



A PRIVATE-PUBLIC
PARTNERSHIP
AGAINST HEALTH
CARE FRAUD



2023 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.

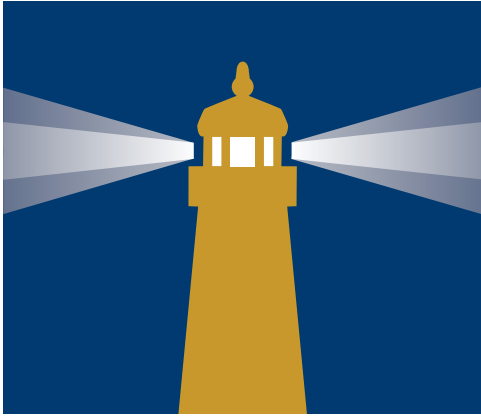
Our Mission is to protect and serve the public interest by increasing awareness and improving the detection, investigation, civil and criminal prosecution, and prevention of health care fraud and abuse.

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

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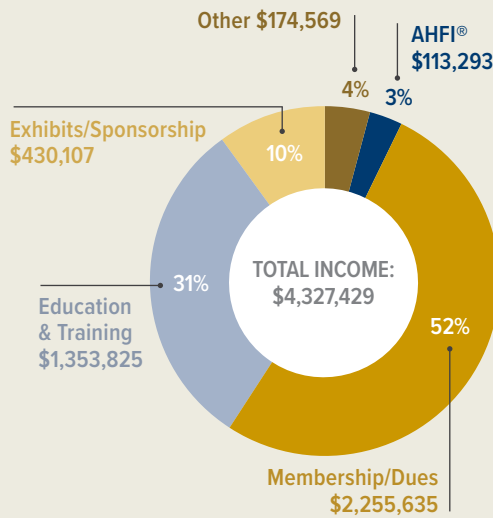
2023

YEAR IN REVIEW

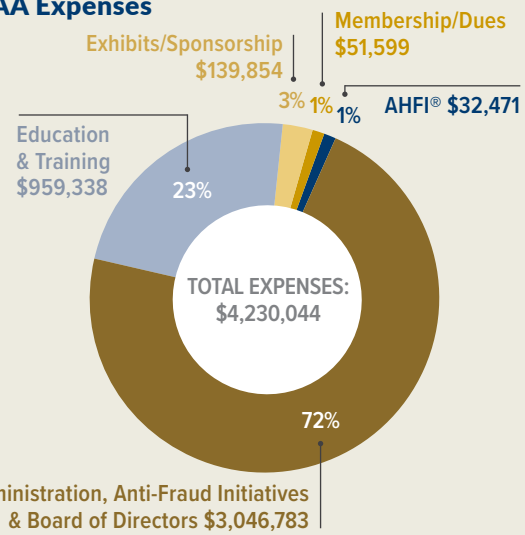
Since our inception in 1985, NHCAA has remained staunchly committed to providing superior service and developing innovative and effective tools to support those on the front lines of the fight against health care fraud. As the only national association dedicated exclusively to combating health care fraud,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

