



A PRIVATE-PUBLIC
PARTNERSHIP
AGAINST HEALTH
CARE FRAUD



2022 YEAR IN REVIEW

National Health Care Anti-Fraud Association

The National Health Care Anti-Fraud Association is the only national association 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.

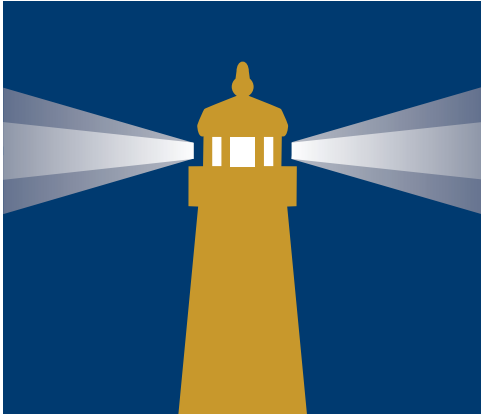
Our Mission is to protect and serve the public interest by increasing awareness and improving the detection, investigation, civil and criminal prosecution, and prevention of health care fraud and abuse.

NHCAA pursues that Mission by:

- Maintaining a strong private-public partnership dedicated to 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

TABLE OF CONTENTS

| | |
|----------------------------------|----|
| New NHCAA Member Center | 2 |
| Charting a Course for the Future | 4 |
| NHCAA Membership | 6 |
| Anti-Fraud Initiatives | 8 |
| Education & Training | 12 |
| Government Affairs | 16 |
| AHFI® | 18 |
| NHCAA Awards Program | 20 |



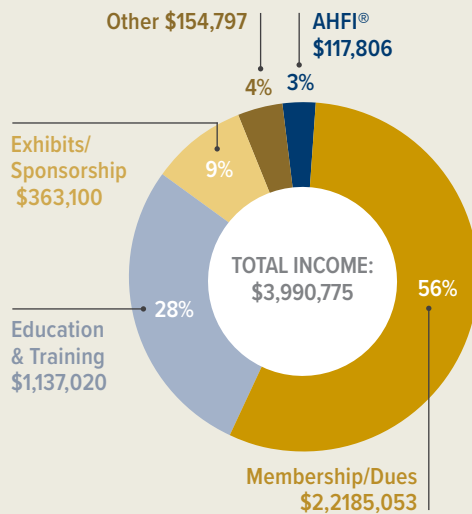
2022

YEAR IN REVIEW

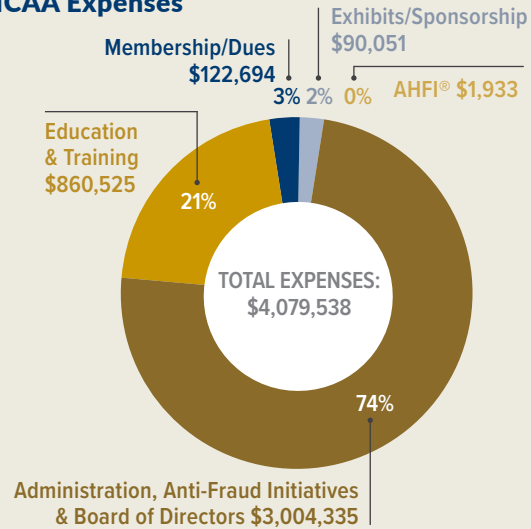
Since our inception in 1985, NHCAA has remained staunchly committed to providing superior service and developing innovative and effective tools to support those on the front lines of the fight against health care fraud. As the only national association dedicated exclusively to combating health care fraud, 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.

2022 Financials

NHCAA Income



NHCAA Expenses



NHCAA consolidated financial summary for the year ended December 31, 2022.

**Unaudited projections as of January 18, 2023



NEW NHCAA MEMBER CENTER

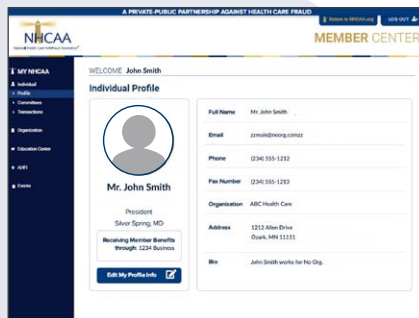
The NHCAA Member Center launched in 2022. This self-service, member-directed online portal gives NHCAA members increased access to information about their transactions, committee involvement, education credits, and basic demographic information.

Click Here



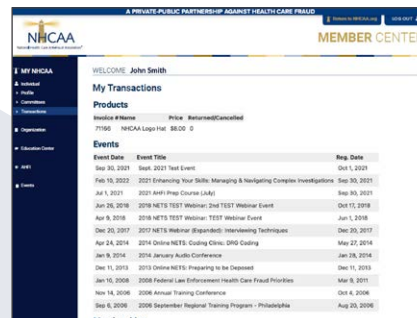
MEMBER PORTAL

NHCAA members can complete these functions online:



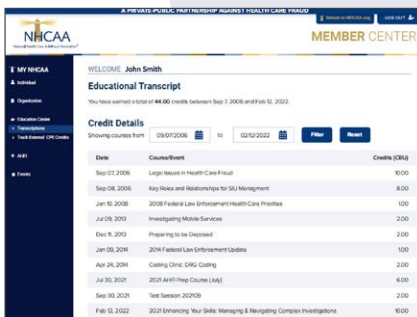
PROFILE

Maintain their individual profile—update title and add a short bio.



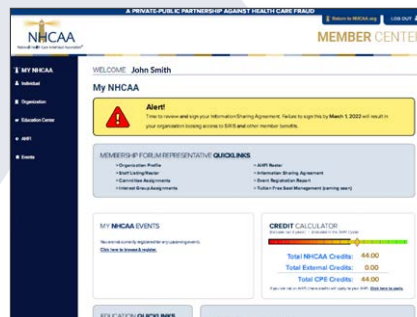
NHCAA TRANSACTIONS

View completed individual NHCAA transactions.



