

U.S. DEPARTMENT OF THE TREASURY

Treasury Targets Fraud Schemes Exploiting Government Health Care Benefits

March 30, 2026

Separately Announces Framework to Pay Whistleblowers for Tips

WASHINGTON—Today, in support of President Trump’s pledge to combat fraud, the U.S. Department of the Treasury’s Financial Crimes Enforcement Network (FinCEN) issued an [Advisory](#) urging financial institutions to be vigilant about fraud schemes targeting government health care benefit programs such as Medicare and Medicaid. This follows Secretary of the Treasury Scott Bessent’s trip to Minnesota earlier this year, where he [announced](#) numerous steps that Treasury is implementing to detect and stop government benefits fraud across the country. Separately today, FinCEN [issued](#) a proposed rule paving the way to pay whistleblowers for actionable tips, further protecting the U.S. financial system from illicit activity.

“President Trump has been clear that Americans have a right to know that their tax dollars are not being used to commit fraud,” said **Secretary of the Treasury Scott Bessent**. “Under President Trump’s leadership, Treasury will continue to find and disrupt fraud schemes wherever they exist, and we will work with our law enforcement partners to hold perpetrators to account.”

FinCEN’s Advisory provides financial institutions with an overview of how fraudsters, organized crime groups, and increasingly, transnational criminal

organizations (TCOs), are targeting government health care benefit programs. It also highlights money laundering typologies and red flag indicators to help financial institutions identify and report suspicious activity. Today's Advisory strongly encourages financial institutions to voluntarily report suspicious activity to FinCEN and immediately notify law enforcement of such activity.

Financial institutions filed 20% more suspicious activity reports related to health care in 2025 than in 2024, after President Trump pledged to eliminate fraud nationwide, helping to raise national attention. This reporting, however, likely represents only a small fraction of the illicit activity connected to health care fraud in the United States.

EXPOSING HOW TRANSNATIONAL CRIMINAL ORGANIZATIONS EXECUTE HEALTH CARE FRAUD

FinCEN's Advisory highlights how TCOs exploit Federal and state health care benefit programs through complex schemes that file false and fraudulent claims for reimbursement, including nonexistent, exploitative, substandard, or unnecessary medical care. As part of these schemes, the TCOs send non-resident aliens into the United States to serve as straw owners of recently established or purchased health care providers or suppliers registered with Federal or state health care benefit programs. The TCOs illicitly obtain the names and identification numbers of beneficiaries enrolled in these programs, using that information to file false and fraudulent claims for reimbursement. This is often facilitated through kickbacks and bribes to complicit medical professionals. Once the claims are paid to the bank accounts owned by the shell companies, the TCOs launder the ill-gotten reimbursements through the U.S. and international financial systems via

wire transfers, digital assets, and other money laundering typologies—including the use of complicit insiders at financial institutions—ultimately for their personal enrichment abroad.



Combating fraud, including health care and government benefits fraud, is one of FinCEN's Anti-Money Laundering and Countering the Financing of Terrorism (AML/CFT) [National Priorities](#). This Advisory supports the Trump Administration's whole-of-government effort to combat fraud, waste, and abuse involving Federal payments pursuant to [Executive Order 14249](#). The Advisory was issued in close coordination with the Federal Bureau of Investigation (FBI) and U.S. Department of Health and Human Services – Office of Inspector General (HHS-OIG).

FINCEN UNVEILS PLAN TO COMPENSATE WHISTLEBLOWERS IN FIGHT AGAINST FINANCIAL CRIME

As Secretary Bessent announced in Minnesota, Treasury will [pay](#) eligible whistleblowers for actionable tips related to fraud, money laundering, sanctions violations, and certain other national security laws. Today, FinCEN issued a proposed rule to fully implement its whistleblower program, strengthening efforts to protect the U.S. financial system from illicit activity.

The rule proposes procedures for whistleblowers to provide information to FinCEN about potential violations. It also sets forth eligibility criteria for issuing awards and adjudicating award applications, as well as protections for whistleblowers that provide information to FinCEN.

Awards to eligible whistleblowers will range from 10 to 30 percent of monetary penalties resulting from qualifying enforcement actions.

Payments will be funded by penalties collected under the Bank Secrecy Act and the International Emergency Economic Powers Act from actions brought by Treasury and the Department of Justice. [More information regarding FinCEN's proposed rule can be found here.](#)

REPORTING HEALTH CARE FRAUD: HOW TO SUBMIT A TIP

In February, FinCEN launched a new dedicated [webpage](#) to confidentially accept whistleblower tips on fraud, money laundering, and sanctions violations. Financial institutions and the public are encouraged to report any tips or complaints about potential fraud, waste, abuse, and mismanagement involving HHS programs to [HHS-OIG](#). Victims of cyber-enabled health care fraud schemes should file a complaint with the FBI's [Internet Crime Complaint Center](#) or file a report with their nearest [FBI field office](#).

Questions regarding the contents of this Advisory should be sent to the FinCEN Regulatory Support Section by submitting an inquiry at www.fincen.gov/contact.

The full Advisory on Health Care Fraud Schemes Targeting Medicare, Medicaid, and Other Federal and State Health Care Benefit Programs is available at [FIN-2026-A001](#) .