2023 Financials

NHCAA Income



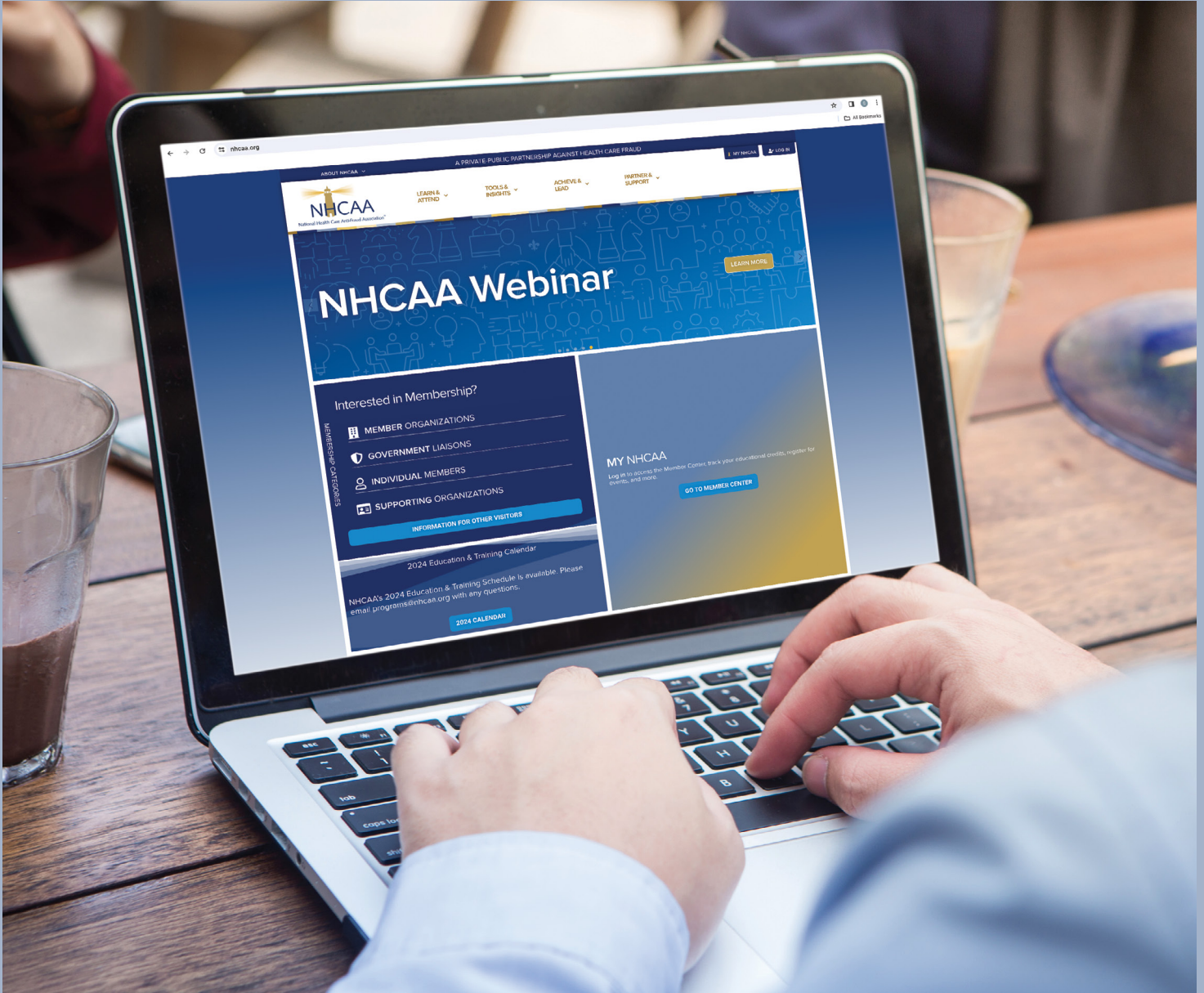
NHCAA Expenses



PROJECTED NET INCOME: \$97,385**

NHCAA consolidated financial summary for the year ended December 31, 2023.

**Unaudited projections as of January 24, 2024



WHAT WAS NEW IN 2023

2023 was the year NHCAA invested in new technologies to improve the member experience. From an application programming interface (API) for the SIRIS® database to our learning management system, NHCAA Learn, NHCAA aims to provide information and education in a more seamless way, supporting our mission to provide unparalleled opportunities to combat health care fraud and abuse.



In the Fall of 2023, NHCAA launched our new learning management system – NHCAA Learn. NHCAA Learn offers NHCAA members a single location to view, register, and access on-demand and virtual training programs. Whether participating in a one-hour on-demand session, or a multi-session virtual training like

our Schemes Program, NHCAA members will find quality education that meets the evolving needs of the health care anti-fraud industry.

NHCAA Learn centralizes and streamlines the delivery of educational content and expands access to the education and training you depend on. Advantages of this new system include:

- Access training at your convenience.
- Earn credits.
- Learn at your own pace.
- Access certificates.
- Break learning into manageable blocks of time.
- Continue learning when travel budgets are limited.
- Save your place in a training with automatic bookmarking.

Over time, the NHCAA staff will continue to expand the content available in NHCAA Learn to include self-study content, a library of research and white papers from our valued members, and short educational sessions.

The screenshot shows the NHCAA LEARN website interface. At the top, it features the NHCAA LEARN logo and navigation links for 'Return to NHCAA.org', 'Member Center', and 'LOG OUT'. Below the header is a sidebar menu with options: Home, Dashboard, Catalog, FAQs, Profile, and Getting Started. The main content area is titled 'Welcome to NHCAA Learn' and includes a 'CATALOG' button. Below the welcome message are four image tiles: 'Self Study' (a man at a computer), 'Insights' (a woman at a laptop), and two other tiles showing people in professional settings. The footer contains contact information, copyright notice for 2024, and a 'CONTACT US' link.

SIRIS® Application Programming Interface (API)

The new SIRIS® Application Programming Interface (API) was launched in November 2023. The project was envisioned and enabled by the NHCAA Board of Directors and aims to increase the volume of cases entered in SIRIS® by allowing the system to work in coordination with member case tracking systems.

The new API enables software programs used by a member (for case management/record management, etc.) to programmatically add provider cases to the SIRIS® database. Compared to the manual submission process used for the web-based SIRIS® application, the API functionality allows for easier, more fluid information input. Additionally, once the connection has been established between SIRIS® and a member's software, the API will be able to also search SIRIS® and return the results for display and use within the member's software.

A finalized Technical Guide is now available that instructs eligible members on how to establish the SIRIS® API. The traditional web-based application of the SIRIS® database remains in place and fully accessible. NHCAA pursued and invested in this solution to make SIRIS® a more valuable and user-friendly information-sharing tool.



CHARTING A COURSE FOR THE FUTURE

NHCAA's ongoing efforts to meet the evolving needs of our members continue 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 and is focused on three primary 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.

