

Ninety Doctors Were Charged in a \$6.5 Billion Medicare Fraud Sweep. One Scheme Billed \$4 Billion Alone.

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The Justice Department charged 455 people - including 90 doctors and licensed medical professionals - in schemes tied to more than \$6.5 billion in alleged Medicare and Medicaid fraud. One wound-care operation alone billed the government more than \$4 billion before CMS intervened. The 2026 National Health Care Fraud Takedown is the largest in department history.

CMS Administrator Mehmet Oz says fraud drains roughly \$100 billion from Medicare each year, exposing seniors' identities, driving unnecessary procedures, and pushing pressure back onto premiums paid by every beneficiary.

The \$4 Billion Wound-Care Scheme

One of the largest individual schemes involved amniotic wound allografts - tissue products used in wound care. A company acquired allografts, relabeled them, and charged Medicare up to \$1,450 per square centimeter - a 2,000 percent markup - through an illegal kickback network. From late 2021 through June 2024, providers billed Medicare over \$4 billion for one company's allografts alone, resulting in more than \$2 billion in actual payments before CMS identified the pattern.

CMS reduced the reimbursement rate to \$127 per square centimeter starting January 1, 2026. According to DOJ, had CMS not intervened, the allograft fraud alone would have cost every Medicare Part B beneficiary an additional \$11 per month in premiums.

How Patients and Premiums Paid the Price

Other schemes include opioid prescriptions written for patients who never received care, durable medical equipment billed for items never delivered, and hospice billing for patients who did not qualify. One Los Angeles defendant

allegedly submitted nearly \$270 million in fraudulent drug claims. A San Fernando Valley operator ran hospice companies alleged to have billed Medicare \$27 million for ineligible patients. The DOJ also apprehended defendants in Cyprus, Estonia, and the Philippines.

What Investigators Found Across 45 States

Case lists and charging documents are publicly available through the Department of Justice and HHS Office of Inspector General. CMS Administrator Oz made his \$100 billion annual estimate in a public statement carried by Fox News Digital on July 6, 2026. DOJ reported \$41.9 billion in Medicare program integrity savings in 2025 - up 59 percent from \$26.3 billion in 2024.

Why the Crackdown Is Not Over

The 455 criminal cases move toward trial or plea. DOJ also announced 48 civil settlements totaling more than \$73 million and more than 1,400 provider exclusions from federal health programs. Seniors who believe their Medicare number has been used without authorization can call 1-800-MEDICARE or file a report at reportfraud.ftc.gov.

References: [U.S. Department of Justice](#) | [HHS Office of Inspector General](#) |