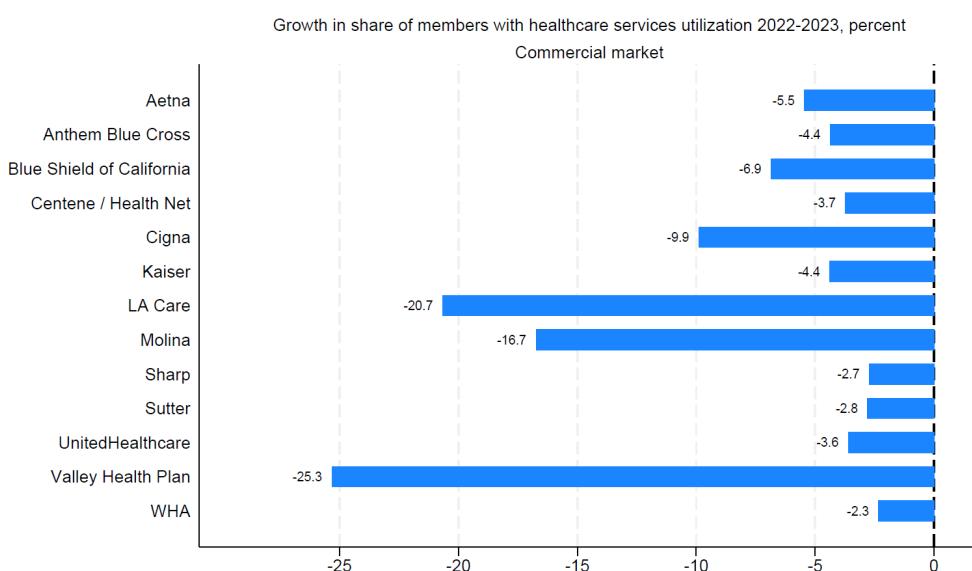
Table 2 shows the share of members with utilization by payer and year in the commercial market. Kaiser had the highest share of members with utilization at 83.1% and 79.4% in 2022 and 2023, respectively, while Cigna had the lowest share both in 2022 and 2023 at 41.0% and 36.9%, respectively. On average, payers saw a decrease in utilization of medical services from 77.0% in 2022 to 72.9% in 2023 (a 5.3% decrease). In exploratory analyses, we observed large decreases in preventive vaccinations and laboratory and pathology services.

Table 2. Share of members with utilization by payer and year

	2022	2023	Change in share, percentage points
Aetna	70.5%	66.7%	-3.8pp
Anthem Blue Cross	75.0%	71.7%	-3.3pp
Blue Shield of California	76.5%	71.3%	-5.2pp
Centene / Health Net	65.0%	62.5%	-2.4pp
Cigna	41.0%	36.9%	-4.1pp
Kaiser	83.1%	79.4%	-3.6pp
LA Care	59.7%	47.3%	-12.3pp
Molina	56.9%	47.4%	-9.5pp
Sharp	74.8%	72.8%	-2.0pp
Sutter	74.9%	72.8%	-2.1pp
UnitedHealthcare	75.0%	72.3%	-2.7pp
Valley Health Plan	66.4%	49.6%	-16.8pp
WHA	75.4%	73.6%	-1.8pp
Market Average	77.0%	72.9%	-4.1pp

Figure 1 shows the percentage change in the share of members with utilization between 2022 and 2023 for each commercial payer. Valley Health Plan, LA Care and Molina saw the largest percentage change in utilization with -25.4% (from 66.4% of members using health services in 2022 to 49.6% in 2023), -20.7% (from 59.7% to 47.3%) and -16.7% (from 56.9% to 47.4%), respectively.

Figure 1. Change in share of members with utilization in 2023 compared to 2022, percent



Chronic condition prevalence rate

Table 3 shows the share of members with a chronic condition diagnosis by payer and year in the commercial market. On average, the share of members with a chronic condition diagnosis was 31.5% in 2022 and 32.4% in 2023 (a 2.9% increase). Several payers saw an increase in the share of members with a chronic condition diagnosis – 5.4% for Kaiser, 4.1% for Aetna and 3.6% for Sharp – while other payers saw a decrease. The largest decreases in the share of members with chronic conditions were Valley Health Plan from 37.9% to 28.8% (a 24% decrease), LA Care from 34% to 28.5% (a 16.3% decrease) and Molina from 32.9% to 30.2% (an 8% decrease).