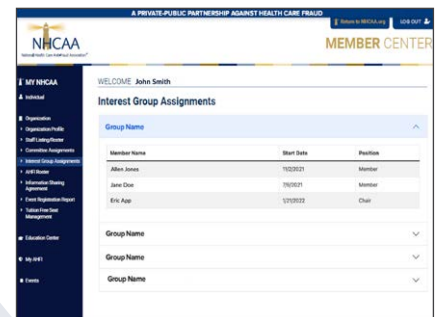
EDUCATIONAL TRANSCRIPTS

View, download and print their official NHCAA Educational Transcript.



CPE CREDITS

Track external CPE credits earned through non-NHCAA organizations.



INTEREST GROUPS

View and track participation on NHCAA Committees and Interest Groups.

Membership Forum Representatives have additional oversight, enabling representatives to view and edit information about themselves, the team, and the organization.

Additional features will launch in 2023 including online registration for education and training programs and the ability to apply to AHFI® online.

MY NHCAA Access the NHCAA Member Center in the upper-right hand corner of the NHCAA main landing page.



CHARTING A COURSE FOR THE FUTURE

NHCAA's ongoing efforts to meet the evolving needs of its members continues to be guided by the Strategic Framework, approved by the Board of Directors.

- **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.

Strategic Framework

The Strategic Framework developed and adopted by the NHCAA Board of Directors guides the Association's initiatives.

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.

During the annual strategic review process in May 2022, the NHCAA Board of Directors provided guidance for which strategies to prioritize for 2023 and beyond, which support the three key outcomes. The NHCAA Team will continue to use the Strategic Framework as its primary guide for the Association's activities in 2023.

The complete NHCAA Strategic Framework can be found on our website.

www.nhcaa.org/wp-content/uploads/2021/01/strategic_framework_final92520.pdf

NHCAA 2023 Board of Directors

The 2023 Board of Directors was elected during NHCAA's Annual Business Meeting of the Membership Forum in November 2022.

OFFICERS

Chair
Jonnie Massey
Blue Shield of California

Chair-Elect
William Monroe
Health Care Service Corporation

Vice Chair
Robert Mays
Anthem, Inc.

Treasurer
Richard Statchen
Aetna

Secretary
Timothy Dineen
Horizon Blue Cross Blue Shield of New Jersey

Immediate Past Chair
Marita Janiga
Kaiser Permanente

AT-LARGE BOARD MEMBERS

Rocco Cordato
MVP Health Care

Christopher Deery
Independence Blue Cross, LLC

Patty Hoofnagle
Magellan Health, Inc.

Caroline Jacques, PhD
Director, Pharmacy Audit & Fraud,
Waste, and Abuse
Elixir Solutions

Eddie Winkley
Blue Cross Blue Shield Association

Sabrina Vera
Florida Blue

EX-OFFICIO BOARD MEMBERS

Past Chair
Thomas Hixson
Cigna

Past Chair
Richard Munson
UnitedHealthcare, Investigations

Past Chair
David Popik
Humana

Past Chair
Sara Walker
Blue Cross Blue Shield of Massachusetts

NHCAA Chief Executive Officer
Louis Saccoccio

GOVERNMENT LIASION BOARD MEMBERS (NON-VOTING)

Dara A. Corrigan
Deputy Administrator and Director,
Center for Program Integrity Centers
for Medicare and Medicaid Services

Jennifer K. Dietz
Director, Program Integrity Division,
Defense Health Agency

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

Dustin Davis
Acting Chief, Health Care Fraud Unit,
Department of Justice

Christian J. Schrank
Deputy Inspector General for
Investigations,
U.S. Dept. of Health & Human
Services, OIG-OI



NHCAA MEMBERSHIP

NHCAA is steadfast in our commitment to a private-public partnership in the fight against health care fraud. Providing a platform for private insurers and government entities to work collaboratively 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 nearly forty 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 2022, NHCAA was proud to serve 90 Member Organizations, 214 Government Liaisons, over 450 individual members and 20 valued supporting member companies. We were excited to welcome three new Member Organizations and nine new Government Liaisons to the NHCAA family.

