



2020 YEAR IN REVIEW

National Health Care Anti-Fraud Association

The National Health Care Anti-Fraud Association is the only national organization focused exclusively on the fight against health care fraud.

WHO WE ARE

Founded in 1985 by several private health insurers together with federal and state government officials, the National Health Care Anti-Fraud Association (NHCAA) is a private-public partnership — our members comprise the nation’s most prominent health insurers and those public-sector law enforcement and regulatory agencies having jurisdiction over health care fraud.

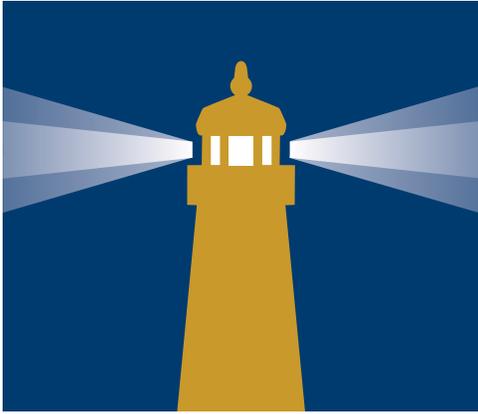
Our Mission is to protect and serve the public interest by increasing awareness and improving the detection, investigation, civil and criminal prosecution, and prevention of health care fraud and abuse.

NHCAA pursues that Mission by:

- Maintaining a strong private-public partnership in combating health care fraud and abuse
- Providing unparalleled learning opportunities related to combating health care fraud and abuse
- Providing opportunities for private and public-sector information sharing related to health care fraud and abuse
- Serving as a national resource for health care anti-fraud information and professional assistance to government, industry, and media
- Recognizing and advancing professional specialization in the detection, investigation and/or prosecution of health care fraud and abuse through accreditation of health care anti-fraud professionals

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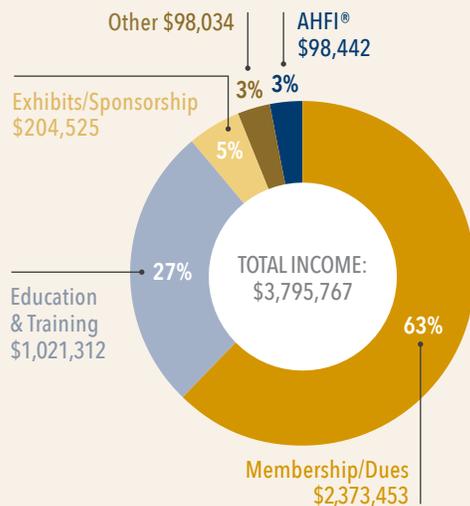
2020

YEAR IN REVIEW

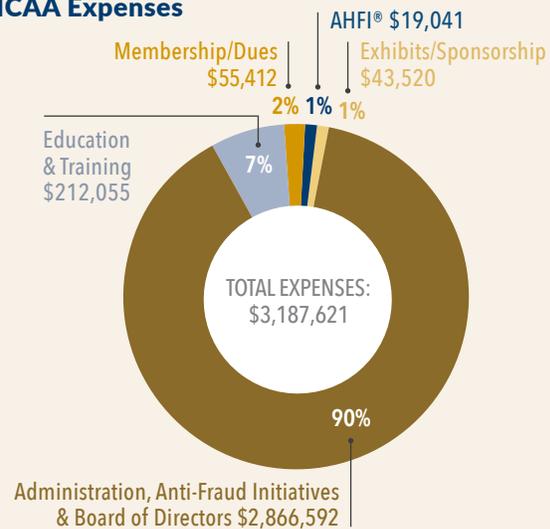
Since our inception in 1985, NHCAA has remained staunchly committed to providing superior service and developing innovative and effective tools to support those on the front lines of the fight against health care fraud. As the only national association dedicated exclusively to combating health care fraud, NHCAA is unique in its ability to support this effort by providing a venue for private and public-sector information sharing as well as unparalleled education and training opportunities. We also remain a valuable resource for government decision makers and the media, serving as the voice for the industry on anti-fraud efforts.

2020 Financials

NHCAA Income



NHCAA Expenses



TOTAL EXPENSES: \$3,187,621 / PROJECTED NET INCOME: \$608,146**

NHCAA consolidated financial summary for the year ended December 31, 2020.

**Unaudited projections as of January 19, 2021



NHCAA RESPONDS TO COVID-19

When the year 2020 began, NHCAA had a year-long calendar of education and training programs, information sharing events, Board of Directors meetings, and the Annual Training Conference all scheduled for face-to-face interaction. The Association had also embarked upon a rigorous process to develop an ambitious new Strategic Framework that would guide NHCAA through the next several years. Then, in mid-March, everything changed as the COVID-19 pandemic demanded that NHCAA re-imagine the year ahead.

Under the steady leadership of its Board of Directors, NHCAA pivoted quickly to rethink priorities, tasks, and goals. Recognizing that the health care system's necessary response to the pandemic would bring with it unique fraud and abuse challenges, NHCAA initiated a range of actions to support our members. Additionally, NHCAA quickly and smoothly transitioned its education and training offerings to virtual formats with a focus on emerging pandemic fraud trends and schemes.

The following is a summary of the actions taken by NHCAA to respond to COVID-19 (many of which are described in greater detail throughout this Annual Report):

- Launched the NHCAA COVID-19 Resources Web Portal in March, where key resources are compiled, including policy and regulatory actions and federal and state agency resources.
- Published a COVID-19 Fraud Brief which will be updated periodically to remain useful and relevant as the schemes change.
- Modified the SIRIS database to establish "COVID-19" as a new type of fraud category, enabling NHCAA members to track the impact of the pandemic on the Special Investigations Unit (SIU) more easily.
- Increased Information-Sharing Conference Calls to monthly,

dedicating significant time and attention to COVID-19 fraud issues.