Table 3. Share of members with chronic condition diagnosis by payer and year

	2022	2023	Percentage Change in share, %	Change in share, percentage points
Aetna	28.5%	29.7%	4.1%	1.2pp
Anthem Blue Cross	35.5%	36.2%	2.0%	0.7pp
Blue Shield of California	34.9%	35.1%	0.5%	0.2pp
Centene / Health Net	34.4%	34.8%	1.3%	0.5pp
Cigna	15.4%	15.8%	2.2%	0.3pp
Kaiser	29.7%	31.3%	5.4%	1.6pp
LA Care	34.0%	28.5%	-16.3%	-5.5pp
Molina	32.9%	30.2%	-8.0%	-2.6pp
Sharp	32.0%	33.1%	3.6%	1.1pp
Sutter	32.4%	31.4%	-3.1%	-1.0pp
UnitedHealthcare	31.3%	32.8%	5.0%	1.6pp
Valley Health Plan	37.9%	28.8%	-24.0%	-9.1pp
WHA	38.1%	39.0%	2.3%	0.9pp
Market Average	31.5%	32.4%	2.9%	0.9pp

Comparing growth rates in TME PMPY, utilization and chronic condition prevalence

Table 4 reports and Figure 2 plots growth rates in TME PMPY (blue diamonds) and compares it to a percentage change in the share of members with utilization (red circles) and a percentage change in the share of members with a chronic condition diagnosis (green triangles). Nearly all payers reported growth in TME PMPY, ranging from 3.9% to 19.8%, except for LA Care, which reported a decline of 0.2% (blue diamonds at or on the right side of zero reference line). As noted above, all payers show a decrease in the share of members who used services (red circles on the left side of the zero-reference line), while the change in chronic condition prevalence is mixed: 4 out of 13 payers show a decrease, while the rest show an increase. Among commercial payers, Molina, LA Care and Valley Health Plan show the most divergent trends across the three indicators. LA Care reported a 0.2% decrease in TME PMPY with a 20.7% decrease in utilization and a 16.3% decrease in chronic condition prevalence. Molina reported 19.8% growth in TME PMPY but showed a 16.7% decrease in utilization and an 8% decrease in share of members with chronic condition. Valley Health Plan reported 13.4% growth in TME PMPY with a 25.3% decrease in utilization and a 24% decrease in chronic condition prevalence.

Figure 2. Comparing growth rates in TME PMPY, utilization and chronic condition diagnosis

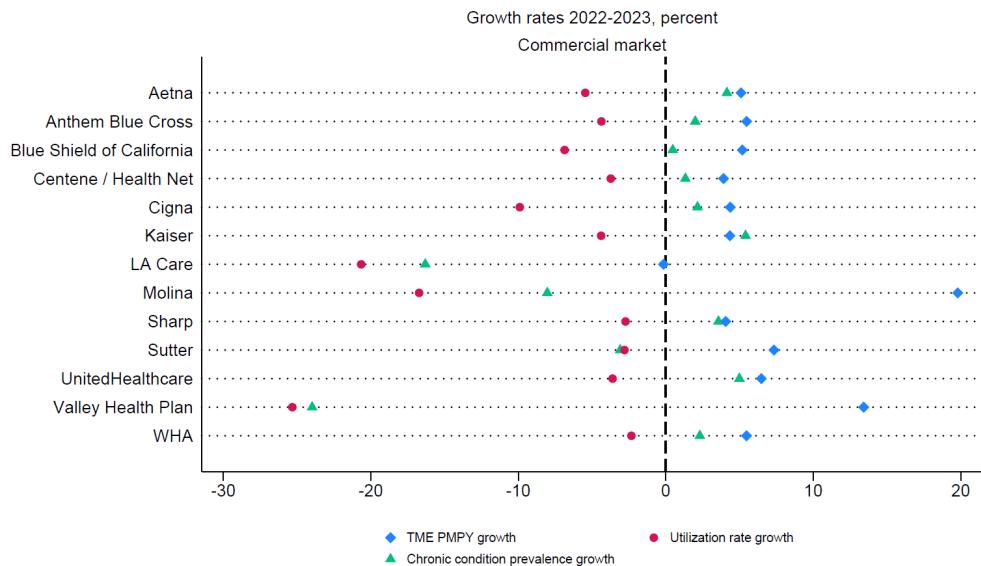


Table 4. Comparing growth rates in TME PMPY, utilization and chronic condition diagnosis

