



Crushing Fraud | 2026

MEDICARE OVERPAYMENTS



Overpayments Identified
through medical review
\$1.8 billion



Overpayments Identified
through medical review
1,353 providers & suppliers



Overpayments Collected
through post-payment review
\$378 million

MEDICARE PAYMENT SUSPENSIONS



\$539
million



1,095
providers & suppliers

DME PAYMENT SUSPENSIONS & REVOCATIONS



496 unique DME suppliers subject to Medicare payment suspension and/or revocation in 2026



60
suppliers suspended

445
suppliers revoked

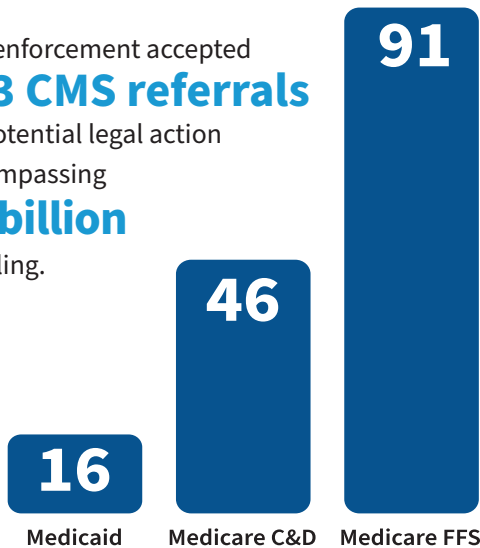
CLAIM DENIALS



110,414
claims denied for failing to meet Medicare FFS requirements

LAW ENFORCEMENT REFERRALS

Law enforcement accepted **153 CMS referrals** for potential legal action encompassing **\$1 billion** 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.



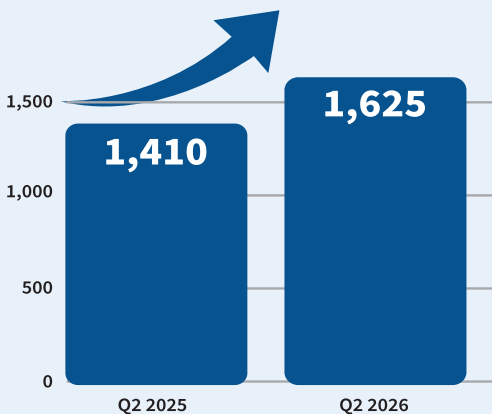
873
Alerts



314
Partners

MEDICARE REVOCATIONS

CMS revoked **1,625 providers and suppliers**, a **15% increase** in the number of revocations since the same quarter in 2025.





CMS ACCOMPLISHMENTS | APRIL 1, 2026 – JUNE 30, 2026

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From April 1, 2026 to June 30, 2026, CMS enhanced its use of “**stop and caught**” initiatives to **crush fraud** before taxpayer dollars went out the door.



In April 2026, CMS launched the **Medicaid Fraud War Room (MFWR)** 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 MFWR generated over **\$203 million** in net savings across **50 unique providers** in its **first 88 days**.



TARGETED SUSPENSIONS

In 2026, CMS issued **797 Medicare payment suspensions on high-risk hospice and home health providers** in California.



INCREASED SAVINGS

2026 Medicare spending on **skin substitutes** is **\$200 million**, a **95% reduction** from the \$14.4 billion in 2025.



HOME HEALTH & HOSPICE MORATORIA

In May, CMS implemented a **six-month national moratorium** on all new Medicare enrollments for **home health agencies and hospices**.



DEMONSTRATION EXPANDED

The **Inpatient Rehabilitation Facility (IRF) Review Choice** Demonstration expanded to **California** on **May 1, 2026**.