The NHCAA Board of Directors provided guidance on which strategies to prioritize for 2023 and beyond, which support the three key outcomes. In 2024, the NHCAA team will once again work with the Board of Directors to develop a new framework to guide the activities of the Association for the coming years.

» www.nhcaa.org/tools-insights/publications/nhcaa-strategic-framework

NHCAA 2024 Board of Directors

At NHCAA's Annual Business Meeting in November 2023, the Membership Forum elected the 2024 Board of Directors.

OFFICERS

Chair

Robert Mays
Anthem, Inc.

Chair-Elect

Richard Statchen
CVS Health

Vice Chair

Timothy Dineen
Horizon Blue Cross Blue Shield of New Jersey

Treasurer

Patricia Hoofnagle
Magellan Health, Inc.

Secretary

Eddie Winkley
Blue Cross Blue Shield Association

Immediate Past Chair

Jonnie Massey
Blue Shield of California

AT-LARGE BOARD MEMBERS

Matthew Berls
Unitedhealthcare Investigations

Rocco Cordato
MVP Health Care

Christopher Deery
Independence Blue Cross, LLC

Joshua Orr
Point32Health, Inc.

Sabrina Vera
Florida Blue

EX-OFFICIO BOARD MEMBERS

Past Chair

Thomas Hixson
Evernorth Health Services, Inc.

Past Chair

Marita Janiga
Kaiser Permanente

Past Chair

Richard Munson
Unitedhealthcare Investigations

Past Chair

David Popik
Humana

Past Chair

Nicholas Messuri, Esq
DentaQuest

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

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

Laura L. Walker
Unit Chief, Health Care Fraud Unit, U.S. Dept of Justice, FBI



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 2023, NHCAA was proud to serve 89 Member Organizations, 221 Government Liaisons, over 100 individual members and 22 valued supporting member companies. We were excited to welcome one new Member Organizations and five new Government Liaisons to the NHCAA family.

NHCAA's Membership of over 300 organizations represents thousands of individuals fighting against health care fraud.

NHCAA New Member Organizations and Government Liaisons

NEW MEMBER ORGANIZATIONS

- Health Plan of San Joaquin

NEW GOVERNMENT LIAISONS

- Kentucky Cabinet for Health and Family Services, OIG, Division of Audits & Investigations
- Medicaid Fraud Control Unit of Illinois, OAG
- Medicaid Fraud Control Unit of Utah, OAG
- Texas State Office of Risk Management
- U.S. Attorney's Office, Northern District of Indiana





ANTI-FRAUD INITIATIVES

Creating opportunities for NHCAA Member Organizations and Government Liaison agencies to share anti-fraud information has always been fundamental to the NHCAA 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 and other agencies is critical to successful efforts against health care fraud and abuse. Collaboration across the anti-fraud field is essential to our collective success.

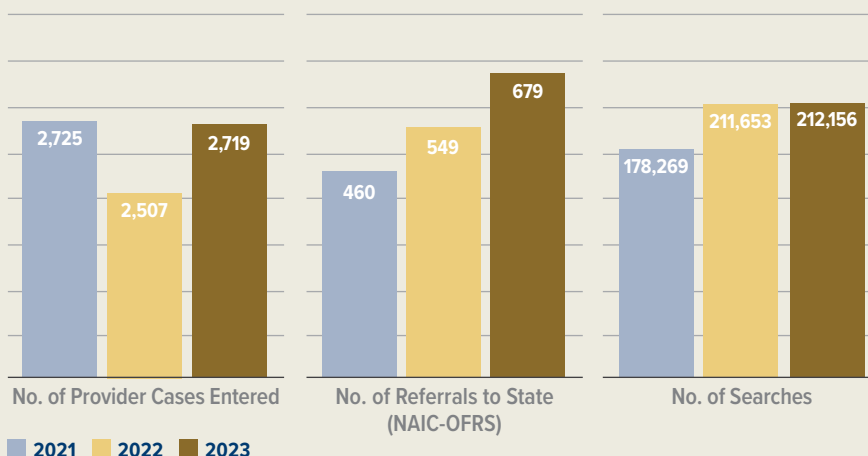
2023 Accomplishments

- Launched the SIRIS® Application Programming Interface (API).
- Hosted a year-long initiative focused on examining Remote Patient Monitoring.
- Continued our ongoing investment in the web-based version of the SIRIS® database, making several enhancements aimed at improving the member experience.
- Added nearly 700 new SIRIS® users.
- Hosted 12 Virtual Information-Sharing Meetings with more than 10,000 attendees in total. On average, approximately 7 cases and/or schemes were shared per meeting.
- Hosted two in-person Case Discussion meetings—at Boot Camp and the Annual Training Conference.
- Maintained a library of more than 30 Fraud Briefs. Identified several Fraud Briefs to be incorporated into the new NHCAA Learning Management System (LMS).
- Added 5 new Government Liaison agencies to NHCAA's membership; that roster now boasts more than 220 GLs.
- Welcomed 26 new primary contacts for existing Government Liaison agencies.

