



Crushing Fraud

OVERPAYMENT PREVENTION



CMS imposed **223 Medicare payment suspensions** on providers



Over **\$1.3 billion in payments** are on hold following payment suspension



Through medical review activities, CMS fraud contractors identified **\$1.1 billion** in overpayments across **1,539 Medicare providers**



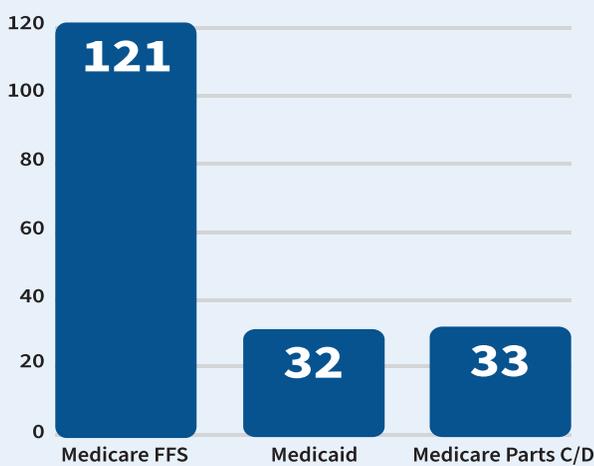
Automated edits guarding against improper payments and potential fraud have denied payment for **over 600 million** items or services, totaling over **\$106 million**.

CMS revoked the ability of **3,152 providers and suppliers** to bill the Medicare program due to inappropriate behavior.[^]



INVESTIGATIONS AND REFERRALS

CMS Referrals Accepted by Law Enforcement



Law enforcement accepted **186 CMS fraud referrals** for potential legal action



These referrals encompassed **\$1.3 billion** in billing



The most powerful tool to combat fraud is YOU. So far in 2025, 1-800-MEDICARE has received complaints related to fraud, waste, and abuse from over **130,000 beneficiaries**—that's over 700 calls each day! If you suspect fraud, report it at **CMS.gov/fraud** or by calling **1-800-MEDICARE**.

[^] This data encompasses FY25 (October 1, 2024 – most recently available data)