



Centers for Medicare & Medicaid Services – National Training Program

Frequently Asked Questions (FAQs): Medicare & Medicaid Fraud, Waste, and Abuse Prevention Mini-Course & Podcast Series

1. Definitions & Examples

What's the difference between health care fraud, waste, and abuse?

Fraud is when someone knowingly deceives, conceals, or misrepresents to obtain money or property from any health care benefit program. Medicare or Medicaid fraud is considered a criminal act.

Waste is overusing services or other practices that directly or indirectly result in unnecessary costs to any health care benefit program. Examples of waste are conducting excessive office visits, prescribing more medications than necessary, and ordering excessive laboratory tests.

Abuse is when health care providers or suppliers perform actions that directly or indirectly result in unnecessary costs to any health care benefit program. Abuse includes any practice that doesn't provide patients with medically necessary services or meet professionally recognized standards. Examples of abuse are billing for services that aren't medically necessary, overcharging for services or supplies, and misusing billing codes to increase reimbursement.

The difference depends on circumstances, intent, and knowledge.

2. Who Decides if It's Fraud

Who determines if something is fraud, waste, abuse, or a simple error?

Usually, it's not possible for a casual observer to distinguish between intentional fraud, waste, abuse, and errors (mistakes made without intent or knowledge of the error). Improper payments, for example, are often mistakes. If a situation raises a flag, it will need to be properly investigated to determine if it's more than a mistake. The government has systems in place to investigate and determine whether it's actually fraud or something else. Since fraud is ultimately determined by the judicial system, the Centers for Medicare & Medicaid Services (CMS) typically notes "potential fraud" until the judicial system has made a decision.

3. Prevention & Detection

What are some strategies for preventing or detecting possible fraud, waste, and abuse?

Be aware of the potential for fraud, waste, and abuse. Realize that anyone can commit fraud. Stay alert. Know what to look for. Fraud schemes can change quickly. Stay informed about scams, scammers, and the methods they use. Practice the 4 Rs:

1. **Record** appointments and services.
2. **Review** services provided.
3. **Report** suspected fraud (so it can be investigated and stopped, if it's happening).
4. **Remember** to protect personal information, like your Medicare, Medicaid, Social Security, credit card, and bank account numbers (to reduce the chance that someone can misuse the information).

4. Importance of Reporting

Why is it important to report suspected fraud, waste, and abuse?

If you think you've spotted fraud, you may want to call your provider's office to ask about it. They may be able to help you understand the charges, or figure out if they made a billing error. You may need to follow up with the provider, Medicare, or your plan to get the error corrected.

You should report suspected fraud, waste, or abuse so that the appropriate agency or organization can investigate the incident and take action to keep it from happening again. These steps can save taxpayer money and protect other potential victims from actions that may harm them financially or negatively impact their health.

5. Organizations that Detect, Prevent, & Investigate

What organizations and resources are dedicated to detecting, preventing, and/or investigating suspected fraud, waste, and abuse?

Several federal and state initiatives are dedicated to detecting, preventing, and/or investigating suspected fraud, waste, and abuse, including the Centers for Medicare & Medicaid Services' (CMS') Center for Program Integrity, CMS Program Integrity Contractors, the Health Care Fraud Prevention Partnership, the Health Care Fraud Prevention and Enforcement Action Team, law enforcement, and the judicial system. The Resources section of this course provides links you can use to learn more about government systems dedicated to detection, prevention, and investigation.

6. Reporting (Medicare)

Where can I report suspected Medicare fraud, waste, and abuse?

Who to contact depends on who's reporting what.