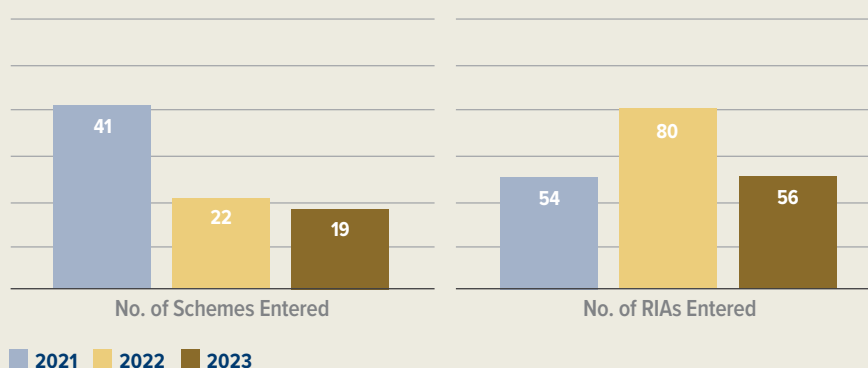
SIRIS® – Special Investigation Resource and Intelligence System

SIRIS® is NHCAA's proprietary database powered by LexisNexis and populated by Member Organizations and Government Liaisons, allowing authorized users to effectively share critical information about suspected fraudulent activity. Traditionally, SIRIS® is accessed via a web-based application.

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



SIRIS® Schemes and Requests for Investigation Assistance (Entries)



2,719 PROVIDER CASES ENTERED INTO SIRIS® IN 2023, EXCEEDING BY MORE THAN 200, THE NUMBER OF CASES ENTERED THE PREVIOUS YEAR.



Investigation Toolbox

NHCAA compiles and curates investigation resources for members.

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

BOOKMARK IT.

24%

INCREASE IN SIRIS PROVIDER CASES REPORTED DIRECTLY FROM SIRIS® TO STATES VIA NHCAA'S INTERFACE WITH THE NAIC OFRS SYSTEM.

SIRIS® - Application Programming Interface (API)

Throughout 2023 NHCAA worked with its partner LexisNexis® Risk Solutions to build and implement an API (application programming interface) for the SIRIS® database. The SIRIS® API was envisioned as a tool that would increase the input and usage of SIRIS® by expediting the entry of multiple Provider Cases into SIRIS®. Additionally, once a connection has been established between SIRIS® and a member's software, the API is able to search SIRIS® and return the results for display and use within the member's case tracking program.

After beta testing and finalizing the associated Technical Guide, the SIRIS® API was formally announced during the 2023 Annual Training Conference and officially launched soon thereafter. While members are welcome and encouraged to adopt use of the API, the traditional SIRIS® web-based platform also remains in place.

Requests for Investigation Assistance (RIA) from Law Enforcement

In 2023, 56 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 2023, 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 connections 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.

Remote Patient Monitoring Initiative

In response to the rapid growth of remote patient monitoring (RPM) as a means for health care delivery, NHCAA initiated an effort to examine

more closely how RPM is being used, and how and if it may be susceptible to health care fraud. A work group of subject matter experts was established employing a unique multi-disciplinary structure. Monthly virtual meetings were held that focused on defining, detecting, anticipating, and protecting against RPM fraud. Work group members volunteered to examine various schemes closely and presented their findings to the group. The year-long effort culminated in a standing room only session at the Annual Training Conference. An interest group devoted to RPM will launch in 2024.

NHCAA and HFPP Co-Sponsored Information Sharing Sessions

In 2023, 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 resounding success with more than 3,500 total participants.

Fraud Briefs

Fraud Briefs are summaries that typically describe a scheme related to a specific health care service or specialty area. 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. All NHCAA Fraud Briefs are incorporated into a Compendium that Members may save, download, and print.

Anti-Fraud Initiatives Publications

NHCAA offers several members-only information-sharing 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 other noteworthy Anti-Fraud Initiatives activities from throughout the year.





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. Our virtual and in-person training supports 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.

5,100+
LEARNERS COMPLETED
16,862 TRAININGS.

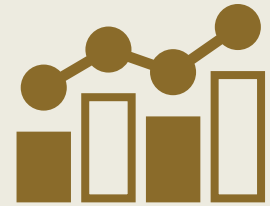
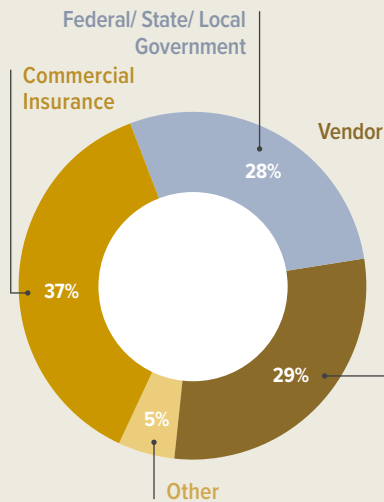
In 2023, NHCAA reestablished some of our essential training programs as in-person events including the Boot Camp Program and Annual Training Conference. Other programs continued in the virtual format. We had over 5,100 learners in 2023 that completed 16,862 training programs.

