



Crushing Fraud | Q1 2026

OVERPAYMENTS



Overpayments Identified through medical review
\$850 million



Overpayments Identified through medical review
651 providers



Overpayments Collected through post-payment review
\$216 million

PAYMENT SUSPENSIONS



\$187 million



327 providers & suppliers

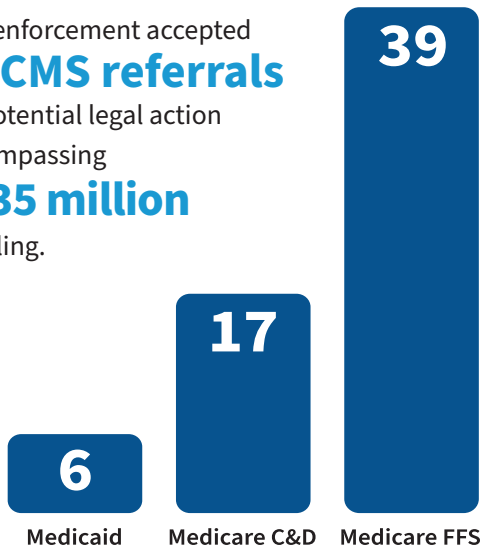
CLAIM DENIALS



27,355 claims denied for failing to meet Medicare FFS requirements

LAW ENFORCEMENT REFERRALS

Law enforcement accepted **62 CMS referrals** for potential legal action encompassing **\$635 million** in billing.



RISK ADJUSTMENT DATA VALIDATION (RADV)

CMS initiated RADV audits across **471 new Medicare Advantage contracts** for Payment Year (PY) 2020 and identified over **\$24 million in overpayments** in PYs 2014 and 2015.



HEALTHCARE FRAUD PREVENTION PARTNERSHIP (HFPP)

The HFPP is a voluntary public-private partnership that detects and prevents healthcare fraud through data sharing.



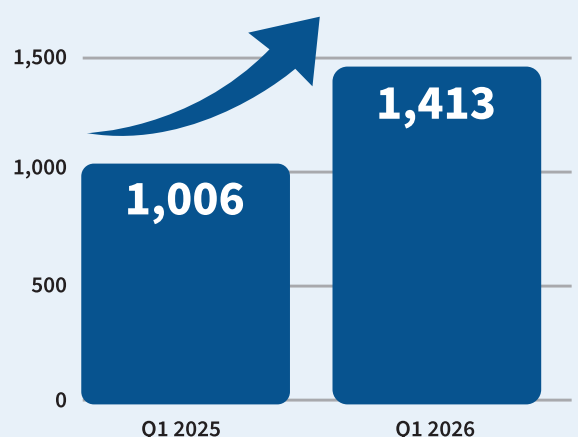
506 Alerts



313 Partners

REVOCACTIONS

CMS revoked **1,413 providers and suppliers**, a **40% increase** in the number of revocations since the same quarter in 2025.





CMS ACCOMPLISHMENTS | JANUARY 1, 2026 – MARCH 31, 2026

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From January 1, 2026 to March 31, 2026, CMS enhanced its use of “**stop and caught**” initiatives to **crush fraud** before taxpayer dollars went out the door.



On February 27th, CMS **issued a Request for Information (RFI)** to collect stakeholder input on ways to better prevent, identify, and address fraud, waste, and abuse that could be considered as part of an upcoming Comprehensive Regulations to Uncover Suspicious Healthcare (CRUSH) Rule. The comment period closed on March 30th and CMS is reviewing over 500 comments received.



TARGETED SUSPENSIONS

Across Q1 2026, CMS issued over **200 Medicare payment suspensions on high-risk hospice and home health providers** in California. Payments are paused while CMS investigates concerning billing behavior.



BOOTS-ON-THE-GROUND

In January, CMS launched a **beneficiary engagement initiative** interacting with beneficiaries at health fairs and community events in-person to warn of fraud schemes and provide advice on protecting their health information.



DMEPOS MORATORIUM

In February, CMS implemented a **six-month national moratorium** on all Medicare enrollments for certain Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) medical supply company types.



PUBLISHED REVOCATION LIST

In March, CMS released a publicly available **list of revoked Medicare enrollments** at data.cms.gov, boosting transparency and providing external partners with a powerful tool to crush fraud.