	TME PMPY growth, %	% Change in share of utilizers	% Change in share with chronic condition
Aetna	5.1%	-5.5%	4.1%
Anthem Blue Cross	5.5%	-4.4%	2.0%
Blue Shield of California	5.2%	-6.9%	0.5%
Centene / Health Net	3.9%	-3.7%	1.3%
Cigna	4.4%	-9.9%	2.2%
Kaiser	4.3%	-4.4%	5.4%
LA Care	-0.2%	-20.7%	-16.3%
Molina	19.8%	-16.7%	-8.0%
Sharp	4.1%	-2.7%	3.6%
Sutter	7.3%	-2.8%	-3.1%
UnitedHealthcare	6.5%	-3.6%	5.0%
Valley Health Plan	13.4%	-25.3%	-24.0%
WHA	5.5%	-2.3%	2.3%
Market Average	5.0%	-5.3%	2.9%

Discussion

Between 2022 and 2023, payers in California's commercial market on average saw a 5.0% increase in TME PMPY accompanied by a 5.3% decrease in service utilization and a 2.9% increase in the share of members with chronic conditions. However, those averages mask substantial variation in the three measures across payers.

These results mirror findings from two recent reports: a national report from the Health Care Cost Institute (HCCI) and a state-level report from Covered California, the state's Affordable Care Act Marketplace.^{6,7} An HCCI report found that, from 2018 to 2022, less than 80% of people with employer-sponsored insurance (ESI) use health care services in a given year. In 2022, this share was around 77%, a 2.5% decrease from 79% of people using health care services in 2021.

Along the same lines, a Covered California report found a 3.3% decline in utilization among Covered California enrollees from 2021 to 2022 and a 5.7% decline in utilization from 2022 and 2023.⁷ In 2021, 91% of Covered California enrollees used some health care services, while in 2022 and 2023, respectively, 88% and 83% of Covered California enrollees did.

An increase in the share of members with a chronic condition diagnosis that we found in the commercial market is consistent with a national long-term trend in the United States.⁸ In our analysis, we identify chronic conditions that were known to a payer in a specific year, and given the decreasing trend in utilization, we are likely understating their prevalence. In the Appendix, we include an alternative definition and analysis.

Future analyses could examine other factors that contribute to the spending growth, including price and intensity of utilization, geographical variation in income and inflation. Dielman et al.⁹, for example, find that 65% of cross-county variation in health care spending is explained by service utilization, while price and intensity, age, disease prevalence contribute 24%, 4% and 7% respectively. Johnson et al.¹⁰ analyze variation in annualized per person spending growth across states between 2000 and 2019 and identify incomes and consumer prices as major factors explaining that variation in growth.

Limitations

This analysis is not without limitations. First, the reliability of our findings was constrained by limitations inherent in the data sources used. California's Department of Health Care Access and Information (HCAI) continues to work with submitters on improving data quality in the HPD as well as in OHCA's data collection. Potential errors in payer databases may introduce measurement error and contribute to the findings. Despite these concerns, the HPD represents the best available source for examining claim-level healthcare costs and utilization in California. Second, as we noted in the Methods section above, we use medical service records (claims and encounters) to define utilization. Excluding pharmacy claims could understate utilization rates. In the Appendix, we included an analysis of TME PMPY growth rates without retail pharmacy claims spending. Third, we focused on the share of members who used their health insurance coverage (the extensive margin of utilization) but not how much care a member may have used (the intensive margin). In future analyses, we intend to explore the latter.