2023 Accomplishments

- Hosted over 1,200 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 119 Continuing Professional Education (CPE) credits and 26 Continuing Education Units (CEU) from the American Academy of Professional Coders (AAPC). Ten (10) CPE credits were offered through complimentary partner webinars.
- Offered 15 CPEs and 8 CEUs at the Annual Training Conference.
- Trained over 750 individuals including health care anti-fraud investigators, analysts, and government liaison teams at the 2023 virtual programs, not including the ATC.
- Prepared 72 individuals for the AHFI® exam through two virtual AHFI® Prep Courses.
- Approximately 14,800 trainings were completed through NHCAA's webinars.

ANNUAL TRAINING CONFERENCE BY THE NUMBERS

ATC Attendees by Sector 2023



83% of ATC participants said they would open an investigation, or data mine for potential fraud based on information learned from an ATC session.

92%

of attendees report being satisfied or very satisfied with the Annual Training Conference.



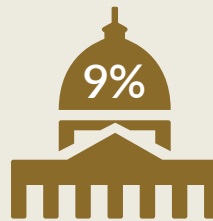
19% of the audience at the ATC represents Federal government.

37%

of ATC participants represent commercial insurers.

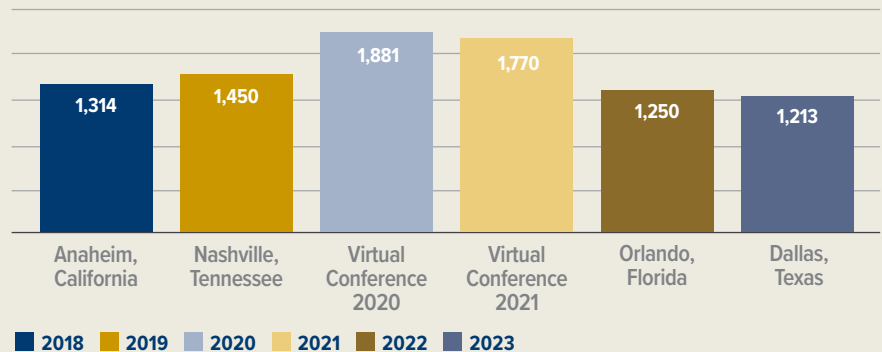
92%

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



9% of the audience at the ATC represents state and local government.

ATC Attendance



Annual Training Conference

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

Between November 6 - 9, over 1,200 individuals representing the health care anti-fraud industry and government agencies gathered in-person at the Hyatt Regency in Dallas, Texas. With over 50 sessions and an Anti-Fraud Expo Hall with 54 exhibitors, the industry examined emerging schemes, trending issues, and best practices. The ATC kicked off with a packed Expo Hall on Tuesday evening and continued with inspirational remarks from Linda Kaplan Thaler on Wednesday morning. Throughout the two and half days, ATC attendees and faculty were excited to network, learn, and meet face-to-face. There was a buzz in the air for those who were able to attend.

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.

Schemes for Health Care Fraud Investigators & Analysts

Between May 1 - 12, attendees were able to learn from 20 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 pharmacy schemes, electrodiagnostic testing, commonly abused codes, and behavioral health schemes and offered 20 continuing education credits.

ENHANCING YOUR CAREER THROUGH TRAINING

1. Boot Camp



2. Schemes

3. Skills



4. Data Analytics



5. ATC



6. AHFI®

Enhancing Your Investigative Skills

This live virtual program held August 4 - 6 offered 10 sessions on topics such as dismantling and utilizing data for business decisions, expanding your clinical toolbox, interviewing techniques, and translating policy into analytics. 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 in-person program held July 11 - 13 offered 10 sessions on topics such as leveraging nursing notes, utilizing data visualization, the power of sampling and extrapolation, and using big data to identify and investigate health care fraud schemes. The format enabled attendees to break into small groups and discuss relevant topics with the other attendees. Attendees earned 20 continuing education credits.

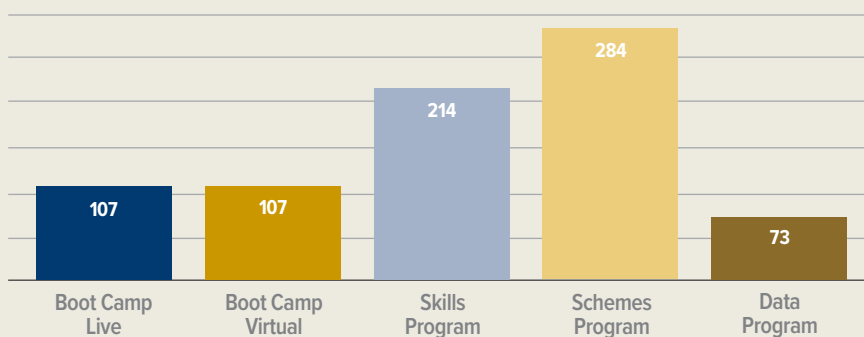
Webinar Programs

NHCAA continued to offer these ninety-minute remote-learning programs for organizations to provide 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 offered 15 credits via our webinar programming in 2023.