- Established a COVID-19 CONNECT Community in March, providing a venue for Member Organizations and Government Liaisons to discuss fraud issues specifically relating to the pandemic.
- Hosted a webinar for over 2000 individuals in April presented by the Department of Health and Human Services, Office of Inspector General, to discuss the OIG's early insights about fraud relating to COVID-19.
- Co-hosted two joint Virtual Information-Sharing Sessions in August and October with the Healthcare Fraud Prevention Partnership (HFPP) emphasizing COVID-19, which reached more than 2,000 people.
- Began emailing weekly updates to the COVID-19 CONNECT Community to share news, resources, and insights.

- Conducted the first ever virtual Annual Training Conference with nearly 1,900 attendees.
- Hosted our final webinar of the year in December on the Top Schemes of 2020, focusing significantly on COVID-19 related fraud schemes.

Despite the challenges the pandemic presented in 2020, NHCAA remained steadfast to its mission and in meeting its obligation to serve its members.

1,850+
PEOPLE ATTENDED THE 2020
NHCAA VIRTUAL ANNUAL
TRAINING CONFERENCE

4,000+

PEOPLE WERE REACHED
DURING TWO VIRTUAL
INFORMATION-SHARING
SESSIONS WITH THE HFPP
EMPHASIZING COVID-19.





CHARTING A COURSE FOR THE FUTURE

The challenging work to move NHCAA into the future was completed by the Board of Directors in 2020.

- **VISION:** NHCAA is the pivotal national health care anti-fraud organization providing essential resources for our private-public partnership and trusted leadership in our evolving health care system.
- **MISSION:** To protect and serve the public interest by increasing awareness and improving the detection, investigation, civil and criminal prosecution, and prevention of health care fraud and abuse.
- Over the past year, the NHCAA team also devoted a significant amount of work in partnership with external experts to transition the NHCAA website into a more user-friendly site with easier access to the tools and resources relied upon by our members. The redesigned website will launch early in 2021.

Strategic Framework

The NHCAA Board of Directors developed and adopted a new Strategic Framework to guide our initiatives for the next four years. The Framework focuses on the three outcomes:

- 1 STRATEGIC GROWTH:** NHCAA expands its reach, scope of influence, and capacity to prevent, detect and mitigate health care fraud and abuse.
- 2 INDISPENSABLE RESOURCE:** Our private-public partners view NHCAA as the essential and authoritative resource for their organizations and their teams engaged in anti-fraud prevention, detection and remediation.
- 3 BRAND RECOGNITION:** The expertise of NHCAA and our members is recognized as essential to the understanding and prevention of systemic health care fraud and abuse.

NHCAA 2021 Board of Directors

OFFICERS

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Cigna

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Executive Officer
Louis Saccoccio

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U.S. Dept. of Health & Human
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Allan Medina
Chief, Health Care Fraud Unit
Department of Justice

Gregory Heeb
Unit Chief, Health Care Fraud Unit
US Dept of Justice, FBI



NHCAA MEMBERSHIP

NHCAA is unique in our commitment to a private-public partnership in the fight against health care fraud. Providing a venue where private insurers and government entities can work together has always been critical to NHCAA's Mission and success. The simple principle that we can accomplish more together than we can separately has been the backbone of NHCAA for thirty-five years. Today, NHCAA counts among our members an overwhelming majority of the nation's health insurers and frontline government agencies committed to combating health care fraud.

In 2020, NHCAA was proud to serve 96 Member Organizations, over 200 Government Liaisons (formerly “Law Enforcement Liaisons”), over 350 individual members and 22 valued supporting member companies. We were excited to welcome four new Member Organizations and 18 new Government Liaisons to the NHCAA family.

670+

**MEMBER ORGANIZATIONS,
GOVERNMENT LIAISONS,
INDIVIDUAL MEMBERS, AND
ANTI-FRAUD SOLUTIONS
PROVIDERS PROUDLY SERVED.**



NHCAA New Member Organizations and Government Liaisons

NEW MEMBER ORGANIZATIONS

- Community Behavioral Health
- Solstice Insurance
- The Health Plan
- The IHC Group

NEW GOVERNMENT LIAISONS

- Alabama Department of Insurance, Criminal Division
- Alaska Department of Health and Social Services, Medicaid Program Integrity
- California Department of Justice, Bureau of Medi-Cal Fraud & Elder Abuse
- Colorado Department of Health Care Policy & Financing
- Humboldt County District Attorney Office
- Medicaid Fraud and Residential Abuse Unit of Vermont, OAG
- Medicaid Fraud Control Unit of Massachusetts, OAG
- Medicaid Fraud Control Unit of New Hampshire, OAG
- Medicaid Fraud Control Unit of North Dakota, OAG
- Medicaid Fraud Control Unit of Oregon, DOJ
- Medicaid Fraud Control Unit of the Virgin Islands, OAG
- Michigan Department of Insurance and Financial Services
- Monterey County District Attorney's Office
- North Carolina Department of Justice, Medicaid Investigations Division
- Office of the State Attorney, Florida 15th Judicial Circuit
- Oregon Health Authority
- State of Hawaii, Department of Commerce & Consumer Affairs, Insurance Fraud Investigations Branch
- United States Attorney's Office, District of Oregon



ANTI-FRAUD INITIATIVES

Creating opportunities for NHCAA Member Organizations and Government Liaisons to share anti-fraud information is fundamental to our mission. The timely sharing of anti-fraud information among commercial health insurers and federal and state law enforcement and regulatory agencies is critical to being able to wage a unified and successful battle against health care fraud.