774+

**MEMBER ORGANIZATIONS,
GOVERNMENT LIAISONS,
INDIVIDUAL MEMBERS, AND
SUPPORTING MEMBER
COMPANIES PROUDLY SERVED.**

NHCAA New Member Organizations and Government Liaisons

NEW MEMBER ORGANIZATIONS

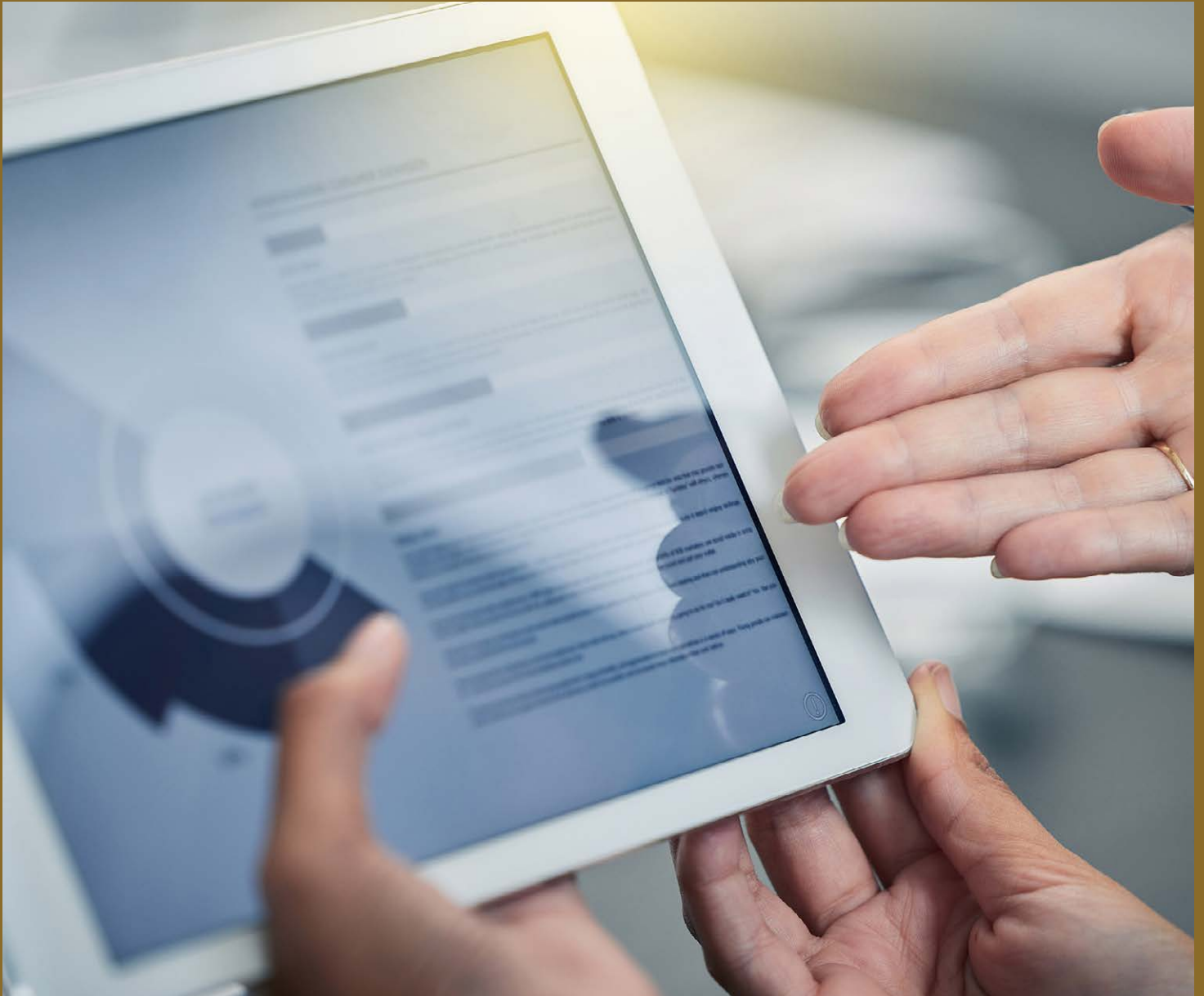
- Beam Benefits
- Madison National Life Insurance
- Plan de Salud Menonita Inc.

NEW GOVERNMENT LIAISONS

- Kansas State Board of Healing Arts
- Kansas Office of Medicaid Inspector General
- Medicaid Fraud Control Unit of Louisiana, OAG

- Medicaid Fraud Control Unit of Texas, OAG
- Oklahoma Office of Management and Enterprise Services, Employees Group Insurance Division
- Pennsylvania Department of Human Services, Bureau of Program Integrity
- Pennsylvania Insurance Department
- Teacher Retirement System of Texas
- United States Attorney's Office, District of Vermont





ANTI-FRAUD INITIATIVES

Creating opportunities for NHCAA Member Organizations and Government Liaison agencies to share anti-fraud information is fundamental to our mission. The timely exchange of anti-fraud insights and expertise - particularly case investigation and emerging fraud scheme information - among commercial health insurers and federal and state law enforcement is critical to being able to wage a unified and effective battle against health care fraud.

800

NEW SIRIS® USERS AND NHCAA TRAINED MORE THAN 1,800 MEMBERS ON SIRIS® VIA LIVE VIRTUAL MEETINGS.

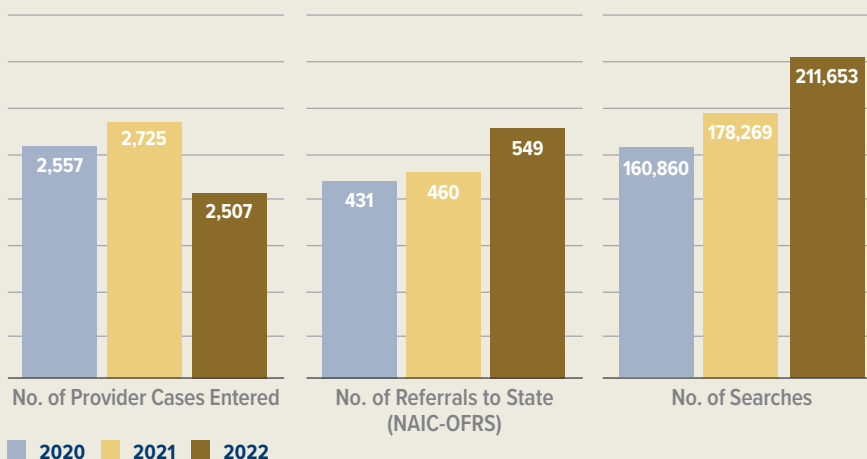
2022 Accomplishments

- Hosted 12 Information-Sharing Conference Calls with more than 10,000 total attendees. Average of 8 cases shared per call.
- Hosted two in-person Case Discussion Roundtable Meetings (@ Boot Camp & ATC)
- Created the NHCAA *Compendium of Fraud Briefs*.
- Developed and published 7 new Fraud Briefs.
- Updated 16 previously published Fraud Briefs.
- Made several SIRIS® enhancements to improve the member experience.
- Added more than 800 new SIRIS® users.
- Trained more than 1,800 members on SIRIS® via live virtual meetings.
- Added 8 new Government Liaison agencies to NHCAA's membership.
- Welcomed 27 new primary contacts for existing Government Liaison agencies.