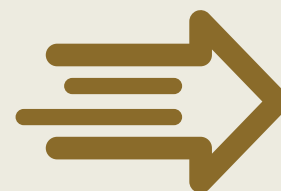
Boot Camp Program

The Boot Camp Program reconvened in person in June 2023 in New Orleans, followed by an additional virtual program held in July 2023. Designed for newer investigators, NHCAA hosted over 200 entry-level and newer investigators who learned about the key skills required for health care fraud

2023 E&T Program Attendance



E&T Program total program attendance is 783



82%

growth in the Skills program with 176 in 2022 and 214 in 2023.

The virtual and in-person training supports the development of investigators and analysts in the public and private sectors to detect and prevent fraud that impacts their organization.

investigations. The program covered topics from understanding FWA allegations and investigative strategies to medical record reviews and interviewing. Attendees earned 24 (in person) or 20 (virtual) continuing education credits.

NHCAA Learn

The NHCAA staff, with oversight from the Education and Training Committee, completed a year-long initiative to evaluate, implement, and launch our new learning management system

- NHCAA Learn. This new platform enables NHCAA to expand the training offered to members in the online format.

- Seven (7) on-demand training classes were launched.
- Six (6) products including research and white papers produced by our Platinum Member Organizations in Insights.
- 2023 ATC attendees received access to ATC+ on NHCAA Learn, which consisted of eight (8) brand new sessions to supplement the in-person ATC content.



GOVERNMENT & PUBLIC AFFAIRS

Our mission to protect and serve the public interest underlies 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.

“In the Courts: NHCAA Health Care Fraud Legal Tracking” – In 2023, NHCAA captured and compiled health care fraud legal activities and regularly shared them with members through “In the Courts.” Distributed electronically and archived on the NHCAA website, this member resource tracks and reports on health care fraud arrests, indictments, arraignments, and judgments, serving up the information in a simple, easily utilized format.

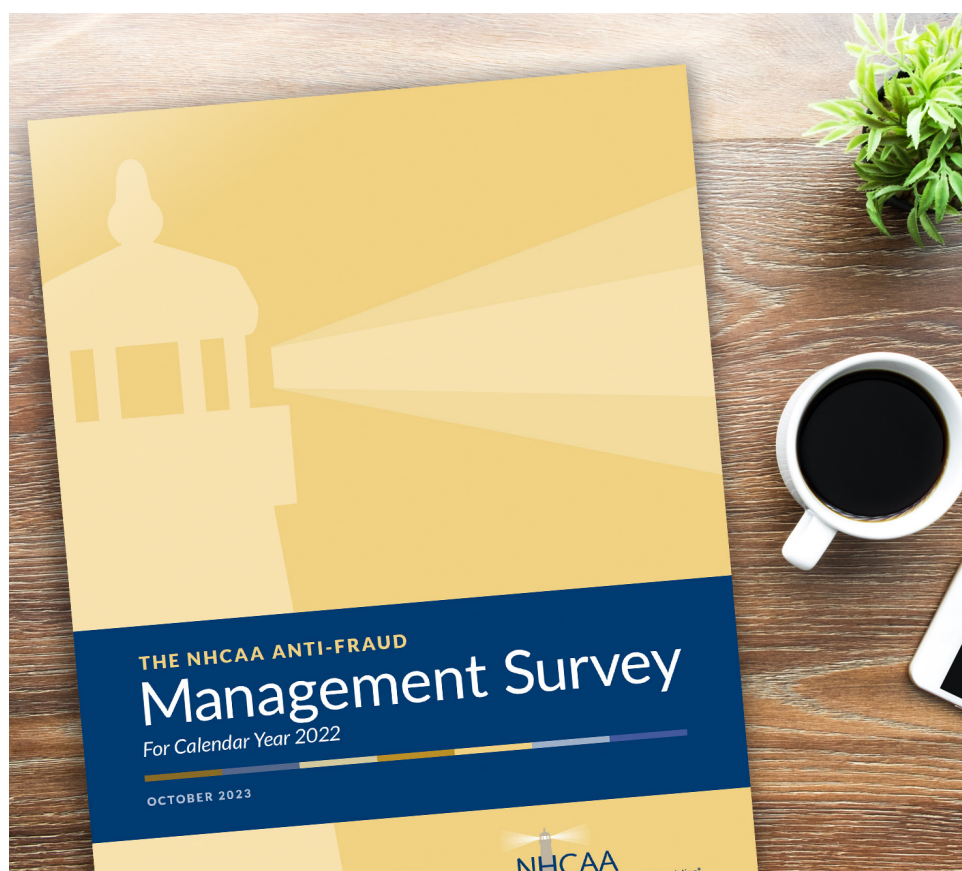
Continued Engagement with the HFPP – NHCAA remains an active participant with and proponent of the Healthcare Fraud Prevention Partnership. In 2023, NHCAA served on the HFPP Executive Board, continued to co-host information-sharing events, reviewed and offered feedback on HFPP studies, and invited the HFPP to present at NHCAA's Annual Training Conference.