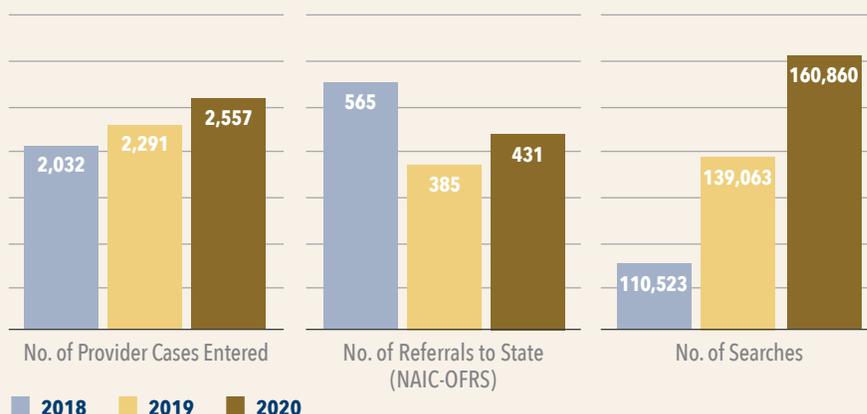
2,500+

NHCAA MEMBERS ENTERED MORE THAN 2500 PROVIDER CASES INTO SIRIS® – A 12% INCREASE OVER THE PREVIOUS YEAR.

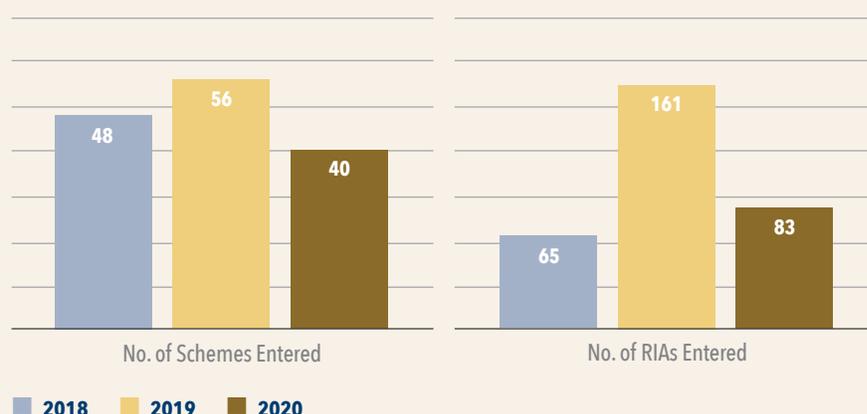
2020 Accomplishments

- Launched *The Sentinel*, a monthly e-newsletter that provides members with Anti-Fraud Initiatives updates on information-sharing opportunities and resources such as: new releases of *The Compass*, *Inside SIRIS®*, *Fraud Briefs*, and Information-Sharing opportunities (calls and in-person meetings), SIRIS® updates, Awards Program, and more.
- As a result of the pandemic, increased Information-Sharing Conference Calls from bimonthly to monthly serving over 4,000 attendees in total.
- Published four new *Fraud Briefs* (including a COVID-19 *Fraud Brief*).
- Added 18 new Government Liaisons to NHCAA's membership.
- Identified 33 new primary contacts for existing Government Liaisons.
- Added more than 740 new SIRIS® users.
- Trained more than 760 individuals on SIRIS® via a webinar.
- Released SIRIS® 3.0 which included the following updates:
 - > Access to SIRIS® Reporting Module for all users,
 - > Standardized layout across Provider Cases (formerly Records), Schemes, and RIAs,
 - > Ability to select multiple types of schemes, when adding a Scheme,
 - > Masked Government Liaison viewing history,

SIRIS® Provider Case Statistics (Entries, State Referrals, and Searches)



SIRIS® Schemes and Requests for Investigation Assistance (Entries)



- > Expanded new provider types, types of fraud, locations of fraud (U.S. Territories), and code types (CDT, DRG, etc.),
- > Purge of Provider Cases after 6 years of inactivity,
- > Ability to upload files to Provider Cases, Schemes, and RIAs.

SIRIS® – Special Investigation Resource and Intelligence System

SIRIS® is a web-based database powered by LexisNexis that allows authorized

users to effectively share critical information about suspected fraudulent activity throughout the country.

Requests for Investigation Assistance (RIA) from Law Enforcement

Eighty-three Requests for Investigation Assistance (RIA) were entered by law enforcement in 2020. This unique information-sharing tool allows law enforcement agencies and prosecutors to submit requests concerning specific fraud cases to our private insurer

members. This process is quick and efficient, facilitating case development and identification of additional victims and perpetrators of fraud.

Information-Sharing Conference Calls

In 2020, NHCAA hosted **ten** secure calls to offset the cancellation of in-person opportunities due to the COVID-19 pandemic. Nearly 4,100 individuals participated in these valuable calls that were designed to enhance and expand NHCAA's key member benefit of information-sharing activity. NHCAA provides its Member Organizations and Government Liaisons up to three registrations to participate in these information-sharing events. These secure meetings provide a platform for our members to safely discuss specific fraud cases with their industry peers.

Fraud Briefs

Fraud Briefs are overviews that describe a scheme related to a specific health care service. The purpose of these briefs is to give investigators a quick summary to gain an understanding of an issue, comprehend the gravity of the situation, and use it as a reference or guideline for conducting their own investigation. During 2020, four new Fraud Briefs were created addressing the following topics: **Buprenorphine, Buprenorphine-Naloxone, and Naltrexone; COVID-19; Elevated MME Prescribing; and Hospice.** The following seven Fraud Briefs created in 2018 have been updated: Applied Behavior Analysis, Dental Extractions, Intensive Outpatient Therapy, Intraoperative Neuromonitoring, Sober Homes, Telemedicine, and Urine Drug Screens.

Other Anti-Fraud Initiatives Publications

NHCAA offers three members-only information-sharing publications. **Inside SIRIS®** provides a monthly update containing statistics and analysis of cases and schemes entered into SIRIS®. **The Compass** is a quarterly health care fraud report containing intelligence gathered from NHCAA's Government Liaisons and Member Organizations with the goal of providing the latest information on trends and schemes across the nation. NHCAA's **Annual Fraud Trends Report** provides statistical information and top records by provider types from SIRIS®, Spotlight Articles and Information-Sharing Updates from *The Compass*, Fraud Briefs, and highlights from our annual Awards Program.

