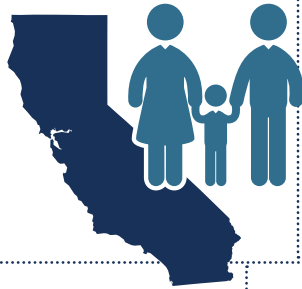


MEDI-CAL PROGRAM INTEGRITY: BY THE NUMBERS

14 MILLION

PEOPLE PROTECTED BY
VERIFYING MEMBERS,
PROVIDERS & SERVICES



**300K+
ENROLLED**

MEDI-CAL PROVIDERS
STATEWIDE



**4.5 MILLION
SERVICES**

DELIVERED EVERY DAY
ON AVERAGE



**20% OF
DHCS STAFF**
FOCUSED SOLELY ON
PROGRAM INTEGRITY

**26K AUDITS &
INVESTIGATIONS
COMPLETED**

IN LAST 5 YEARS



**\$2+ BILLION SAVED &
\$4+ BILLION COLLECTED**

THROUGH PROGRAM INTEGRITY
EFFORTS OVER THE
PAST FIVE YEARS



**1,700+
SUSPECTED
FRAUD
COMPLAINTS**

RECEIVED EVERY MONTH



**700+
FRAUD CASES**
REFERRED TO
LAW ENFORCEMENT
SINCE 2020

CALIFORNIA:
**1ST STATE
TO FREEZE**
NEW HOSPICE LICENSES



**5,000+
PROVIDERS**

SUSPENDED FOR SUSPECTED
FRAUD OVER THE PAST FIVE YEARS



- 1. 14 million people protected by verifying members, providers, and services.**
We check eligibility, provider qualifications, and medical necessity before care happens.
- 2. 300,000+ enrolled Medi-Cal providers statewide**
We verify identity, license, and business location before a provider can serve Medi-Cal members.
- 3. 4.5 million services delivered every day on average**
Data analysis and monitoring spot unusual billing and make sure services match what members should receive.
- 4. 20% of DHCS staff focused solely on program integrity.**
Auditors, investigators, and analysts work every day to prevent and spot risks early.
- 5. 26,000+ audits and investigations completed over the past five years.**
Regular reviews help us catch issues early and protect members from harm.
- 6. \$2+ billion saved and \$4+ billion collected through program integrity work over the past five years.**
We prevent fraud before it occurs, keep bad actors out of Medi-Cal, and recover funds when rules aren't followed.
- 7. 1,700+ suspected fraud complaints received every month to quickly address concerns.**
We investigate tips shared by members, families, providers, and plans. DHCS evaluates each complaint based on credibility, dollar impact, potential harm to members, evidence strength, and scheme indicators.
- 8. More than 700 potential fraud cases sent to the California Department of Justice's Medi-Cal Fraud Control Unit since 2020.**
Many of these cases involved multiple bad actors.
- 9. California was the first state to freeze new hospice licenses**
DHCS is part of the Statewide Hospice Task Force, which has strengthened licensure standards, revoked 280+ licenses, opened 300+ investigations, and referred more than 100 individuals for criminal charges.
- 10. 5,000+ providers suspended for suspected fraud over the past five years.**
Strong oversight helps prevent fraud, waste, and abuse before taxpayer dollars are lost.