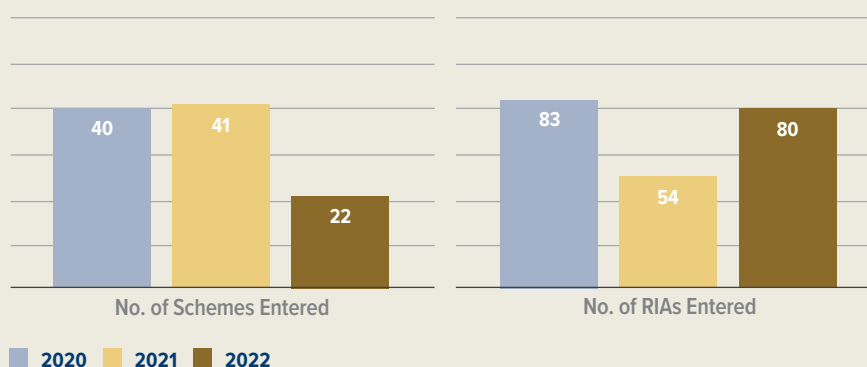
SIRIS® – Special Investigation Resource and Intelligence System

SIRIS® is NHCAA's proprietary web-based database powered by LexisNexis and populated by Members, which allows authorized users to effectively share critical information about

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



SIRIS® Schemes and Requests for Investigation Assistance (Entries)



2,507

PROVIDER CASES ENTERED INTO SIRIS® IN 2022, EXCEEDING THE 5-YEAR ANNUAL AVERAGE OF 2,422 CASES.



Investigation Toolbox

NHCAA compiles and curates investigation resources for members.

www.nhcaa.org/tools-insights/investigation-tools

BOOKMARK IT.

64%
INCREASE IN THE NUMBER OF PARTICIPANTS IN NHCAA'S INFORMATION-SHARING CONFERENCE CALLS.



fraudulent activity. In 2022, NHCAA continued to enhance SIRIS® in the following ways:

- Secured Board approval for an ambitious SIRIS® Application Programming Interface (API) Project and launched the programming process (to be completed in 2023).
- Updated the SIRIS® User Guide.
- Produced 8 video tutorials about SIRIS®.
- Bolstered security of SIRIS®.

Fraud Briefs

Fraud Briefs are summaries that typically describe a scheme related to a specific health care service. Their purpose is to give NHCAA Member Organizations and Government Liaison agencies a quick and clear overview of prominent, complex, or emerging fraud issues. In addition to helping members gain a general understanding of an issue, a Fraud Brief can also be used as a reference or guideline for conducting investigations.

During 2022, seven new Fraud Briefs were created on the following topics:

- Adult Day Care Services
- Cardiovascular Genetic Testing
- Fee Forgiveness/Waiver of Coinsurance Payments
- Remote Physiologic Monitoring
- Sales Agent/Broker Fraud
- Skin Substitutes
- Temporomandibular Disorders

The following Fraud Briefs were updated in 2022:

- ACA Enrollment Fraud
- Acupuncture
- Applied Behavior Analysis
- COVID-19
- Elevated MME Prescribing
- Foot Baths
- Home Health Services
- Implantable Delivery Systems for Treatment of Opioid Use Disorder

- Intensive Outpatient Therapy Treatment
- Intraoperative Neuromonitoring
- Pain Creams – Telemarketing
- Personal Care Services (PCS)
- Sober Homes
- Telemarketing
- Telemedicine
- Urine Drug Screens

Requests for Investigation Assistance (RIA) from Law Enforcement

In 2022, 80 Requests for Investigation Assistance (RIA) were submitted by law enforcement. This unique information-sharing tool enables law enforcement agencies and prosecutors to seek additional information from the field concerning specific fraud investigations. This aids law enforcement in building stronger, more complete cases while it offers insurers an opportunity to report their experience and possible fraud exposure. This process is quick and efficient, facilitating case development, collaboration, and identification of additional victims and perpetrators of fraud.

Information-Sharing Conference Calls

In 2022, NHCAA hosted monthly secure calls, cumulatively serving more than 10,000 member participants. These invaluable calls are designed to enable broad and easy access to NHCAA's most fundamental and impactful member benefit of information-sharing. NHCAA allows Member Organizations and Government Liaison agencies to reserve up to five access lines to participate, while encouraging SIU teams to conference in together to maximize participation. These secure, regularly scheduled meetings provide a platform for members to safely discuss specific fraud cases with their industry peers.

NHCAA and HFPP Co-Sponsored Information Sharing Sessions

In 2022, the National Health Care Anti-Fraud Association (NHCAA) and the Healthcare Fraud Prevention Partnership (HFPP) continued to join forces, hosting two co-sponsored InfoShare virtual events. The meetings were a huge success with nearly 3,000 total participants.

Anti-Fraud Initiatives Publications



THE SENTINEL is a monthly newsletter that informs members about Anti-Fraud Initiatives' information-sharing opportunities such as: new releases of *The Compass*, *Inside SIRIS*[®], Fraud Briefs, Information-Sharing Conference Calls, *SIRIS*[®] Updates, Government Liaison information, and more.



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 Liaison agencies 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 analysis of top Provider Cases by provider type from *SIRIS*[®], Spotlight Articles from *The Compass*, Fraud Briefs, and highlights from our annual Awards Program.





EDUCATION & TRAINING

Educating and training health care anti-fraud professionals is essential to the NHCAA Mission. Through the NHCAA Institute for Health Care Fraud Prevention, members have access to unrivaled education and training programs that provide critical, timely information to address emerging health care fraud trends. The virtual and in-person trainings support the development of investigators and analysts in the public and private sectors to detect and prevent fraud that impacts their organization. Training is offered in a variety of formats to accommodate various learning styles and budgets.