NHCAA and HFPP Co-Sponsored Information Sharing Sessions

In 2020, NHCAA and the Healthcare Fraud Prevention Partnership (HFPP) held **three** co-sponsored Information Sharing Sessions. The first one was hosted by Texas Health & Human Services Commission and the other two were virtual with a COVID-19 Fraud related focus. The meetings were a huge success with attendance of 73, 824, and 1,226, respectively.



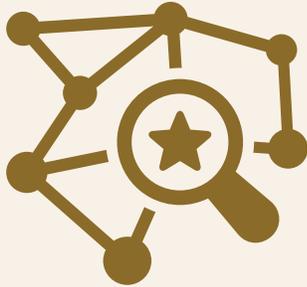
80+

**LAW ENFORCEMENT REQUESTS
FOR INVESTIGATION ASSISTANCE
WERE SUBMITTED.**



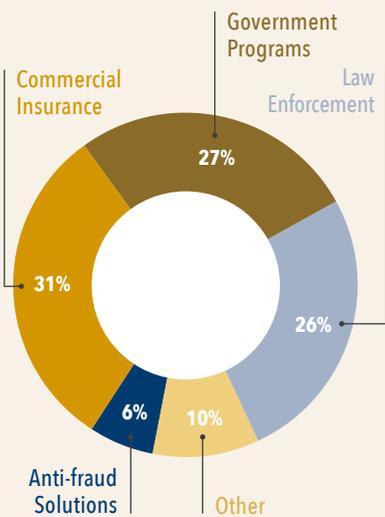
EDUCATION & TRAINING

Educating and training health care anti-fraud professionals is integral to the NHCAA mission. Through the NHCAA Institute for Health Care Fraud Prevention, members have access to unparalleled, unique opportunities throughout the year. NHCAA's Institute provides critical education and training programs through webinars, focused skill-building trainings, and the annual national conference providing options for different learning styles and budgets. The variety of programs provides members with timely information to address emerging health care fraud trends, and training to develop new skills to detect and prevent fraud in their organization.

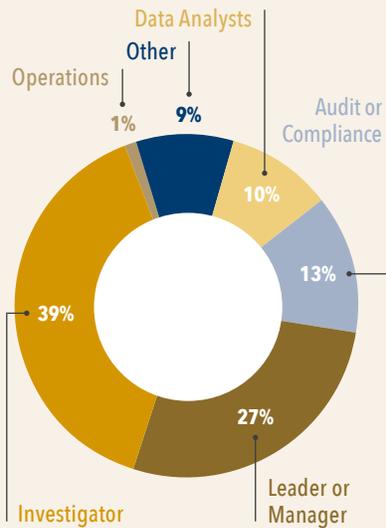


87% of participants said they would open an investigation, or data mine for potential fraud based on information learned from ATC session.

ATC Attendees by Sector 2020



ATC Attendees by Role 2020



95%

of people who completed the survey said they were satisfied or very satisfied with the ATC virtual conference.

87%

of participants will pass along information to someone else based on information learned at the ATC.

ATC Attendance



In 2020, NHCAA was able to transition four of our in-person education and training programs, including the Annual Training Conference, to a virtual format and provide training to a record 2500 people across the industry.

2020 Accomplishments

- Hosted nearly 1900 attendees and exhibitors at NHCAA's Annual Training Conference (ATC) - *the most ever in NHCAA's history* - with over 50 educational sessions on trending fraud schemes, improving investigative skills, and focusing on law enforcement case studies.
- NHCAA offered an impressive **74 Continuing Professional Education (CPE) credits and 17 approved Continuing Education Units (CEU)** from the American Academy of Professional Coders (AAPC). In addition, six (6) CPE credits were offered through complimentary partner webinars.
- Trained over 670 individuals including health care anti-fraud investigators, analysts, and government liaison teams at the 2020 virtual programs, not including the ATC.
- Continued growth in NETS Webinar attendance with over 15,000 individuals participating in 2020.

Annual Training Conference

The Annual Training Conference is the single-most important health care anti-fraud training event bringing together nearly 1900 individuals representing commercial health plans, government agencies, and other organizations involved in the fight against health care fraud. With over 50 virtual sessions, faculty examined emerging schemes and best practices. The live discussion with faculty and

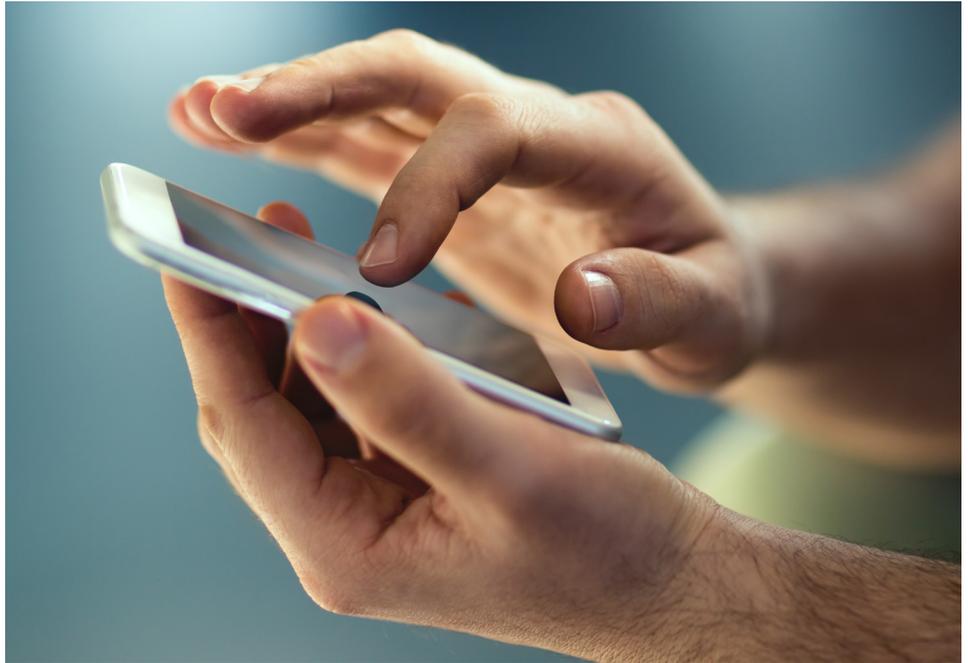
15,716

**NUMBER OF PEOPLE
WHO ATTENDED WEBINARS
THIS YEAR.**

other attendees, enabled participants to share ideas and insights, and ask pertinent questions to help detect, investigate, prosecute, and prevent health care fraud.

