

**Congress of the United States**  
**Washington, DC 20515**

April 10, 2019

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445-G  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Administrator Verma:

It has come to my attention that a massive Medicare scam is being perpetrated and is preying on vulnerable elderly people and Medicare recipients. The perpetrators are using call spoofing, so the calls appear to use local numbers to garner trust, and then scamming these people by stealing their information, and filing Medicare claims on their behalf. This blatant manipulation of the American people is intolerable and must be dealt with immediately.

I have heard from multiple constituents, **as well as the Atlantic County Executive Dennis Levinson who experienced this personally**, that they are receiving calls from companies that are selling them medical items, including braces and pain cream, and then using beneficiary's information to file claims for them with Medicare. Private information, once in the hands of criminals, can be resold or used for various illegal purposes. Additionally, because the program limits how often it pays for certain supplies and equipment, if a beneficiary whose information was misused ever does need an orthopedic brace, he or she may encounter waiting periods from Medicare.

These call centers would verify seniors' Medicare coverage, gather their personal information, and then transfer them to telemedicine companies for consultations with doctors. The doctors would write prescriptions for orthopedic braces, regardless of whether the patients needed them. In some cases, several braces were prescribed for the same patient, and often devices were prescribed without the doctor speaking to the patient.

According to the Department of Justice U.S. Attorney's Office for the District of New Jersey, the recent unveiling of one of the largest health care fraud schemes that was investigated by both the U.S. Department of Health and Human Services Office of the Inspector General (HHS-OIG) and the FBI and prosecuted by the Department of Justice that resulted in charges against 24 defendants – seven who were charged in New Jersey – including the CEOs, COOs, and other associated with five telemedicine companies, the owners of dozens of durable medical equipment (DME) companies, and three licensed medical professionals for their alleged participation in health care fraud schemes shows the depth of this issue.

In addition to dealing with call spoofing and robocalls with acts like the Robocall Enforcement Enhancement Act, the American people require a larger scale approach. This issue, involving both doctors, insurance companies, criminals from the U.S. and international call centers, is clearly a vast web of issues that must be dealt with in a comprehensive way. I would like to see a plan that makes this fraud public and makes seniors aware of the dangers of these calls and the criminals who are behind them. The information that is now in the hands of these fraudsters should be investigated and the victims made aware of their privacy breach. Additionally, there should be a comprehensive evaluation of the Medicare claim, payment, and filing process, including assessment of the payment system which requires expedited resolution of medical bills, causing fraud to often be overlooked.

You must immediately do what is right and make seniors aware of the threat, as well as do all you can to fix the issue.

Sincerely,



Jeff Van Drew  
U.S. Representative