5,000+
LEARNERS IN 2022.

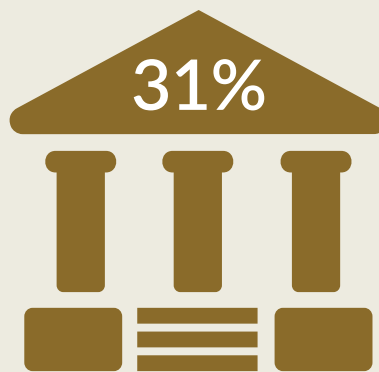
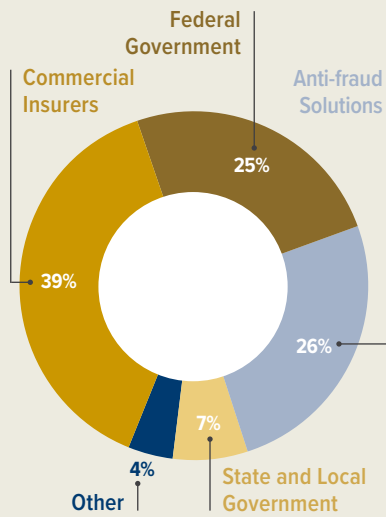
In 2022, NHCAA reestablished some of our essential training programs as in-person events including the Boot Camp Program and Annual Training Conference. Other programs continued in the virtual format. We had over 5,000 learners in 2022 that completed 15,981 training programs.

2022 Accomplishments

- Hosted over 1,250 attendees and exhibitors in-person at NHCAA's Annual Training Conference (ATC) with over 50 educational sessions on fraud schemes, investigative techniques, management skills, and case studies.
- Offered 103 Continuing Professional Education (CPE) credits and 29.5 Continuing Education Units (CEU) from the American Academy of Professional Coders (AAPC). Eight (8) CPE credits were offered through complimentary partner webinars.
- The Annual Training Conference offered 18 CPEs and 11 CEUs.
- Trained over 800 individuals including health care anti-fraud investigators, analysts, and government liaison teams at the 2022 virtual programs, not including the ATC.
- Prepared nearly 100 individuals for the AHFI® exam through three virtual AHFI® Prep Courses.
- Approximately 13,900 individuals participated in webinar trainings.

ANNUAL TRAINING CONFERENCE BY THE NUMBERS

ATC Attendees by Sector



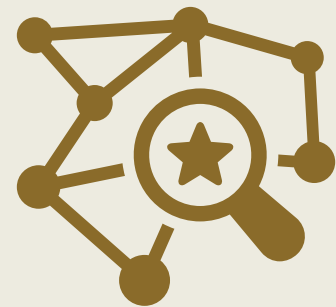
of the audience at the ATC represents state, local or federal government

39%

of ATC attendees represent the commercial insurance markets

92%

of respondents said they can apply information gained at the ATC to their daily work

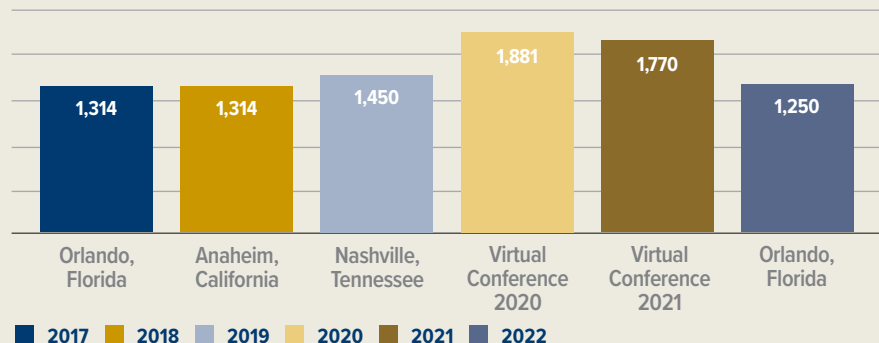


84% of ATC participants said they would open an investigation, or data mine for potential fraud based on information learned from an ATC session.



93% of people who completed the survey said they were satisfied or very satisfied with the ATC conference.

ATC Attendance



Annual Training Conference

Every year, NHCAA Institute hosts the Annual Training Conference (ATC), the health care fraud fighting industry's premier health care anti-fraud training event.

Between November 15 and 18, over 1,250 individuals representing the health care anti-fraud industry and government agencies gathered in-person at the Hyatt Regency in Orlando, Florida. With over 50 sessions and an Anti-fraud Expo Hall with nearly 50 exhibitors, the industry examined emerging schemes, trending issues, and best practices. After two successful years in the virtual format, ATC attendees and faculty were able to walk the halls and talk face-to-face to share ideas and insights that help detect, investigate, prosecute, and prevent health care fraud.



Education & Training Programs

The NHCAA Institute Education & Training Series provides an array of

programs for entry-level and mid-level staff 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.

At the beginning of the pandemic in 2020, NHCAA's Institute transitioned all of our programming to a virtual format. Two years later, NHCAA kept some programming in the virtual format and moved the Boot Camp Program and Annual Training Program back in-person.

ENHANCING YOUR CAREER THROUGH TRAINING

1. Boot Camp



2. Schemes

3. Skills



4. Data Analytics



5. ATC



6. AHFI®

Schemes for Health Care Fraud Investigators & Analysts

Between May 2 - 13, 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 networking component as well as the ability to engage with speakers and other participants through the program website. Sessions included topics such as Durable Medical Equipment, pain management, unlisted codes, and behavioral health schemes and offered 20 continuing education credits.

