



Fast Facts

CMS' Fraud, Waste, and Abuse Sprint Strategy

CMS is taking decisive action to **combat suspected fraud and improper payments** by implementing key program integrity initiatives through the end of 2025. These initiatives will **save taxpayers billions while protecting beneficiary care**.

The Fraud Defense Operations Center

CMS established the Fraud Defense Operations Center (FDOC) pilot, also known as the **Fraud War Room**, to integrate cross-functional expertise through a specialized team of data analysts, investigators, health policy experts, legal advisors, and law enforcement. This pilot tested an innovative approach to **safeguard beneficiaries and protect taxpayer resources by using rigorous data analysis to identify investigative leads for prompt engagement with subject matter experts and key stakeholders.**

The FDOC Pilot Halted Financial Loss

The FDOC leveraged data-driven analytics to proactively detect, address, and prevent fraud, waste, and abuse in real time. Using this approach, the team coordinated timely interventions to ensure that improper payments were halted before financial loss was incurred by Medicare. The FDOC pilot ran from March 31 - May 1, 2025.

FDOC efforts resulted in \$105M in payments suspended during the pilot*



Assessed 106 providers, over four per business day



Suspended payment to 50 providers due to suspected fraud



Implemented pre-payment review on 40 providers



Revoked Medicare billing privileges of **two providers**

Examples of egregious behavior caught by the FDOC



A dermatologist billed \$16M for a blanket's worth of skin substitutes to a single beneficiary who had no supporting medical history



A Texas lab billed Medicare \$2.2M for genetic tests that the beneficiaries confirmed they never received



A lab submitted \$10M in claims, averaging \$1M in services per day, to beneficiaries whose Medicare beneficiary identifiers (MBIs) were likely deceitfully acquired through malicious means