National Education & Training Series (NETS)

Each year the NHCAA Institute plans a full calendar of in-person and webinar training programs for newer and mid-level professionals in the health care anti-fraud industry. These more focused trainings have historically been held throughout the country offering the opportunity for small group discussions and hands-on learning. In 2020, NHCAA’s Institute transitioned these programs to a virtual format.



Schemes for Health Care Fraud Investigators & Analysts

Held July 13-24, attendees were able to learn from 18 pre-recorded, on-demand sessions at their own pace over the two-week period. The virtual program also offered a live component through *NHCAA CONNECT* where they could ask questions, start discussions, and download materials. Sessions including topics

such as Covid-19 laboratory fraud, DME schemes, and examining kickback investigations, and offered 15 credits.

Enhancing Your Investigative Skills

This live virtual program held August 25-27 offered 10 sessions on topics including coding basics, statistical sampling, settlement negotiation and telephone interviewing. The live format enabled attendees to ask questions

ENHANCING YOUR CAREER THROUGH TRAINING

1. Boot Camp



2. Schemes



3. Skills



4. Data Analytics



5. ATC



6. AHFI®



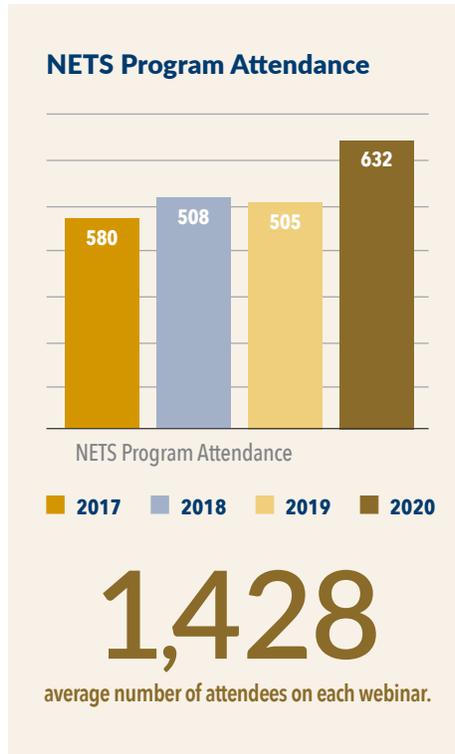
of the presenters and discuss relevant topics with the other attendees. Once again, the online community, *NHCAA CONNECT*, enabled attendees to further their discussions on the training topics. Attendees earned 10 continuing education credits.

Excel Training

During the first few weeks of the pandemic in early March, NHCAA was able to accommodate Excel attendees unable to travel by live streaming the classroom. This training enables investigators to better understand the value of the excel program to arrange, analyze, and showcase health care fraud data. With limited seating available at the training site, NHCAA has been able to train thirty (30) individuals annually.

Webinar Programs

These ninety-minute remote-learning programs are ideal for unit-wide training. Each webinar offers continuing education credits and is designed to focus on a specific skill or scheme, providing



knowledge that can be applied immediately. NHCAA typically offers 18 credits via our webinar programming.



Accredited Health Care Fraud Investigator (AHFI®) Designation

The gold standard in professionalism in health care fraud investigation.

Established nearly 20 years ago, the AHFI® is a unique professional designation granted by NHCAA to individuals who demonstrate unwavering dedication to fighting health care fraud. Successful AHFI® candidates must pass an examination and meet strict qualifications relating to professional experience, specialized training and demonstrated knowledge in the detection, investigation, and prosecution of health care fraud. Over 650 individuals have completed the challenging coursework and passed the rigorous examination and now proudly hold the AHFI® designation.

A revised AHFI® exam was launched in 2019 to reflect current industry standards and practices as result of NHCAA's comprehensive industry assessment. Representatives from industry leaders and AHFI® alumni regularly meet to continually create and modify the AHFI® exam, prep course, and resources as needed.

The exam tests on four primary areas:

- The Nature and Scope of the US Health Care System
- The Business and Operations of the Health Care Insurance System
- Prevention, Identification, and Detection of FWA
- Investigative, Resolution, and Reporting Processes





GOVERNMENT & PUBLIC AFFAIRS

Our mission to protect the public interest is the driving force underlying our efforts in the government and public affairs arenas.

With the goal of raising awareness about the challenges and dangers of health care fraud, NHCAA expresses its views publicly through white papers, comment letters, testimony, and media outreach. Entities such as the U.S. Government Accountability Office (GAO), the Office of Management and Budget (OMB), the National Association of Insurance Commissioners (NAIC), and Congressional staff have sought our insight on health care fraud-related topics. Additionally, NHCAA Government Affairs works to cultivate strategic partnerships with key public interest groups and other professional associations. We also track and report on pertinent legislative, regulatory and policy-making activities.

The Lens

NHCAA's monthly government affairs e-newsletter, *The Lens*, keeps NHCAA members informed about the latest news and developments at the federal and state levels which could impact anti-fraud efforts or be of interest to the health care fraud fighting profession. *The Lens* is augmented with periodic *Lens Spotlight* e-memos that convey time-sensitive news.