Enhancing Your Investigative Skills

This live virtual program held August 3 - 5 offered 10 sessions on topics such as dismantling DME schemes, utilizing data for pharmacy investigations, interviewing techniques, and building cases proactively. The live format enabled attendees to ask questions of the presenters and discuss relevant topics with the other attendees. Once again, the program website enabled attendees to further their discussions on the training topics. Attendees earned 10 continuing education credits.

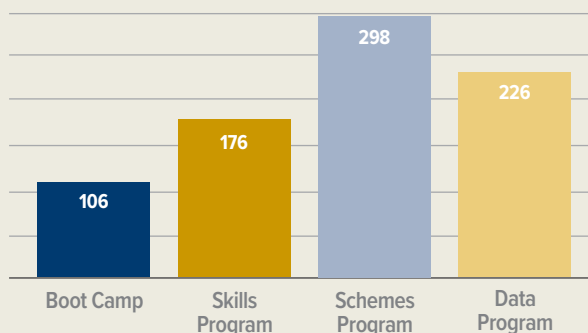
Data Analytics Program

This live virtual program held March 22 - 24 offered 10 sessions on topic such as time series analytics, leveraging analytics for data driven investigations, data analytics to mitigate program vulnerabilities, and best practices in data communication. The live format enabled attendees to ask questions of the presenters and discuss relevant topics with the other attendees. Attendees earned 10 continuing education credits.

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

E&T Program Attendance



806

E&T Program Total Program Attendance



13,929

number of people who attended webinars this year.



15,981 individuals participated in all of NHCAA education and training programs in 2022.

NHCAA's webinars are ideal for unit wide training. They focus on a specific skill or scheme, providing knowledge that can be applied immediately. Each webinar is ninety-minutes and offers much needed continuing education credits to your staff.

applied immediately. NHCAA typically offers 15 credits via our webinar programming.

Boot Camp Program

The Boot Camp Program reconvened in-person in June 2022. Designed for newer investigators, NHCAA hosted 100 entry-level and newer investigators who

learned about the key skills required for health care fraud investigations. The program covered topics from understanding FWA allegations and investigative strategies to medical record reviews and interviewing. Attendees earned 20 continuing education credits.



GOVERNMENT & PUBLIC AFFAIRS

Our mission to protect and serve the public interest is the underlying force that drives NHCAA's efforts in government and public affairs. NHCAA regularly lends its perspective as a subject matter expert on legislative, regulatory, and policy developments that impact health care anti-fraud efforts.

With the dual goals of raising awareness and fostering a deeper understanding of the dangers of health care fraud, NHCAA shares its views and insights publicly through white papers, comment letters, testimony, and media outreach. Various government agencies, as well as Congressional staff, periodically seek NHCAA's expertise on health care fraud-related topics. Additionally, NHCAA Government Affairs works to cultivate strategic partnerships with key public interest groups and other professional associations.



THE LENS is NHCAA's monthly government affairs e-newsletter. The Lens covers the latest news and developments at federal and state levels that can impact anti-fraud efforts or are of interest to the health care fraud-fighting profession. The Lens is augmented with periodic Spotlight e-memos that convey time-sensitive information and announcements. Issues of The Lens are archived on the NHCAA website.

2022 Accomplishments

Detailed Review of ROI Definitions –

Completed a comprehensive review of the NHCAA Return on Investment definitions (first published in 2007). This months-long exercise pondered the range of activities and responsibilities handled by SIUs today to consider if there are SIU-led impacts or outcomes which aren't adequately captured in the existing definitions. After review, only minor changes were made to the ROI definitions and no new terms were added. Terms include Recoveries, Savings, Prevented Loss, Identified Loss, and Court-Ordered Restitution.

ROI White Paper – Revised and updated NHCAA's white paper "The ROI of Fighting Health Care Fraud: The Impact of Methodological Variability" to incorporate concepts that emerged from discussions about SIU return on investment, particularly SIU activities that have a demonstrative impact on fraud but that are difficult to quantify. Examples include programs that emphasize greater scrutiny of providers in the verification process, novel applications of data analytics, non-fiscal metrics that help illustrate the value of the SIU's work, and partnerships

with other teams within the organization that yield anti-fraud successes.

In the Courts: NHCAA Health Care Fraud Legal Tracking – In 2022, NHCAA captured and compiled health care fraud legal activities and regularly shared them with members through "In the Courts." Distributed electronically, this member resource tracks and reports on health care fraud arrests, indictments, arraignments, and judgments, serving the information in a simple, easily utilized format.

Continued Engagement with the HFPP – NHCAA remains an active

participant with and proponent of the Healthcare Fraud Prevention Partnership. In 2022, NHCAA served on the HFPP Executive Board, continued to co-host information-sharing events, reviewed and offered feedback on HFPP studies, and invited the HFPP to address the Board of Directors as well as to present at NHCAA's Annual Training Conference.

Launched the SIU and Payment Integrity Work Group – NHCAA convened a new work group of members to examine and discuss the evolving function of the SIU, particularly with regard to the traditional role of Payment Integrity. After multiple discussions, it was determined that NHCAA will produce a white paper on this topic in 2023.

Provided a Venue to Explore the Links Between Health Disparities and Health Care Fraud – NHCAA partnered with the MITRE Corporation to assist in examining the issue of health disparities and how they may relate to health care fraud and abuse. NHCAA helped convene a group of interested parties, which gathered to share ideas and insights over a series of virtual discussions.





ACCREDITED HEALTH CARE FRAUD INVESTIGATOR (AHFI®) DESIGNATION

AHFI® is the gold standard of professionalism in health care fraud investigations. It 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.