Conclusion

In this analysis, we used granular HPD claims and encounter data to build upon findings from OHCA's baseline report that featured aggregated TME data. OHCA's baseline report documented that, from 2022 to 2023, total medical expenses per member per year increased by 5.0% in the commercial market with variation across payers ranging from -0.2% to 19.8%. We explored three potential factors that may contribute to the spending growth and found that utilization decreased by 5.3% on average while the share of members with chronic condition diagnosis increased by 2.9% on average with no meaningful change in the average age of members. However, there was substantial variation in these metrics across payers. The growth in TME PMPY may be further explained by prices and intensity of utilization, which we intend to explore in future analyses.

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Appendix

Data

The main data source is extract 15005 of the California's All Payer Claims Database Quarterly Extract (Health Care Payments Data), which was released on March 31, 2025. The tables used include monthly eligibility files and medical claims. We do not include pharmacy claims for this analysis.

We excluded member-year enrollment records that had more than one sex reported and had an age difference of more than 1 year within each calendar year from the HPD dataset. Overall, we excluded 0.22% of members in 2022 and 0.29% in 2023. At the payer level, we excluded more than 0.3% for Aetna and Cigna, and less than 0.2% for Alignment and SCAN.

In the OHCA data, submitters include everyone covered by their insurance plans even if the coverage is not primary. To align with this reporting, if a member has an overlapping enrollment with several payers in HPD, for example, if a member has coverage from payer A through their employer and payer B through their spouse, we count this member as enrolled with both payers A and B.

For each year and payer, we calculate the share of members who have a chronic condition diagnosis on the claim. In other words, if member A has two overlapping insurance plans (Plan 1 and Plan 2) and submits claims to only one of those plans (Plan 1) with a chronic condition diagnosis, this member will be counted as having chronic condition with Plan 1 but not in Plan 2.

The Total Medical Expenditure (TME) per member per year growth rates are from the OHCA data submitted to OHCA in Fall 2024 for calendar years 2022 and 2023.

Comparison of HPD and OHCA data by submitter and year, Commercial market

Key takeaways:

- Enrollment for all payers is aligned between the HPD and OHCA data sources except for payers with significant Administrative Services Only (ASO) enrollment.
- Age/sex distribution by payers, years and markets aligns between the HPD and OHCA data sources. Distribution showed no change between 2022 and 2023

Table 5 shows the number of member months from the HPD compared to OHCA's baseline report. Overall differences are small with the exception of three payers – Aetna, Cigna and UnitedHealthcare – who have a significant proportion of their OHCA-reported enrollment in ASO enrollment.¹¹ Neither the HPD nor the OHCA program require payers to submit ASO enrollment.

Table 5. Compare member-months count in HPD and OHCA THCE

	HPD member months	THCE member months	% Delta HPD to THCE
Aetna			
2022	7,060,711	14,601,273	-52%
2023	7,638,517	15,109,765	-49%
Anthem Blue Cross			
2022	26,931,057	28,798,238	-6%
2023	26,915,174	29,493,086	-9%
Blue Shield of California			
2022	29,345,989	32,856,638	-11%
2023	32,091,768	32,215,989	-0%
Centene / Health Net			
2022	6,227,769	6,407,107	-3%
2023	6,486,838	5,957,939	9%
Cigna			
2022	2,718,421	15,081,891	-82%
2023	4,072,841	14,659,200	-72%
Kaiser			
2022	81,034,433	86,273,088	-6%
2023	80,020,447	85,266,531	-6%
LA Care			
2022	1,959,562	1,967,196	-0%
2023	2,161,823	2,130,664	1%
Molina			
2022	772,754	769,888	0%
2023	648,929	635,589	2%
Sharp			
2022	1,652,778	1,654,101	-0%
2023	1,611,337	1,607,126	0%
Sutter			
2022	1,200,210	1,205,687	-0%
2023	1,250,757	1,259,177	-1%
UnitedHealthcare			
2022	8,714,938	16,701,938	-48%
2023	8,726,860	16,776,834	-48%
Valley Health Plan			
2022	536,319	555,619	-3%
2023	613,813	545,137	13%
WHA			
2022	1,216,833	1,226,128	-1%
2023	1,250,695	1,259,795	-1%

Note: OHCA member month counts include all member months reported by payers regardless of missing or unknown age or sex. HPD member month counts exclude members with conflicting reports of age or sex within a calendar year.

Figures 3 and 4 compare age-sex distributions in the HPD and OHCA data sources across commercial market payers in 2023. Missing or unknown age and sex were excluded from both data sources for these comparisons. With the exception of Centene, age-sex distributions align between the HPD and OHCA data sources.