2020 Accomplishments

Published a White Paper on Medicaid Managed Care Collaborative Practices

In February, NHCAA published a white paper titled "Addressing Fraud and Abuse in Medicaid Demands a Collaborative Approach: NHCAA Collaborative Practices for Anti-Fraud Success in Medicaid Managed Care." The paper comprises twelve newly developed practices and is the product of a year-long, inclusive process led by NHCAA that engaged anti-fraud partners representing the full breadth of the Medicaid program. The group engaged for this effort provided NHCAA a guide map for developing anti-fraud collaborative practices for Medicaid managed care, while adhering to the central idea that improved communication and collaboration among Medicaid anti-fraud partners are the keys to greater success in combating health care fraud in the nation's largest health care program.

Built a COVID-19 Anti-Fraud Resources Web Portal

In response to the COVID-19 pandemic, in late March NHCAA launched a web portal where key COVID-19 resources are gathered for easy access by our members. The portal includes

resources produced and compiled by federal and state agencies, as well as resources focused specifically on policy and regulatory topics of interest, particularly those that have an impact on health care fraud.

Launch of Bi-Weekly Tracking of HCF Legal Actions

In June, NHCAA began producing a bi-weekly tracking list of health care fraud legal actions, linking to official press announcements and categorizing them by action: indictment, guilty plea, judgement, settlement, and sentencing. The list is sortable by various fields. The bi-weekly email notices also include guidance to help members locate

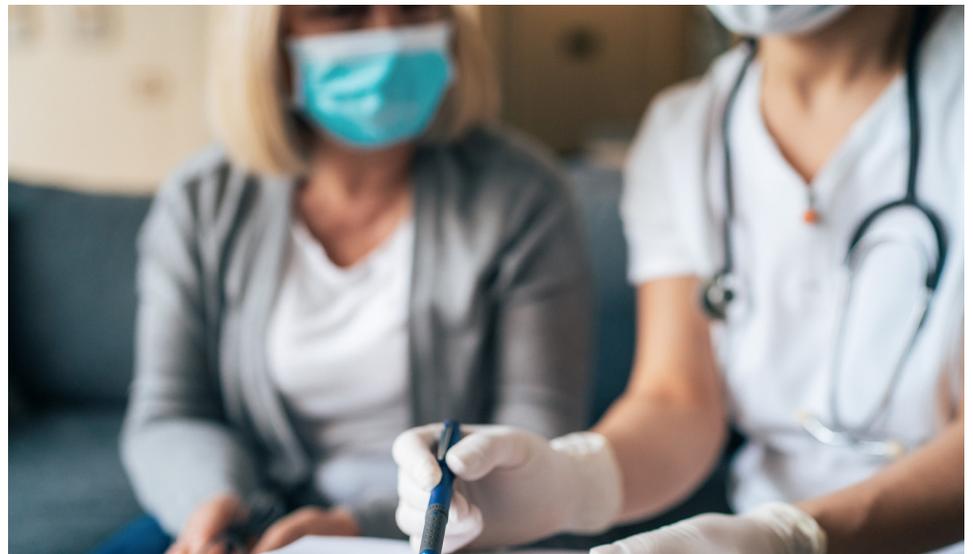
official announcements of health care fraud legal actions themselves.

NHCAA Comments on Proposed Rule Redefining Credible Allegation of Fraud

In April, NHCAA submitted formal comments in response to a proposed Centers for Medicare and Medicaid Services (CMS) rule relating to Medicare Parts C and D. CMS proposes new or revised definitions for several fraud-related terms, all of which NHCAA supports.

Continued Engagement with the HFPP

As the Healthcare Fraud Prevention Partnership (HFPP) entered its ninth year, NHCAA remained an active participant and proponent, attending meetings and engaging in group efforts focused on specific topics. NHCAA partnered with the HFPP to co-host joint regional information sharing events. Codified by statute in 2020, the HFPP is a voluntary, public-private partnership between the Federal Government, state and local government agencies, law enforcement, private health insurance plans, employer organizations, and healthcare anti-fraud associations such as NHCAA.



NHCAA MEMBER ORGANIZATIONS & GOVERNMENT LIAISONS

MEMBER ORGANIZATIONS

1199SEIU Benefit & Pension Fund
Aetna
AlohaCare
American Specialty Health, Inc.
AmeriHealth Caritas
Anthem, Inc.
APWU Health Plan
Arkansas Blue Cross Blue Shield
AvMed, Inc.
Blue Cross and Blue Shield of Alabama
Blue Cross and Blue Shield of Kansas
Blue Cross and Blue Shield of Louisiana
Blue Cross and Blue Shield of Massachusetts
Blue Cross and Blue Shield of Minnesota
Blue Cross and Blue Shield of Mississippi
Blue Cross and Blue Shield of Nebraska
Blue Cross and Blue Shield of North Carolina
Blue Cross and Blue Shield of North Dakota
Blue Cross and Blue Shield of Rhode Island
Blue Cross Blue Shield Association
Blue Cross Blue Shield of Michigan
Blue Shield of California
BlueCross BlueShield of South Carolina
BlueCross BlueShield of Tennessee
Cambia-Regence
Capital BlueCross
Capital District Physicians' Health Plan, Inc.
CareCentrix, Inc.
CareFirst BlueCross BlueShield
CareSource Management Group
Centene Corporation
Central States Funds
Cigna
Community Behavioral Health
Community Health Network of Connecticut, Inc.
Coventbridge (USA) Inc.
Crossroads Healthcare Management LLC
Delta Dental Plans Association
DentaQuest
Elixir
EmblemHealth
Excellus Blue Cross Blue Shield
EyeMed Vision Care, LLC
Florida Blue
Geisinger Health Plan
Government Employees Health Association
Guardian Life Insurance Co.
Harvard Pilgrim Health Care, Inc.
Hawaii Medical Service Association
Health Care Service Corporation
Health First Health Plans
Health Net Federal Services Tricare
Healthfirst
HealthNow New York, Inc.
Highmark
Horizon Blue Cross Blue Shield of New Jersey
Humana, Inc.
Independence Blue Cross, LLC
Independent Health
Kaiser Permanente
Liberty Mutual Insurance
Line Construction Benefit Fund
Magellan Health, Inc.
Medical Mutual of Ohio
MetLife
Molina Healthcare, Inc.
Mutual of Omaha
MVP Health Care
National Elevator Industry Benefit Plans
New Directions Behavioral Health, LLC
Oscar Insurance Corporation
Premera Blue Cross
Prime Therapeutics LLC
Principal Financial Group
Priority Health
Qlarant
SCAN Health Plan
Solstice Health Insurance Company
State Farm Insurance Companies
SureBridge Insurance
The Hartford