2023 Accomplishments

NHCAA Anti-Fraud Management Survey for Calendar Year 2022 – For more than two decades, NHCAA's Anti-Fraud Management Survey has served as the health care anti-fraud industry's benchmarking tool for assessing the structure, staffing, funding, operations, and results of NHCAA member anti-fraud units. The twelfth edition of the Survey Report was published reflecting 2022 data. NHCAA members regularly depend upon the Survey to inform and guide decision-making for their organization's anti-fraud function. A session devoted to the Survey results was a highlight of the 2023 Annual Training Conference.

The SIU and Payment Integrity White Paper – With input from an engaged work group of members, a white paper titled “The SIU and Payment Integrity: Opportunities for Collaboration” was published over the summer. It examines the evolution and growth of both the SIU function and the Payment Integrity function and the inherent challenges and opportunities that exist. This effort

inspired the addition of new questions to the Anti-Fraud Management Survey aimed at capturing insights about the changing role of Payment Integrity in anti-fraud work.





ACCREDITED HEALTH CARE FRAUD INVESTIGATOR (AHFI®) DESIGNATION

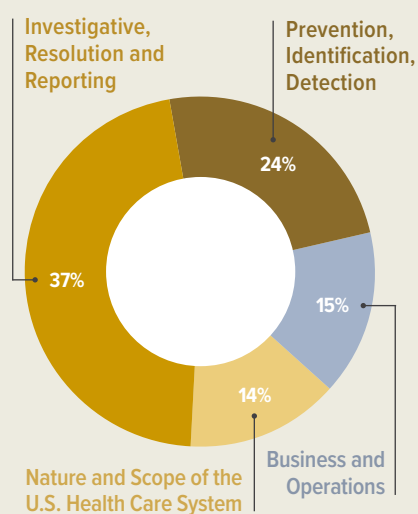
AHFI® is the gold standard of professionalism in health care fraud investigations. It is a unique professional designation granted by NHCAA to individuals who demonstrate unwavering dedication to fighting health care fraud. Successful AHFI® candidates must pass an examination and meet strict qualifications relating to professional experience, specialized training and demonstrated knowledge in the detection, investigation, and prosecution of health care fraud.

In 2019, the Accreditation Committee participated in a comprehensive initiative to revise the exam, making it more reflective of current industry standards and practices. The Exam tests on the nature and scope of the health insurance industry; prevention and detection of fraud, waste and abuse; business and operations of health insurance; and the investigative process.

To support candidates preparing for the exam, NHCAA offers an on-demand prep course which was offered two (2) times in 2023. The on-demand Prep Course supports test takers as they study for the exam. Participants can watch courses at their own pace. In 2023, NHCAA worked with a third-party to pull together all the resources traditionally provided to test-takers. As a result, a new, comprehensive study guide was launched.

The Accreditation Committee which includes representatives from industry leaders and AHFI® alumni convenes to 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



New AHFI® Professionals

AmeriHealth Caritas

Tonya Carter
Meghan Connor
Lisa Mendez

Anthem

Tara Loftis

Arkansas Blue Cross Blue Shield

Dena Bynum
Courtney Lee Jae James

Blue Cross and Blue Shield of Louisiana

Jenifer Leonard

Blue Cross and Blue Shield of North Dakota

Kristina Stenseth

Blue Cross Blue Shield of Michigan

Sarah Jaafar

Blue Shield of California

Linda Rosal
Jennifer Sims

CareSource Management Group

Jessica Persinger

Centene Corporation

Elsie D. Rios

CityBlock Health

Jeremy L. McNeill

Delta Dental of South Dakota

Jennifer Murray

Evernorth Health Services

Elizabeth Cyrowski
David Denny
Melinda Dummerth
Candice Nelson

Health Alliance Medical Plans

Susan R. Adamson

Highmark

Amanda Peryea

Humana, Inc.

Aimee Smith

Independence Blue Cross, LLC

Dana Mertz

Magellan Health, Inc.

Tanya Pennington

Optum

Tiffany Birchfield
Paula Harmon

OptumRx

Karen Arceo

Oscar Insurance Corporation

Eleni Papadakos

SelectHealth

Cody Wright

The Health Plan of West Virginia

Richard Howell

UnitedHealthcare Investigations

Megan Brown
Michelle Luong
Ruslana Martchev
Kerry Walker

UnitedHealthcare/Optum

Becki Archerd
Ashley Staupe

Congratulations to the individuals who passed the AHFI® Exam in 2023!



NHCAA AWARDS PROGRAM

NHCAA's long-standing Annual Awards Program is an opportunity to recognize extraordinary investigative work from across the health care anti-fraud field. Each year, NHCAA acknowledges superlative efforts to address health care fraud, whether it is an important message to the public, generous service in support of NHCAA's mission, or superior investigative skill resulting in success.

