



Crushing Fraud

OVERPAYMENT PREVENTION



CMS imposed **537 Medicare payment suspensions** on providers



Over **\$5.7 billion in payments** are currently on hold following payment suspension



Through medical review activities, CMS fraud contractors identified **\$2.6 billion** in overpayments across **3,262 Medicare providers**



Automated edits guarding against improper payments and potential fraud have denied payment for **nearly 1.2 million** items or services, totaling over **\$200 million**.

CMS revoked the ability of **5,586 providers and suppliers** to bill the Medicare program due to inappropriate behavior.



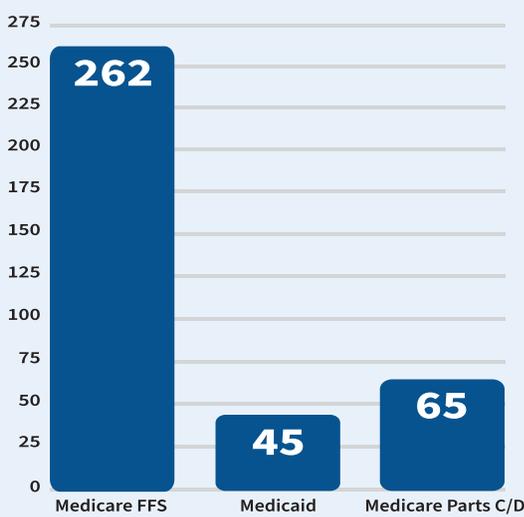
CMS denied **122,658** Medicare claims for unnecessary items and services because they failed to satisfy Medicare's preliminary approval checks that confirm medical necessity and other coverage requirements.

CMS has collected over **\$371 million** in overpayments through post-payment reviews.



INVESTIGATIONS AND REFERRALS

CMS Referrals Accepted by Law Enforcement



Law enforcement accepted **372 CMS fraud referrals** for potential legal action



These referrals encompassed **\$3.7 billion** in billing



The most powerful tool to combat fraud is YOU. In 2025, 1-800-MEDICARE received complaints related to fraud, waste, and abuse from over **307,000 beneficiaries**—nearly 1,000 calls each day! If you suspect fraud, report it at **CMS.gov/fraud** or by calling **1-800-MEDICARE**.