The Health Plan
The IHC Group
TMG Health, Inc.
Travelers Insurance
TriWest Healthcare Alliance
Tufts Health Plan
UnitedHealthcare Employer & Individual
UnitedHealthcare Investigations
UnitedHealthcare/Optum
UPMC Health Plan
Vision Service Plan
WellCare
Western-Southern Life Insurance Company
Wisconsin Physicians Service

GOVERNMENT LIAISONS

Administración de Seguros de Salud
Alabama Dept. of Insurance, Criminal Div.
Alabama State Board of Medical Examiners
Alabama State Board of Pharmacy
Alameda County District Attorney's Office, Consumer & Environmental Protection Div.
Alaska Dept. of Health and Social Services, Medicaid Program Integrity
Amador County District Attorney's Office
Amtrak, Office of Inspector General
Arizona Health Care Cost Containment System, Office of Program Integrity
Arizona Health Care Cost Containment System, OIG
Arkansas Dept. of Insurance, CID
Butler County Dept. of Job & Family Services
California Dept. of Insurance, Fraud Div.
California Dept. of Health Care Services
California Dept. of Health Care Services
California Dept. of Justice, Bureau of Medi-Cal Fraud & Elder Abuse
California Dept. of Managed Health Care, Office of Enforcement
Cape May County Prosecutors Office
Clay County Sheriff's Office
Colorado Dept. of Health Care Policy & Financing
Connecticut Dept. of Insurance
Connecticut Dept. of Social Services
Cumberland County District Attorney's Office
DC Dept. of Health Care Finance
DC Dept. of Insurance Securities & Banking
Delaware Dept. of Insurance, Fraud Prevention Bureau
Div. of TennCare, Office of Program Integrity
Florida AHCA, Bureau of Medicaid Program Integrity
Florida Dept. of Health, Investigative Services
Florida Dept. of Financial Services, Div. of Investigative & Forensic Services
Georgia Dept. of Community Health, OIG
Georgia Office of Insurance and Safety Fire Commissioner
Holbrook Police Dept.
Humboldt County District Attorney Office
Idaho Dept. of Health & Welfare
Illinois Dept. of Healthcare & Family Services
Illinois Office of the Attorney General
Insurance Fraud Bureau of Massachusetts
Iowa Insurance Fraud Bureau
Jacksonville Sheriff's Office
Kansas Insurance Dept. Anti-Fraud Div.
Kentucky Cabinet for Health and Family Services, Dept. for Medicaid Services
Kentucky Dept. of Insurance, Div. of Insurance Fraud Investigation
Kern County District Attorney's Office
Kings County District Attorney's Office
Los Angeles County, EMS Agency
Los Angeles Police Dept.
Louisiana Dept. of Health
Louisiana Legislative Auditor
Louisiana State Board of Medical Examiners
Louisiana State Police
Madison County District Attorney's Office
Maine Dept. of Health & Human Services, Fraud Investigation & Recovery Unit
Maryland Dept. of Health, OIG
Maryland Dept. of Health, Board of Chiropractic Examiners
Maryland Insurance Admin., Insurance Fraud Div.
Massachusetts OAG, Insurance & Unemployment Fraud Div

Massachusetts Office of Inspector General
Massachusetts State Auditor's Office, BSI
Medicaid Fraud and Residential Abuse Unit of Vermont, OAG
Medicaid Fraud Control Div., Tennessee Bureau of Investigation
Medicaid Fraud Control Unit of Arizona, OAG
Medicaid Fraud Control Unit of Colorado, OAG
Medicaid Fraud Control Unit of D.C., Office of the Inspector General
Medicaid Fraud Control Unit of Delaware, OAG
Medicaid Fraud Control Unit of Florida, OAG
Medicaid Fraud Control Unit of Hawaii, OAG
Medicaid Fraud Control Unit of Indiana, OAG
Medicaid Fraud Control Unit of Iowa, DIA
Medicaid Fraud Control Unit of Kentucky, OAG
Medicaid Fraud Control Unit of Louisiana, OAG
Medicaid Fraud Control Unit of Missouri, OAG
Medicaid Fraud Control Unit of Michigan, OAG
Medicaid Fraud Control Unit of Mississippi, OAG
Medicaid Fraud Control Unit of Missouri, OAG
Medicaid Fraud Control Unit of Montana, DCI
Medicaid Fraud Control Unit of Nebraska, OAG
Medicaid Fraud Control Unit of New Hampshire, OAG
Medicaid Fraud Control Unit of North Dakota, OAG
Medicaid Fraud Control Unit of Ohio, OAG
Medicaid Fraud Control Unit of Oregon, DOJ
Medicaid Fraud Control Unit of Pennsylvania, OAG
Medicaid Fraud Control Unit of Puerto Rico, PR DOJ
Medicaid Fraud Control Unit of Rhode Island, OAG
Medicaid Fraud Control Unit of South Carolina, OAG
Medicaid Fraud Control Unit of South Dakota, OAG
Medicaid Fraud Control Unit of the Virgin Islands, OAG
Medicaid Fraud Control Unit of Washington, OAG
Medicaid Fraud Control Unit of West Virginia, OAG
Medicaid Fraud Control Unit of Wyoming, OAG
Michigan Dept. of Attorney General
Michigan Dept. of Insurance and Financial Services
Michigan Dept. of Health & Human Services, OIG
Minnesota Commerce Fraud Bureau
Minnesota Dept. of Human Services, OIG
Mississippi Div. of Medicaid
Missouri Medicaid Audit & Compliance
Monterey County District Attorney's Office
Napa County District Attorney's Office
National Association of Insurance Commissioners, Anti-Fraud Task Force
National Association of Medicaid Fraud Control Units
Nebraska Dept. of Insurance, Insurance Fraud Prevention Div.
Nebraska Medicaid & Long-Term Care Program Integrity
Nevada Attorney General's Office, Insurance Fraud Unit
Nevada Div. of Insurance
New Hampshire Insurance Dept., Fraud Unit
New Jersey Dept. of Banking & Insurance, Bureau of Fraud Deterrence
New Jersey Office of the Insurance Fraud Prosecutor
New Jersey Office of the State Comptroller, Medicaid Fraud Div.
New York City Human Resource Admin.
New York City Police Dept., Health Care Fraud Task Force
New York State Dept. of Financial Services
New York State Office of the Comptroller
New York State Office of the Medicaid Inspector General
New York State Workers' Compensation Board
North Carolina Dept. of Justice, Medicaid Investigations Div.
North Carolina Dept. of Insurance, CID
North Dakota Insurance Fraud Div.
Office of the Special Narcotics Prosecutor for the City of New York
Office of the State Attorney, Florida 15th Judicial Circuit
Ohio Bureau of Workers' Compensation, Special Investigations Dept.
Ohio Dept. of Insurance
Ohio Dept. of Medicaid
Ohio Office of the Auditor of State
Oklahoma Health Care Authority
Oklahoma Insurance Dept., Anti-Fraud Unit
Oklahoma Office of Management and Enterprise Services, Employees Group Insurance Div.
Ontario Provincial Police
Orange County District Attorney's Office

