CMS ACCOMPLISHMENTS | JANUARY 1, 2025 – AUGUST 31, 2025

# Crushing Fraud

## OVERPAYMENT PREVENTION

CMS imposed **315 Medicare payment suspensions** on providers

Over **$1.8 billion in payments** are currently on hold following payment suspension

Through medical review activities, CMS fraud contractors identified **$1.6 billion** in overpayments across **2,241 Medicare providers**

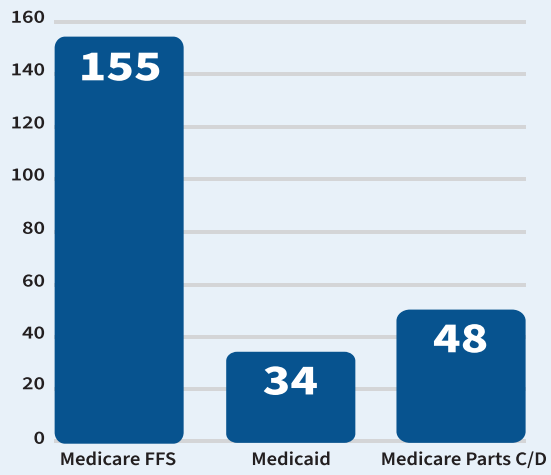
Automated edits guarding against improper payments and potential fraud have denied payment for **over 800,000** items or services, totaling over **$141 million**.

CMS revoked the ability of **4,242 providers and suppliers** to bill the Medicare program due to inappropriate behavior.^

CMS denied **77,152** Medicare claims for unnecessary items and services because they failed to satisfy Medicare's preliminary approval checks that confirm medical necessity and other coverage requirements.

CMS has collected over **$250 million** in overpayments through post-payment reviews.

## INVESTIGATIONS AND REFERRALS




Law enforcement accepted **237 CMS fraud referrals** for potential legal action

These referrals encompassed **$2.6 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 **180,000 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 FY2025 (October 1, 2024 – most recently available data)

**CMS.GOV/FRAUD**

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