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UCOWF on CMS 'CRUSH' FWA Rulemaking

Following the Centers for Medicare & Medicaid Services (CMS) release of the 'Comprehensive Regulations to Uncover Suspicious Healthcare' (CRUSH) proposed rule, the United Council on Welfare Fraud (UCOWF) released the following statement:

"UCOWF thanks Secretary Kennedy and CMS Administrator Oz for their efforts to highlight the need for safeguarding our nation's Medicare and Medicaid programs," explained Keith Miskie, President of UCOWF. "Enhanced provider screenings, requiring prompt self-reporting and swift return of overpayments, and greater transparency are all important steps to address gaps in provider fraud enforcement."

"It is our sincere hope that the Agency will use this proposed rule to now pivot and address the other half of the equation – beneficiary eligibility fraud," added Miskie. "Providers cannot bill without a beneficiary, and this loophole needs to be meaningfully addressed. While UCOWF responded to the CRUSH RFI in great detail (https://www.ucowf.net/assets/pdf/UCOWF+Response+to+CMS+CRUSH+RFI+CMS-6098-NC+30March2026/), there are two beneficiary eligibility FWA changes that we urge the Secretary to act on immediately:

- Issue guidance for SMD 24-005 (https://www.medicaid.gov/federal-policy-guidance/downloads/smd24005.pdf) to allow state authorities to pursue fraud investigations consistent with President Trump's May 2025 retraction of the Biden era notice. Absent this action, state investigators dealing with Medicaid beneficiary / eligibility fraud are unable to: establish overpayments, send demand letters, or even recover state funded overpayments, i.e., monies from beneficiaries found to have committed fraud. Investigators are currently unable, to act on overpayments they identify to prosecutors, because this federal restriction prevents the state from formally establishing overpayments, i.e., states cannot recover their taxpayers' funds.
- Implement the *Medicaid Improvement Act of 2019* (PL 116-3 - https://www.congress.gov/116/statute/STATUTE-133/STATUTE-133-Pg6.pdf) requiring states to have an active Medicaid ABD asset verification system (AVS) implemented and in force, i.e. full annual redeterminations of a state's ABD population. Failure to do so, would result in CMS withholding a portion of a non-compliant state's FMAP."

"Again, we applaud these moves to address provider FWA, and UCOWF looks forward to partnering to be equally as aggressive on beneficiary eligibility fraud," concluded Miskie.

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