Oregon Health Authority
Peace Corps Office of Inspector General
Pennsylvania Insurance Dept.
Pennsylvania Insurance Fraud Prevention Authority
Pennsylvania OAG, Insurance Fraud Section
Port Authority of New York & New Jersey, Office of Inspector General
Puerto Rico Medicaid Program
Rhode Island Executive Office of Health & Human Services, Office of Program Integrity
Riverside County District Attorney's Office
San Diego County District Attorney's Office
San Mateo County District Attorney
Santa Clara County District Attorney
Social Security Admin., Office of Anti Fraud Programs
Somerset County Prosecutor's Office
South Carolina Dept. of Health & Human Services
South Carolina Dept. of Labor, Licensing & Regulation
State of Alabama, Dept. of Public Health
State of Arkansas, Office of the Medicaid Inspector General
State of California, Office of the Inspector General
State of Connecticut, Office of the Attorney General
State of Georgia, Dept. of Law, Georgia Medicaid Fraud Control Unit
State of Hawaii, Dept. of Human Services, Med-QUEST Div.
State of Hawaii, Dept. of Commerce & Consumer Affairs, Insurance Fraud Investigations Branch
State of Utah, Insurance Fraud Div.
Tennessee Dept. of Finance & Admin., OIG
Tennessee Office of the Attorney General
Tennessee Valley Authority, OIG
Texas Dept. of Insurance, Fraud Unit
Texas Health & Human Services, OIG
Transportation Security Admin.
U.S. Dept. of Defense, Defense Health Agency
U.S. Dept. of Defense, OIG-DCIS
U.S. Dept. of Health & Human Services, ACL
U.S. Dept. of Health & Human Services, CMS
U.S. Dept. of Health & Human Services, OIG-OI
U.S. Dept. of Justice, Criminal Div., Fraud Section
U.S. Dept. of Justice, Office of Drug Enforcement Admin.
U.S. Dept. of Justice, Executive Office for U.S. Attorneys
U.S. Dept. of Justice, Federal Bureau of Investigation
U.S. Dept. of Justice, Office of the Inspector General
U.S. Dept. of Labor, Employee Benefits Security Admin.
U.S. Dept. of Labor, Office of Workers' Compensation Programs, Div. of Federal Employees' Compensation
U.S. Dept. of Labor, OIG
U.S. Dept. of the Treasury, Internal Revenue Service, CI
U.S. Dept. of Veterans Affairs
U.S. Dept. of Veterans Affairs, Office of Community Care, Directorate of Business Integrity & Compliance, Dept. of Program Integrity
U.S. Dept. of Veterans Affairs, OIG
U.S. Food & Drug Admin., OCI
U.S. Gov't Accountability Office, Office of Special Investigations
U.S. Nuclear Regulatory Commission, OI
U.S. Office of Personnel Management, OIG
U.S. Postal Inspection Service
U.S. Postal Service, OIG
U.S. Attorney's Office, District of Arizona
U.S. Attorney's Office, District of Colorado
U.S. Attorney's Office, District of Maryland
U.S. Attorney's Office, District of Montana
U.S. Attorney's Office, District of Nebraska
U.S. Attorney's Office, District of Oregon
U.S. Attorney's Office, District of Vermont
U.S. Attorney's Office, Eastern District of Kentucky
U.S. Attorney's Office, Middle District of Alabama
U.S. Attorney's Office, Middle District of Pennsylvania
U.S. Attorney's Office, Northern District of New York
U.S. Attorney's Office, Southern District of Texas
U.S. Attorney's Office, Western District of Missouri
U.S. Railroad Retirement Board
Utah Office of Inspector General of Medicaid Services
Virginia Dept. of Health Professions
Washington State Dept. of Social & Health Services
Washington State Office of the Insurance Commissioner
West Virginia Bureau for Medical Services
Wisconsin Dept. of Health Services, OIG

*The simple principle
that we can accomplish
more together than
we can separately has
been the foundation
of NHCAA since our
inception in 1985.*



NHCAA[®]

National Health Care Anti-Fraud Association[®]

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