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FirstChoice VIP CARE. by Select Health of South Carolina

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To:	All Providers	**From:**	FCVIPCP and FCVIPC
Fax:		**Pages:**	3
Phone:		**Date:**	7/16/2025
Re:	HPMS Scam Alert	**Cc:**	

☒**Urgent** ☐**For review** ☐**Please comment** ☐**Please reply**

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**

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR PROGRAM INTEGRITY

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.

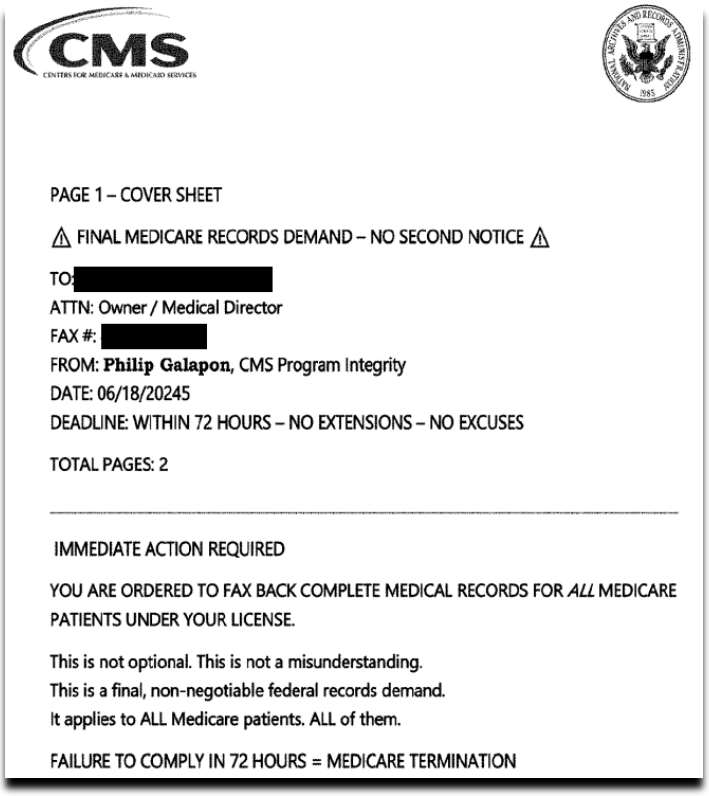
CMS has been made aware of faxes sent to providers demanding all patient information and medical records for Medicare patients. These requests include verbiage demanding information within a 72-hour deadline. These demand requests appear to include CMS headers for authenticity. Other examples include 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)[1] and are outlined in Title 42 of the Code of Federal Regulations (CFR), Part 405, Subpart I[2].

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

[2] Code of Federal Regulations https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-405/subpart-I?toc=1 Accessed June 23, 2025.

Image 1 – Example Fax Cover Sheet



PAGE 1 – COVER SHEET

⚠ FINAL MEDICARE RECORDS DEMAND – NO SECOND NOTICE ⚠

TO: [redacted]
ATTN: Owner / Medical Director
FAX #: [redacted]
FROM: **Philip Galapon**, CMS Program Integrity
DATE: 06/18/20245
DEADLINE: WITHIN 72 HOURS – NO EXTENSIONS – NO EXCUSES

TOTAL PAGES: 2

IMMEDIATE ACTION REQUIRED

YOU ARE ORDERED TO FAX BACK COMPLETE MEDICAL RECORDS FOR *ALL* MEDICARE PATIENTS UNDER YOUR LICENSE.

This is not optional. This is not a misunderstanding.
This is a final, non-negotiable federal records demand.
It applies to ALL Medicare patients. ALL of them.

FAILURE TO COMPLY IN 72 HOURS = MEDICARE TERMINATION

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*.[3]

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.

[3] *Prescription Drug Benefit Manual*, Chapter 9 and *Medicare Managed Care Manual*, Chapter 21: Compliance Program Guidelines. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/mc86c21.pdf Accessed May 14, 2025