
Effective Dates: 02/13/2024 - Present (Go to [History](#))



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TN 3 (02-24)

HI 04125.001 Medicare Program Integrity

A. Introduction

The instructions in this subchapter describe the policies and procedures to refer Medicare fraud or program abuse allegations to the Centers for Medicare and Medicaid Services (CMS).

B. Reporting Medicare fraud or program abuse

When the Social Security Administration (SSA) receives an inquiry reporting fraud or program abuse in Medicare, refer the individual to oig.hhs.gov or 1-800-MEDICARE (1-800-633-4227) to submit a complaint. TTY users can call 1-877-486-2048.

C. Examples of Medicare fraud or program abuse

Medicare fraud schemes range from solo ventures to widespread activities by an institution or group. A beneficiary who contacts SSA may identify a questionable situation involving skilled nursing care, a health care provider, hospital, assisted living facility, or rehabilitation facility, amongst others.

Examples of Medicare fraud or program abuse include, but are not limited to:

- Abusing or neglecting patients.
 - Falsifying records or documents.
 - Misusing or stealing a Medicare card or number.
 - Billing for services or supplies not received or not needed.
 - Committing provider fraud in a Medicare Advantage Plan or Medicare drug plan.
 - Threatening to cancel Medicare benefits unless the individual complies with requests.
 - Impersonating government employees or Medicare-approved Prescription Drug Plan sponsors.
 - Soliciting, receiving, offering, or paying kickbacks, bribes, or rebates to induce or reward referrals for items or services reimbursed by Federal health care programs.
 - Any other questionable practices which take undue advantage of the program.
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Section History

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Prior Versions of Section

Effective Date	Title
10/27/2022 - 02/12/2024	Medicare Program Integrity - Introduction
01/13/2000 - 10/26/2022	Medicare Program Integrity - Introduction
02/25/1998 - 01/12/2000	Medicare Program Integrity - Introduction

Link to this section:

(b) (7)(E)

*HI 04125.001 - Medicare Program Integrity
Batch run: 02/13/2024
Rev:02/13/2024*