

CHAMBER HILL

INSIGHTS

House Ways and Means Committee Hearing on Medicare Fraud

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On April 21, the House Ways and Means Committee [held](#) a hearing to examine fraud in Medicare. There was strong bipartisan support for ending and preventing fraud in Medicare. Democratic members raised strong objections to actions taken by the Trump administration related to the prosecution of Medicare fraud. Republican members, in contrast, praised the administration's efforts to combat Medicare fraud, highlighting harm to beneficiaries.

OPENING STATEMENTS

- [Chairman Jason Smith \(R-MO-8\)](#)
- [Ranking Member Richard Neal \(D-MA-1\)](#)

WITNESS TESTIMONY

- Dr. Lynn Ianni, Ph.D., Medicare beneficiary and Medicare fraud victim – [Testimony](#)
- Ms. Shelia Clark, President and CEO, California Hospice and Palliative Care Association – [Testimony](#)
- Mr. David Klebonis, Chief Operating Officer, Palm Beach ACO – [Testimony](#)
- Mr. Christopher Deery, Director of Corporate and Financial Investigations, Independent Blue Cross – [Testimony](#)
- Ms. Kristi Martin, Principal, Highway 136 Consulting – [Testimony](#)

MEMBER DISCUSSION

Fraud Prevention

There was bipartisan support for preventing fraud in Medicare. Health Subcommittee Chair Vern Buchanan (R-FL-16), and Reps. Danny Davis (D-IL-7), Ron Estes (R-KS-4), Carol Miller (R-WV-1), and Nicole Malliotakis (R-NY-11) asked for input on how to best prevent fraud in Medicare. Mr. Klebonis shared that patient satisfaction surveys and site visits are critical for ensuring proper validation of providers. Ms. Clark repeatedly emphasized the need for better validation during program entry, education for beneficiaries, and looking at data from the beneficiary level to better understand if various claims data make sense. Rep. Davis requested more information on what education could be helpful to beneficiaries. Ms. Martin

shared that campaigns on protecting their beneficiaries' information have been successful. Ms. Clark shared that information about how to identify and report fraud to the senior Medicare Patrol has been important with beneficiaries she has worked with.

Rep. Greg Steube (R-FL-17) suggested that requiring a Certificate of Need can be effective in preventing new fraudulent hospice openings, a view Ms. Clark agreed with. Health Subcommittee Ranking Member Lloyd Doggett (D-TX-37) suggested that the Centers for Medicare and Medicaid Services (CMS) should deactivate the national provider identifier number for those known to be committing fraud. All witnesses supported this suggestion.

Rep. Steven Horsford (D-NV-4) shared that he would like to reduce fraud but that new measures cannot be put into place at the expense of patient care and asked for options on how to strike a balance. Ms. Martin agreed with the statement and highlighted that any new regulations should not delay care.

Beneficiary Harm

Other members of the Committee focused their questioning on the harms to beneficiaries who have experienced fraud. Reps. Miller, Nathaniel Moran (R-TX-1), and Michelle Fischbach (R-MN-7) requested an explanation of the impact of fraud on beneficiaries. Ms. Clark explained that it is a time-intensive process for beneficiaries to get the care they need after experiencing fraud, and that beneficiaries are often expected to pay for medical services received while fraud is being investigated. Dr. Ianni shared that she wished she had received more compassion and communication through the process of working with CMS, as the emotional toll was quite high. Rep. Estes said he believes fraud is a patient safety issue, especially when patients cannot receive the care they need.

Use of Technology

There was interest from Committee members in understanding how technology can be useful for preventing fraud. Chairman Smith (R-MO-8), Reps. Adrian Smith (R-NE-3), David Schweikert (R-AZ-1), Greg Murphy (R-NC-3), and Blake Moore (R-UT-1) all suggested use of artificial intelligence (AI) could be helpful in identifying fraudulent claims. Mr. Deery agreed, but with the caveat that a human is still needed to guide AI use and make the final decision on whether a claim is fraudulent. Mr. Deery also emphasized the importance of data visualization tools to help identify whether a new claim might be part of a pattern of fraud as well as to track where every dollar is being spent.

Administrative Actions

Many Democrats raised concerns about actions taken by President Trump to pardon individuals convicted of Medicare fraud, as well as other actions that impact the prosecution of fraud claims. Reps. Doggett,

Mike Thompson (D-CA-4), and Don Beyer (D-VA-8) questioned the firing of HHS Inspector Generals and attorneys at the Department of Justice. Rep. Beyer explained that many fraud cases have been closed without a full investigation due to inadequate staffing across multiple departments.

Other Topics

- Rep. Beyer highlighted how a federal all payer claims database could create a more robust picture of health care data, which would be beneficial in identifying fraud.
- Rep. Brian Fitzpatrick (R-PA-1) raised concerns about fraud in addiction treatment centers, specifically in Pennsylvania. Mr. Deery responded that a significant dent in fraudulent activities has been made, and commercial insurers are now the primary targets.
- Multiple Democratic members expressed support for [H.R. 7966](#), the Hospice CARE Act of 2026, which implements new hospice program integrity measures.

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