

INSIGHTS

House Energy &
Commerce
Oversight and
Investigations
Subcommittee
Hearing on Role of
CMS in Fighting Fraud

House Energy & Commerce Oversight and Investigations Subcommittee Hearing on Role of CMS in Fighting Fraud

On March 17, 2026, the House Energy and Commerce Oversight and Investigations Subcommittee [held](#) a hearing on the role of the Centers for Medicare & Medicaid Services (CMS) in combating Medicare and Medicaid fraud. While both Democrats and Republicans agreed that fraud is hurting the program and its beneficiaries and should be stopped, they disagreed on the current practices CMS is using to assess state programs and identify fraud.

OPENING STATEMENTS

- [Subcommittee Chairman John Joyce \(R-PA-13\)](#)
- [Subcommittee Ranking Member Yvette Clarke \(D-NY-9\)](#)
- [Full Committee Chairman Brett Guthrie \(R-KY-2\)](#)
- [Full Committee Ranking Member Frank Pallone \(D-NJ-6\)](#)

WITNESS TESTIMONY

- Kim Brandt, Deputy Administrator and Chief Operating Officer, Centers for Medicare and Medicaid Services - [Testimony](#)

MEMBER DISCUSSION

Current Tactics Used to Find and Prevent Fraud

There was bipartisan questioning regarding the tactics CMS is currently using to identify and combat fraud. Full Committee Chair Brett Guthrie (R-KY-2) asked about the Fraud Defense Operation Center being referred to as the Fraud War Room. Ms. Brandt described this center as staffed by a mix of medical professionals and law enforcement, and she emphasized its data-driven approach to comparing Medicare and Medicaid spending with the state's population enrolled in the programs. Rep. Diana Harshbarger (R-TN-1) asked Ms. Brandt about the most common types of fraud. Ms. Brandt listed fraud related to skin substitutes, genetic testing, hospice, home health, and durable medical equipment as being at the top of the list.

Vice Chairman Troy Balderson (R-OH-12) asked whether the provider verification and cross-check methods have been an effective tool. Ms. Brandt described them as very effective, specifically for on-site visits, background checks, fingerprinting, and data matching against the Social Security Death Masterfile. Rep. Lizzie Fletcher (D-TX-7) expressed concerns about the sharing of this data, to which Ms. Brandt explained CMS's view that shared data can help identify types of fraud, but it must be protected.

Minnesota Investigation

Democrats used the Minnesota investigation as a cornerstone throughout their questioning. Subcommittee Ranking Member Yvette Clarke (D-NY-9) and Full Committee Ranking Member Frank Pallone (D-NJ-6) asked for more details on the steps taken as CMS has worked with Minnesota. Ms. Brandt explained that a team of experts from the Center for Program Integrity at CMS evaluated the corrective action plan submitted by Minnesota, and she personally communicated the feedback to them. Ranking Member Pallone then questioned the decision to withhold funds, given CMS historically withholds funds only when a state refuses to cooperate, which he argued Minnesota has done. Ms. Brandt said CMS only said it could withhold funds and that no action would be taken until the agency thoroughly reviewed the corrective action plan. She further explained that they determined Minnesota had adequate funds to sustain programming and said they would share the analysis with the subcommittee.

California Investigation

Another major topic for members of both parties was CMS's investigation into alleged Medicare home health care and hospice fraud in California. Subcommittee Chair John Joyce (R-PA-13) and Rep. Kevin Mullin (D-CA-15) asked about these investigations. Ms. Brandt explained that she and Dr. Oz were recently in California and are planning to visit several states to conduct site visits to evaluate the condition of care centers and ensure that valid and legitimate services are being provided.

Future of Fraud Prevention in CMS

Republicans spent more time on the future of CMS's anti-fraud efforts. Rep. Rick Allen (R-GA-12) and Rep. Harshbarger (R-TN-1) asked where Ms. Brandt sees current practices progressing. She explained they are working to create a 50 State Medicaid Program Integrity Playbook with the best practices so states can learn from one another. She further explained that they are working towards a "Stop and Cop" system, rather than a "Pay and Chase" system, to prevent money from being lost to fraud rather than attempting to recover it.

Other Topics

- Rep. Randy Weber (R-TX-14) asked how CMS is working to educate the elderly about suspected fraudulent activity. Ms. Brandt explained that Dr. Oz is making videos encouraging beneficiaries to call HHS and CMS if they suspect fraud, and that they are working with state officials to improve patrols.
- Rep. Lori Trahan (D-MA-3) and Rep. Kim Schrier (D-WA-8) questioned the removal of the independent Inspector General and President Trump's pardoning of a number of people who have been convicted of fraudulently using Medicare and Medicaid services.
- Rep. Paul Tonko (D-NY-20) raised concerns about Vice President Vance's involvement in antifraud efforts as he was designated by President Trump to be the anti-fraud lead.
- Rep. Buddy Carter (R-GA-1) voiced apprehensions regarding skin substitute fraud and the possibility of adverse effects for those needing care. Ms. Brandt stated they have not seen any adverse effects yet.

We trust you found this summary useful. Please reach out to [us](#) with any questions.

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