For the general public and providers:

- Call the Inspector General's Hotline at 1-800-HHS-TIPS (1-800-447-8477); TTY: 1-800-377-4950
- Online: [OIG.HHS.gov/fraud/report-fraud](https://www.OIG.HHS.gov/fraud/report-fraud); also see [Medicare.gov/fraud](https://www.Medicare.gov/fraud)
- By fax: 1-800-223-8164
- By mail: HHS Tips Hotline, P.O. Box 23489, Washington, DC 20026-3489

If you have Medicare Part A (Hospital Insurance) or Part B (Medical Insurance):

- Call 1-800-MEDICARE (1-800-633-4227); TTY: 1-877-486-2048

If you have a Medicare Advantage Plan:

- Call your plan and ask for information on reporting fraud

If you have Medicare drug coverage (Part D):

- Call 1-877-7SAFERX (1-877-772-3379) or call your plan
- Also see [Medicare.gov/fraud](https://www.Medicare.gov/fraud)

If you have a question or would like assistance reporting Medicare errors or suspected fraud, waste, or abuse:

- Call your local Senior Medicare Patrol or call the nationwide toll-free number (1-877-808-2468)
- Online: [smpresource.org](https://www.smpresource.org)

If you're not sure or can't remember who to contact:

- Call 1-800-MEDICARE (1-800-233-4227); TTY: 1-877-486-2048
- Or see the CMS "Reporting Fraud" web page at [CMS.gov/About-CMS/Components/CPI/CPIReportingFraud](https://www.CMS.gov/About-CMS/Components/CPI/CPIReportingFraud)

7. Reporting (Medicaid)

Where can I report suspected Medicaid fraud, waste, and abuse?

Who to contact depends on who's reporting what.

For the general public and providers:

- Call the Inspector General's Hotline at 1-800-HHS-TIPS (1-800-447-8477); TTY: 1-800-377-4950
- Online: [OIG.HHS.gov/fraud/report-fraud](https://oig.hhs.gov/fraud/report-fraud)
- By fax: 1-800-223-8164
- By mail: HHS Tips Hotline, P.O. Box 23489, Washington, DC 20026-3489

If you have Medicaid coverage:

- Contact your local CMS Medicaid Fraud Control Unit (MFCU); for contact information, see the directory of MFCU directors at [OIG.HHS.gov/fraud/medicaid-fraud-control-units-mfcu](https://oig.hhs.gov/fraud/medicaid-fraud-control-units-mfcu)
- You can also contact your state Medical Assistance (Medicaid) Office; for contact information, go to [Medicaid.gov/about-us/contact-us/index.html](https://www.Medicaid.gov/about-us/contact-us/index.html)

8. Reporting Identity Theft

Where can I report suspected medical identity theft?

If you suspect identity theft, or believe you gave your personal information to someone you shouldn't have, call the Federal Trade Commission's ID Theft Hotline at 1-877-438-4338. TTY users can call 1-866-653-4261. You can also visit [IdentityTheft.gov](https://www.IdentityTheft.gov) to file a report. If you think you're a victim of medical identity theft, call your health insurance company immediately. You can also report a tip to the FBI at [FBI.gov/tips](https://www.FBI.gov/tips).

9. Reporting to Multiple Agencies or Anonymously

Are there situations where I might want to report suspected fraud, waste, or abuse to more than one agency at once?

Yes. For example, if you have Medicare and Medicaid coverage (that is, you're "dual eligible"), you may be reporting to federal and state agencies at the same time. If you report something anonymously to the U.S. Department of Health & Human Services Office of Inspector General, and you also want some type of relief (like having an error corrected or getting a refund from a Medicare-participating provider), you'll need to report the error to the appropriate agency.

10. What Happens After You Report

What happens after I report suspected Medicare or Medicaid fraud or abuse?

A range of actions may take place, from investigations, to administrative actions, to law enforcement activities. If you report something to the U.S. Department of Health & Human Services Office of Inspector General, they won't notify you about what happens.

11. Learn More About Fighting Fraud & Identity Theft

Where can I learn more about fighting Medicare and Medicaid fraud and identity theft?

The Centers for Medicare & Medicaid Services (CMS) has a web page on reporting fraud at [CMS.gov/About-CMS/Components/CPI/CPIReportingFraud](https://www.CMS.gov/About-CMS/Components/CPI/CPIReportingFraud). See the Resources section of this course for links to additional information and resources.

To view all available CMS National Training Program training materials, visit [CMSnationaltrainingprogram.cms.gov](https://www.cms.gov/nationaltrainingprogram).

Disclaimer Notice

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The information in this document describes the Medicare Program at the time the document was printed. Changes may occur after printing. Visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users can call 1-877-486-2048.

This isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

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