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То:	All Providers	From:	AmeriHealth Caritas VIP Care
Fax:		Pages:	3
Phone:		Date:	07/16/25
Re:	HPMS Scam Alert	Cc:	

## **Comments**

Please see the attached MEMO from the Centers for Medicare and Medicaid Services (CMS) alerting all providers of a **Medicare Fraud Scheme Involving Phishing Fax Requests** 

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## DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard

Baltimore, Maryland 21244-1850



Date: July 2, 2025

To: All Medicare Advantage Organizations (MAOs) and Prescription Drug Plan

Sponsors (PDPs)

From: Kim Brandt, Deputy Administrator and Acting Director

Re: Alert: Medicare Fraud Scheme Involving Phishing Fax Requests

The Centers for Medicare & Medicaid Services (CMS), in collaboration with the Investigations Medicare Drug Integrity Contractor (I-MEDIC), have become aware of a scheme to obtain patient records through fax requests. This alert serves as notification to all plan sponsors of potentially inappropriate requests being sent to providers.

CMS has been made aware of faxes sent to providers demanding all patient information and medical records for Medicare patients. These requests include verbiage demanding information within a 72-hour deadline. These demand requests appear to include CMS headers for authenticity. Other examples include a header for National Archives and Records Administration (NARA). Please see an example cover sheet in Image 1 on the following page.

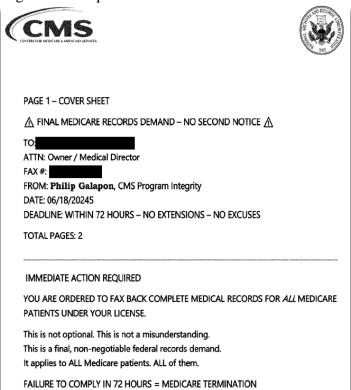
CMS reminds plan sponsors and providers that medical record reviews requested by CMS or their contractors will identify specific Medicare beneficiaries, time periods, and encounters or prescription drug event records involved. These requests also provide ample time (typically 30-45 days) for response. Medicare medical reviews are requested through an Additional Documentation Request (ADR).<sup>1</sup> and are outlined in Title 42 of the Code of Federal Regulations (CFR), Part 405, Subpart I<sup>2</sup>.

## INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:

Medicare Fee-for-Service Compliance Program, Additional Documentation Request <a href="https://www.cms.gov/data-research/monitoring-programs/medicare-fee-service-compliance-programs/medical-review-and-education/additional-documentation-request">https://www.cms.gov/data-research/monitoring-programs/medicare-fee-service-compliance-programs/medical-review-and-education/additional-documentation-request</a> Accessed June 23, 2025.

<sup>&</sup>lt;sup>2</sup> Code of Federal Regulations <a href="https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-405/subpart-I?toc=1">https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-405/subpart-I?toc=1</a> Accessed June 23, 2025.

Image 1 – Example Fax Cover Sheet



CMS and the I-MEDIC are using this alert to provide plan sponsors with the details of this scheme to aid your compliance programs in the monitoring of potentially inappropriate requests in accordance with Chapter 9 of the *Prescription Drug Benefit Manual* and Chapter 21 of the *Medicare Managed Care Manual*.<sup>3</sup>

Please report your vetted complaints to CMS and the I-MEDIC by using the Health Plan Management System Program Integrity portal. If your organization has questions on this matter, please contact Trish Brennan of the I-MEDIC at brennanp@qlarant.com.

<sup>3</sup> Prescription Drug Benefit Manual, Chapter 9 and Medicare Managed Care Manual, Chapter 21: Compliance Program Guidelines. <a href="https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c21.pdf">https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c21.pdf</a> Accessed May 14, 2025

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