Figure 3. Age distribution in HPD vs OHCA Data, 2023 commercial market, male

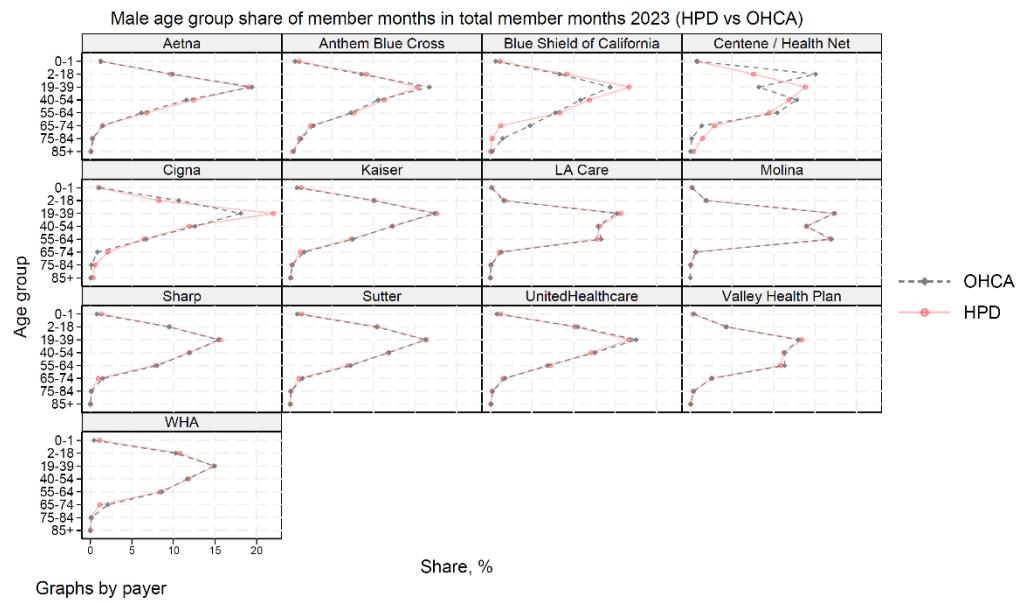
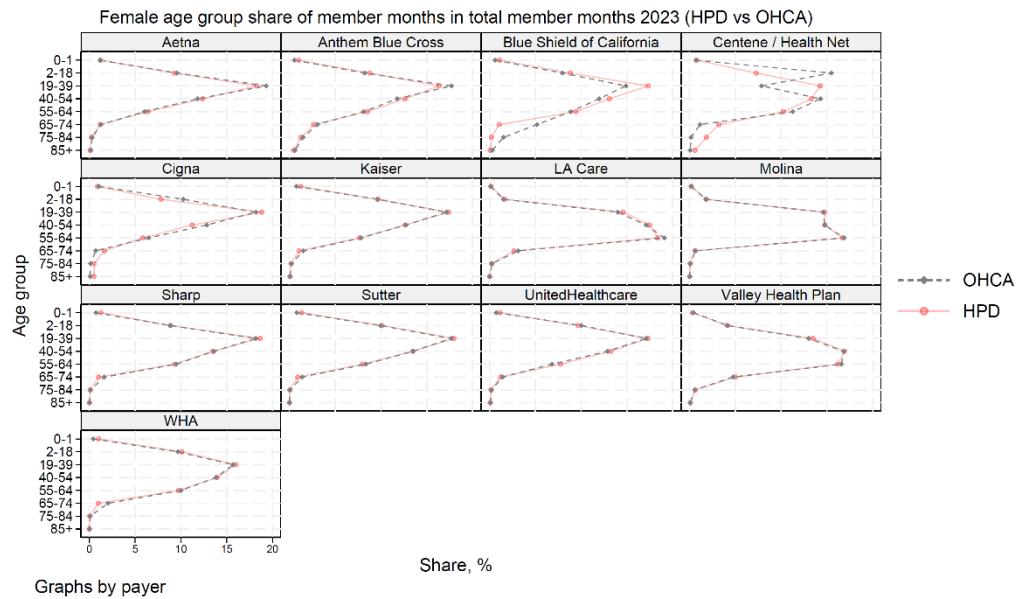


Figure 4. Age distribution in HPD vs OHCA Data, 2023 commercial market, female



TME PMPY sans pharmacy growth rates

In Table 6 below we excluded retail pharmacy claims from the TME calculation per member per month to align with the omission of pharmacy claims from the HPD dataset. Without pharmacy claims, TME PMPY grew by 3.8% (vs 5.0% with pharmacy claims included).

