



Fast Facts

CMS Announces the Medicaid Fraud War Room

In 2025, CMS launched the Fraud Defense Operations Center, better known as the Medicare Fraud War Room, one of the most powerful anti-fraud initiatives in the agency's history. In its first year alone, the War Room successfully stopped **billions of dollars** from reaching bad actors.

Building on that extraordinary success, CMS took the fight even further this April by launching the **Medicaid Fraud War Room**, a bold new initiative created in direct collaboration with the White House Task Force to Eliminate Fraud, led by Vice President JD Vance. This cross-functional strike force leverages **advanced data analytics** to identify high-risk providers, develop investigative leads, and coordinate rapid action.

The War Room is leveraging the full arsenal of existing state and federal program integrity authorities, including **provider exclusions, civil monetary penalties, and overpayment recovery**, while helping states implement **payment suspensions** faster and ensuring that every taxpayer dollar goes toward legitimate care for eligible Medicaid beneficiaries.

Fraud Prevention Partners



White House Task Force to Eliminate Fraud: Provides executive-level leadership and goal setting



CMS: Identifies highest-risk providers through data analytics and leads coordination of War Room



HHS-OIG: Investigates fraud, issues exclusions, and pursues civil monetary penalties

Example of egregious behavior caught by the Medicaid War Room

The War Room identified a lab testing provider that was excessively billing for once-in-a-lifetime gene testing. In 2025 alone, the provider received **\$4.5 million for repeat testing** on 520 patients. Medical record review uncovered **falsified records and a lack of medical necessity**.

Since identification by the War Room:



The provider will be **excluded** following OIG's notification of intent to exclude from federally funded health care programs



The State where the provider was located immediately **stopped sending payments** to the provider



Investigators continue to review records and **pursue financial recoveries**