2022 YEAR IN REVIEW
National Health Care Anti-Fraud Association
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

The National Health Care Anti-Fraud Association is the only national association focused exclusively on the fight against health care fraud.
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
- Membership/Dues: $2,218,053 (56%)
- Exhibits/Sponsorship: $363,100 (9%)
- Education & Training: $1,137,020 (28%)
- Other: $154,797 (4%)
- AHFI®: $117,806 (3%)

TOTAL INCOME: $3,990,775

NHCAA Expenses
- Administration, Anti-Fraud Initiatives & Board of Directors: $3,004,335 (74%)
- Education & Training: $860,525 (21%)
- Membership/Dues: $122,694 (3%)
- Exhibits/Sponsorship: $90,051 (0%)
- AHFI®: $1,933 (0%)

TOTAL EXPENSES: $4,079,538

NHCAA consolidated financial summary for the year ended December 31, 2022.
**Unaudited projections as of January 18, 2023**
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.
MEMBER PORTAL
NHCAA members can complete these functions online:

- PROFILES
  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.

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


### 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

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Company/Position</th>
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<tbody>
<tr>
<td>Chair</td>
<td>Jonnie Massey</td>
<td>Blue Shield of California</td>
</tr>
<tr>
<td>Chair-Elect</td>
<td>William Monroe</td>
<td>Health Care Service Corporation</td>
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<tr>
<td>Vice Chair</td>
<td>Robert Mays</td>
<td>Anthem, Inc.</td>
</tr>
<tr>
<td>Treasurer</td>
<td>Richard Statchen</td>
<td>Aetna</td>
</tr>
<tr>
<td>Secretary</td>
<td>Timothy Dineen</td>
<td>Horizon Blue Cross Blue Shield of New Jersey</td>
</tr>
<tr>
<td>Immediate Past Chair</td>
<td>Marita Janiga</td>
<td>Kaiser Permanente</td>
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#### AT-LARGE BOARD MEMBERS

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Rocco Cordato</td>
<td>MVP Health Care</td>
</tr>
<tr>
<td>Christopher Deery</td>
<td>Independence Blue Cross, LLC</td>
</tr>
<tr>
<td>Patty Hoofnagle</td>
<td>Magellan Health, Inc.</td>
</tr>
<tr>
<td>Caroline Jacques, PhD</td>
<td>Director, Pharmacy Audit &amp; Fraud, Waste, and Abuse</td>
</tr>
<tr>
<td>Eddie Winkley</td>
<td>Blue Cross Blue Shield Association</td>
</tr>
<tr>
<td>Sabrina Vera</td>
<td>Florida Blue</td>
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#### EX-OFFICIO BOARD MEMBERS

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<th>Role</th>
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</thead>
<tbody>
<tr>
<td>Past Chair</td>
<td>Thomas Hixson</td>
<td>Cigna</td>
</tr>
<tr>
<td>Past Chair</td>
<td>Richard Munson</td>
<td>UnitedHealthcare, Investigations</td>
</tr>
<tr>
<td>Past Chair</td>
<td>David Popik</td>
<td>Humana</td>
</tr>
<tr>
<td>Past Chair</td>
<td>Sara Walker</td>
<td>Blue Cross Blue Shield of Massachusetts</td>
</tr>
<tr>
<td>NHCAA Chief Executive Officer</td>
<td>Louis Saccoccio</td>
<td></td>
</tr>
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#### GOVERNMENT LIASION BOARD MEMBERS (NON-VOTING)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dara A. Corrigan</td>
<td>Deputy Administrator and Director, Center for Program Integrity Centers for Medicare and Medicaid Services</td>
</tr>
<tr>
<td>Jennifer K. Dietz</td>
<td>Director, Program Integrity Division, Defense Health Agency</td>
</tr>
<tr>
<td>Gregory Heeb</td>
<td>Unit Chief, Health Care Fraud Unit, US Dept of Justice, FBI</td>
</tr>
<tr>
<td>Dustin Davis</td>
<td>Acting Chief, Health Care Fraud Unit, Department of Justice</td>
</tr>
</tbody>
</table>
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.

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
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.
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)

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Provider Cases Entered</td>
<td>2,557</td>
<td>2,725</td>
<td>2,507</td>
</tr>
<tr>
<td>No. of Referrals to State (NAIC-OFRS)</td>
<td>431</td>
<td>460</td>
<td>549</td>
</tr>
<tr>
<td>No. of Searches</td>
<td>160,860</td>
<td>178,269</td>
<td>211,653</td>
</tr>
</tbody>
</table>

SIRIS® Schemes and Requests for Investigation Assistance (Entries)

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Schemes Entered</td>
<td>40</td>
<td>41</td>
<td>22</td>
</tr>
<tr>
<td>No. of RIAs Entered</td>
<td>83</td>
<td>54</td>
<td>80</td>
</tr>
</tbody>
</table>

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.
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

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.

Fraud Briefs continue 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®.

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

- Commercial Insurers: 39%
- Anti-fraud Solutions: 25%
- Federal Government: 26%
- State and Local Government: 7%
- Other: 4%

- **31%** of the audience at the ATC represents state, local or federal government

- 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**

<table>
<thead>
<tr>
<th>Location</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orlando, Florida</td>
<td>1,314</td>
<td>1,314</td>
<td>1,881</td>
<td>1,770</td>
<td>1,250</td>
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<tr>
<td>Anaheim, California</td>
<td>1,450</td>
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<tr>
<td>Nashville, Tennessee</td>
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<td></td>
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<tr>
<td>Virtual Conference 2020</td>
<td></td>
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<td></td>
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<tr>
<td>Virtual Conference 2021</td>
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<td>Virtual Conference 2021</td>
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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.
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 topics 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 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.

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.
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.
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.
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.

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 Alaine Barden
Cigna
Gregory Erceg

ClaimSecure
Arvin Anastacio Mortel

Cotiviti
Carlynn 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 Rahmaan-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

102 individuals completed the examination in 2022.
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 online 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 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

Blue Cross Blue Shield of Tennessee
CVS Health
Express Scripts
Highmark

Investigation of the Year Award

The Investigation of the Year Award honors an outstanding and effective health care fraud investigation 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 resolution 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

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