Table 6. Comparing growth rates in TME PMPY sans pharmacy spending, utilization and chronic condition diagnosis

	TME sans pharmacy PMPY growth, %	% Change in share of utilizers	% Change in share with chronic condition
Aetna	4.4%	-5.5%	4.1%
Anthem Blue Cross	2.7%	-4.4%	2.0%
Blue Shield of California	3.7%	-6.9%	0.5%
Centene / Health Net	2.5%	-3.7%	1.3%
Cigna	4.4%	-9.9%	2.2%
Kaiser	4.0%	-4.4%	5.4%
LA Care	-6.1%	-20.7%	-16.3%
Molina	18.2%	-16.7%	-8.0%
Sharp	2.3%	-2.7%	3.6%
Sutter	4.6%	-2.8%	-3.1%
UnitedHealthcare	4.3%	-3.6%	5.0%
Valley Health Plan	11.6%	-25.3%	-24.0%
WHA	3.8%	-2.3%	2.3%
Market Average	3.8%	-5.3%	2.9%

Alternative definition of chronic condition

In the HPD, there is an alternative definition of chronic conditions where chronic conditions are defined at a member level, and some conditions require a lookback period of two years as defined in the Chronic Condition Warehouse reference period. Only members who have a medical claim with a chronic condition diagnosis are identified as having a chronic condition. In other words, if member A has two overlapping insurance plans (Plan 1 and Plan 2) and submits claims to only one of those plans (Plan 1) with chronic condition diagnosis, this member will be counted as having a chronic condition with Plan 1 and with Plan 2. Thus, chronic condition identification is contingent on a member using medical services with any plan.

Table 7 shows a share of enrolled members with chronic condition diagnosis by commercial payer. While the share of enrolled members with chronic conditions is increasing on average, less members with chronic conditions are using care. In the commercial market, on average 90.7% of members with chronic conditions used care in 2023 which is a 1.7 percentage point decrease compared to 2022 share of 92.4%. The largest decreases in absolute terms are Valley (-17.5 pp), LA Care (-13.5 pp) and Molina (-11.3pp).

Table 7. Share of members with chronic conditions (alternative definition) by payer and year, commercial market

	2022	2023
Aetna	30.1%	32.0%
Anthem Blue Cross	36.2%	38.1%
Blue Shield of California	24.0%	36.5%
Centene / Health Net	36.0%	38.1%
Cigna	23.6%	25.4%
Kaiser	29.6%	31.0%
LA Care	36.9%	37.6%
Molina	34.3%	37.6%
Sharp	33.7%	35.2%
Sutter	34.0%	34.0%
UnitedHealthcare	32.8%	35.3%
Valley Health Plan	38.8%	37.6%
WHA	39.6%	40.3%
Market Average	30.3%	33.8%

Table 8. Share of members with chronic condition (alternative definition) who use care by payer and year, commercial market

	2022	2023
Aetna	88.8%	88.1%
Anthem Blue Cross	92.3%	91.1%
Blue Shield of California	91.8%	89.8%
Centene / Health Net	91.2%	87.7%
Cigna	60.7%	58.9%
Kaiser	95.3%	94.7%
LA Care	83.3%	69.9%
Molina	86.8%	75.5%
Sharp	92.8%	92.2%
Sutter	92.4%	91.0%
UnitedHealthcare	91.7%	91.1%
Valley Health Plan	89.0%	71.5%
WHA	92.9%	92.4%
Market average	92.4%	90.8%

Figure 5 plots TME PMPY growth by payer along with growth rates in utilization and the share of members with a chronic condition.

Figure 5. Growth rates of TME PMPY (diamond), utilization (circle) and members with chronic condition (alternative definition) (triangle), utilization rate among members with chronic condition (cross)