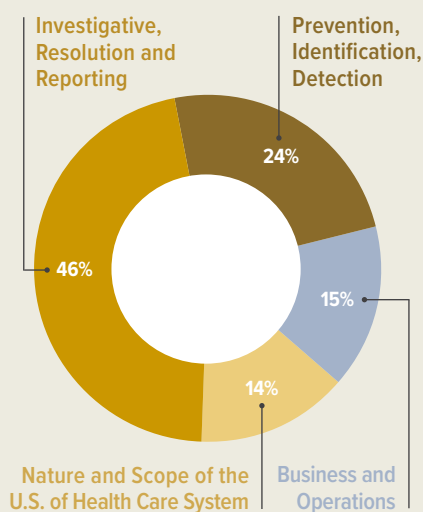
A revised AHFI® exam was launched in 2019 to reflect current industry standards and practices as a result of NHCAA's comprehensive industry assessment.

The AHFI® Prep Course which was offered three times in 2022, prepares test takers to apply for the AHFI® Exam. The on-demand courses offered over the course of a month allowing participants to watch and study at their own pace. Nearly 100 individuals took the course in 2022.

The Accreditation Committee which includes representatives from industry leaders and AHFI® alumni regularly meet to continually create and modify the AHFI® exam, prep course, and resources as needed. The Committee also reviews applications for potential candidates as needed throughout the year.

AHFI®

Types of Exam Questions



102

individuals completed the examination in 2022.

New AHFI® Candidates

Anthem, Inc.

Stephen McNulty
Anna Bowen
Wayne Fisher
Shawn Hill
Shelley Patnaude

AR Blue Cross and Blue Shield

Celeste Holloway
Dela McKee
Melissa Stone

AvMed Inc.

Philip David

Blue Cross and Blue Shield of NC

DeWayne White
Dawn Ezell
Renee Minella
Carrie Bowden
Holliday Simmons

Blue Cross Blue Shield Association

Shadonna Wallace
Michelle Ryan-Betsinger

Blue Cross Blue Shield MA

Anthony Valanzola

Blue Cross Blue Shield of MI

Jason Bock

Blue Cross Blue Shield of MN

Dick Mah
Robin Johnson

Cambia/Regence BCBS

Mallory Klum

CareSource

Gregory McDermitt

Capital District Physician's Health Plan

Todd Williams

Centene Corporation

Courtney Rhodes

April Elaine Barden

Cigna

Gregory Erceg

ClaimSecure

Arvin Anastacio Mortel

Cotiviti

Carlyn Hoffman
Vincent Smith

Defense Health Agency

Jennifer Dietz

Elevance Health

Dana Barfield

Excellus BCBS

Kim Timblin

Express Scripts

Jennifer Adams
Stephanie Benson
Valerie Nielson
MacKenna Shackley

Health Care Service Corporation

Erin Mutter-McKeon

Healthcare Fraud Shield

Kelli Hess

IBM

Munirah Rahman-Harrell

Independent Health Association, Inc

Jennifer Fanning

Magellan Health

James Hurley

Missouri Medicaid Audit & Compliance

Clifton Parker

Molina Healthcare, Inc.

Athena Doersam
Evan Fox
Michael Flores

Francette Agnant

MS Attorney General's Office

William Spradling

Optum

Bobby Ballard
Joel Calvert
Alison Gibson
Lawnie Pawlak
Marisela Rountree

Optum Rx

Elizabeth Bourland

Point32Health

Abigail Bond
Arianna Sassone

SAS

Jason DiNovi

Scott and White Health Plan

Faith Achenbach

State of Utah

John Slade

Medicaid Fraud Control Division, Tennessee Bureau of Investigations

Samantha Steinfort

UCare Minnesota

Lawrence Ashworth

United Healthcare

Brian Klozik
Charmayne Stalhood
Matthew Green
Tina Sabby Reyes
Ashley Staupe
Michelle Tsan

Virginia Premier Health Plan, Inc.

Sephora Machlus White

WellCare Centene

Julie Eshelman



NHCAA AWARDS PROGRAM

NHCAA offers distinguished awards each year that honor the very essence of effective health care fraud investigation and its impact on fraud deterrence and prevention. NHCAA's Annual Awards Program is an opportunity to recognize the impressive investigative work of the health care fraud industry.

SIRIS® Investigation of the Year Award



The SIRIS® Investigation of the Year Award recognizes a successful health care fraud case that was

created or significantly enhanced as a result of using SIRIS® – NHCAA’s on-line Special Investigation Resource and Intelligence System.

The National Health Care Anti-Fraud Association is proud to recognize investigation and prosecution teams in the *United States of America v. Javaid Perwaiz* with this year’s SIRIS® Investigation of the Year Award.

United States Department of Defense
Office of Inspector General, Defense Criminal Investigative Service

United States Department of Health and Human Services
Office of Inspector General, Office of Investigations

United States Department of Justice
Federal Bureau of Investigation

United States Department of Justice
United States Attorney’s Office - Eastern District of Virginia

Virginia Office of the Attorney General
Medicaid Fraud Control Unit

Anthem, Inc.

Optima Health

Investigation of the Year Award



The Investigation of the Year Award honors an outstanding and effective health care fraud investi-

gation and its impact on fraud deterrence and prevention. Due to the complexity of health care fraud investigations, a multi-organization investigative effort normally is required for a successful reso-

lution and, therefore, it is more appropriate to recognize this approach.

National Health Care Anti-Fraud Association is proud to present the investigation and prosecution teams in the case of *Operation HealthWrong* with this year’s Investigation of the Year Award.