Investigation of the Year Award



NHCAA's coveted Investigation of the Year Award honors outstanding and effective health care fraud investigation and

its impact on fraud deterrence and prevention. Complex multi-organization health care fraud cases that include an in-depth investigation followed by a successful prosecution are often candidates for this award. Two Investigation of the Year Awards were conferred in 2023, which is a rare occurrence. Both investigations were deemed equally worthy of the honor. NHCAA recognized the following two cases with its 2023 Investigation of the Year Award:

1-800-Get-Thin (United States of America v. Omidi, et al.)

United States Department of Defense
Office of Inspector General
Defense Criminal Investigation Service

United States Department of Justice
Federal Bureau of Investigation

United States Department of Justice
United States Attorney's Office
Central District of California

United States Food and Drug Administration
Office of Criminal Investigations

Aetna

Anthem, Inc.

Health Net, Inc.

United States Of America V.
Michael Ligotti

Amtrak
Office of Inspector General

United States Department of Justice
Criminal Division, Fraud Section

United States Department of Justice
Federal Bureau of Investigation

United States Department of Justice
United States Attorney's Office
Southern District of Florida

Florida Department of Financial Services

Division of Investigative and Forensic Services
Bureau of Insurance Fraud

Aetna

Florida Blue

Optum

SIRIS® Investigation of the Year Award



National Health Care Anti-Fraud Association

The SIRIS® Investigation of the Year Award recognizes a successful health care fraud case that was launched or significantly enhanced as a result of using SIRIS® — NHCAA's online Special Investigation Resource and Intelligence System.

The investigation and prosecution team in the **People of the State of California v. Jeffrey Toll et al.** was recognized with the 2023 SIRIS® Investigation of the Year Award. This case, which began as a COVID-19 drive-through testing investigation, was a remarkable collaboration between the following:

Blue Shield of California

Blue Cross Blue Shield Association

The Los Angeles City Attorney's Office

The Los Angeles County District Attorney's Office

The investigation of a North Carolina provider in the **United States of America v. Anita Louise Jackson** earned an Honorable Mention in the SIRIS® Investigation of the Year category for 2023.

Excellence In Public Awareness Award



National Health Care Anti-Fraud Association

NHCAA annually bestows an Excellence in Public Awareness Award to an individual or an organization who

has, through their work, contributed to heightened public awareness of health care fraud. Award winners help bring to light the destructive impact of health care fraud and convey the importance for all of us to combat it.

A unique alliance between the **Federal Bureau of Investigation, the Gallup New Mexico Police Department, and the Navajo Nation Division of Public Safety** was honored with the 2023 Excellence in Public Awareness Award, recognizing their exemplary, collaborative efforts to address sober home fraud schemes targeting Indigenous communities.

John Morris Volunteer Service Award



National Health Care Anti-Fraud Association

Each year, the NHCAA John Morris Volunteer Service Award recognizes an individual who has made an

exceptional contribution in support of NHCAA's mission. NHCAA was delighted to name **Michael J. Cohen, DHSc, JD, PA-C**, Headquarters Operations Officer with the U.S. Department of Health and Human Services, Office of Inspector General, Office of Investigation as recipient of the NHCAA's 2023 Volunteer Service Award.

NHCAA MEMBER ORGANIZATIONS & GOVERNMENT LIAISONS

MEMBER ORGANIZATION

11199SEIU Benefit & Pension Fund
AlohaCare
American Specialty Health, Inc.
AmeriHealth Caritas
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 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
Community Behavioral Health
Community Health Network of Connecticut, Inc.
CoventBridge (USA) Inc.
Crossroads Healthcare Management LLC
CVSHealth
Delta Dental Plans Association
DentaQuest
Denver Health Medical Plan, Inc.
Elixir
Evelance Health
EmblemHealth
Evernorth Health Services
Excellus Blue Cross Blue Shield
EyeMed Vision Care, LLC
Florida Blue
Geisinger Health Plan
Government Employees Health Association
Guardian Life Insurance Company
Hawaii Medical Service Association
Health Care Service Corporation
Health First Health Plans
Health Net Federal Services Tricare
Health Plan of San Joaquin
Healthfirst
Highmark
Horizon Blue Cross Blue Shield of New Jersey
Humana, Inc.
Independence Blue Cross, LLC
Independent Health
Johns Hopkins Health Plans LLC
Kaiser Permanente
Line Construction Benefit Fund
Lucret
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
Oscar Insurance Corporation
Point32Health
Premiera Blue Cross
Prime Therapeutics LLC
Principal Financial Group
Priority Health
Qlarant
State Farm Insurance Companies
The Hartford
The Health Plan
TMG Health, Inc.
Travelers Insurance
TriWest Healthcare Alliance
UnitedHealthcare Investigations
UnitedHealthcare/Optum
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 Cabinet for Health and Family Services, OIG, Division of Audits & Investigations
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 Illinois, 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 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 Utah, 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 Labor & Human Services
South Carolina Dept. of Health, 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
Texas State Office of Risk Management
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 Indiana
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.*



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