United States Department of Health and Human Services
Office of Inspector General, Office of Investigations

United States Department of Homeland Security
Homeland Security Investigations - Tampa

United States Department of Justice
Consumer Protection Branch

United States Department of Justice
Federal Bureau of Investigation

United States Department of Justice
United States Attorney’s Office - Eastern District of Tennessee

United States Food and Drug Administration
Office of Criminal Investigations

United States Office of Personnel Management
Office of the Inspector General, Office of Investigations

United States Postal Service
Office of Inspector General

BlueCross BlueShield of Tennessee
CVS Health

Express Scripts

Highmark

Specialty Benefits Investigation of the Year Award



The Specialty Benefits Investigation of the Year Award is limited to NHCAA Member

Organization (private-sector) specialty benefit plans that include behavioral health, dental, and vision. Its purpose is to recognize the substantial health care anti-fraud contributions by plan investigation units.

NHCAA is proud to recognize the investigation teams in the case of *Eargo Hearing, Inc.* with this year’s Specialty Benefits Investigation of the Year Award.

United States Department of Justice
Civil Division, Fraud Section

United States Department of Justice
United States Attorney’s Office - Northern District of Texas

United States Office of Personnel Management
Office of the Inspector General, Office of Investigations

Blue Cross Blue Shield Association
Blue Shield of California

Excellence in Public Awareness Award



Each year NHCAA bestows an Excellence in Public Awareness Award to an individual or an organization who has, through their work, contributed towards the public awareness of health care fraud. Award winners, selected by NHCAA, help bring to light the importance of combating health care fraud and its destructive impact on our nation’s health care system and citizens.

Blue Cross Blue Shield of Louisiana (BCBSLA) was selected as recipient of the 2022 NHCAA Excellence in Public Awareness Award for its exceptional, multidimensional communications strategy aimed at educating Louisianians about the many forms that fraud, waste, and abuse can take and how to avoid becoming a victim.

NHCAA MEMBER ORGANIZATIONS & GOVERNMENT LIAISONS

MEMBER ORGANIZATION

1199SEIU Benefit & Pension Fund
Aetna
AlohaCare
American Specialty Health, Inc.
AmeriHealth Caritas
Anthem, Inc.
APWU Health Plan
Arkansas Blue Cross Blue Shield
AvMed, Inc.
Beam Benefits
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
Denver Health Medical Plan, Inc
Elixir
EmblemHealth
Excellus Blue Cross Blue Shield
EyeMed Vision Care, LLC
Florida Blue
Geisinger Health Plan
Government Employees Health Association
Guardian Life Insurance Co.
Hawaii Medical Service Association
Health Care Service Corporation
Health First Health Plans
Health Net Federal Services Tricare
Highmark
Horizon Blue Cross Blue Shield of New Jersey
Humana, Inc.
Independence Blue Cross, LLC
Independent Health
Johns Hopkins Healthcare LLC
Kaiser Permanente
Line Construction Benefit Fund
Madison National Life Insurance Company, 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
Plan de Salud Menonita
Point32Health
Premera Blue Cross
Prime Therapeutics LLC
Principal Financial Group
Priority Health
Qlarant
Solstice Health Insurance Company
State Farm Insurance Companies
The Hartford
The Health Plan
TMG Health, Inc.
Travelers Insurance
TriWest Healthcare Alliance

UnitedHealthcare Investigations
UnitedHealthcare/Optom
UPMC Health Plan
Vision Service Plan
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 Health Care Services
California Dept. of Insurance, Fraud Div.
California Dept. of Justice, Div. 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
Defense Health Agency, Program Integrity Div.
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
Florida Dept. of Management Services, Div. of State Group Insurance
Georgia Dept. of Community Health, OIG
Georgia Office of Insurance and Safety Fire Commissioner, Criminal Investigations Div.
Humboldt County District Attorney Office
Idaho Dept. of Health & Welfare
Illinois Healthcare and Family Services, OIG
Illinois Office of the Attorney General
Insurance Fraud Bureau of Massachusetts
Iowa Insurance Fraud Bureau
Itasca County Health and Human Service (IMCare)
Jacksonville Sheriff's Office
Kansas Dept. of Health and Environment, DHCF
Kansas Insurance Dept. Anti-Fraud Div.
Kansas Office of Medicaid Inspector General
Kansas State Board of Healing Arts
Kentucky Cabinet for Health and Family Services, Dept. for Medicaid Services
Kentucky Dept. of Insurance, Div. of Insurance Fraud Investigation
Kentucky Office of Medicaid Fraud and Abuse Control, OAG
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 Administration, 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 & Elder Abuse Unit, Wisconsin Dept. of Justice
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 Idaho, OAG
Medicaid Fraud Control Unit of Indiana, OAG
Medicaid Fraud Control Unit of Iowa, DIA
Medicaid Fraud Control Unit of Louisiana, OAG
Medicaid Fraud Control Unit of Louisiana, OAG
Medicaid Fraud Control Unit of Massachusetts, 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, DOJ
Medicaid Fraud Control Unit of Nebraska, OAG
Medicaid Fraud Control Unit of New Hampshire, OAG
Medicaid Fraud Control Unit of New Mexico, 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 Texas, 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 Administration
New York City Police Dept.
New York Div. of State Government Accountability
New York State Dept. of Financial Services
New York State Dept. of Health
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 Dept. of Human Services, Bureau of Program Integrity
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 Administration, 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.
Teacher Retirement System of Texas
Tennessee Dept. of Finance & Administration, OIG
Tennessee Office of the Attorney General
Tennessee Valley Authority, OIG
Texas Dept. of Insurance, Fraud Unit
Texas Health & Human Services, OIG
Transportation Security Administration
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, CMS
U.S. Dept. of Health & Human Services, OIG-OI
U.S. Dept. of Justice, Criminal Div., Fraud Section
U.S. Dept. of Justice, Drug Enforcement Administration
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 Administration
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, OIG
U.S. Dept. of Veterans Affairs, VHA Office of Integrity and Compliance, Div. of Program Integrity
U.S. Food & Drug Administration, 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 Delaware
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 Kentucky
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[®]

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