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

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

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

NHCAA pursues that Mission by:

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

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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.
In 2021, the NHCAA team, in partnership with external experts, transitioned the NHCAA website into a more user-friendly site. Designed with easier, more intuitive navigation that is distinctly Member-focused, the site strives for improved usability for our members.
1. LEARN & ATTEND
The hub for information about NHCAA’s Education and Training programs and offerings, including our credit tracker tool and schedule for the year.

2. TOOLS & INSIGHTS
A centralized location for Fraud Briefs, NHCAA Publications, COVID-19 Fraud Resources, and our Government Affairs work. NHCAA newsletters along with other important reference materials can also be found here.

3. ACHIEVE & LEAD
All things AHFI® can be found here—information about the program, exam, accreditation renewal, prep course and our roster of AHFI designees. This is also the spot to learn more about our esteemed Awards program, including past honorees and award nomination materials.

4. PARTNER & SUPPORT
Here we highlight our Supporting Member program and our anti-fraud solutions providers, along with our government and organization partners and their important anti-fraud efforts and initiatives.

5. SHARE & ENGAGE
As the backbone of NHCAA, our critical information-sharing activities can be accessed from this one location. You can find updates on secure calls and access the important tools you use every day including SIRIS® and CONNECT.

COVID-19 Resources Web Portal
NHCAA has continued to update our COVID-19 Resources Web Portal, launched in March 2020, where key resources are compiled, including policy and regulatory actions and federal and state agency resources.
The challenging work of moving NHCAA into the future continues under the Strategic Framework approved by the Board of Directors in 2020.

- **VISION:** NHCAA is the pivotal national health care anti-fraud organization providing essential resources for our private-public partnership and trusted leadership in our evolving health care system.

- **MISSION:** To protect and serve the public interest by increasing awareness and improving the detection, investigation, civil and criminal prosecution, and prevention of health care fraud and abuse.
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.

NHCAA 2022 Board of Directors
The 2022 Board of Directors was elected during NHCAA’s Annual Business Meeting for the Membership Forum in November 2021.

OFFICERS
Chair
Marita Janiga
Kaiser Permanente
Chair-Elect
Jonnie Massey
Blue Shield of California
Vice Chair
William Monroe
Health Care Service Corporation
Treasurer
Robert Mays
Anthem, Inc.
Secretary
Richard Statchen
Aetna
Immediate Past Chair
Thomas Hixson
Cigna

EX-OFFICIO BOARD MEMBERS
Past Chair
Nicholas Messuri
DentaQuest
Past Chair
Richard Munson
United Healthcare, Investigations
Past Chair
David Popik
Humana
Past Chair
Sara Walker
Blue Cross Blue Shield of Massachusetts
NHCAA Chief Executive Officer
Louis Saccochio

GOVERNMENT LIASION BOARD MEMBERS
(NON-VOTING)
Gary Cantrell
Deputy Inspector General for Investigations
U.S. Dept. of Health & Human Services, OIG-OI
Dara A. Corrigan
Deputy Administrator and Director
Center for Program Integrity
Centers for Medicare and Medicaid Services
Gregory Heeb
Unit Chief, Health Care Fraud Unit
US Dept of Justice, FBI
Allan Medina
Chief, Health Care Fraud Unit
Department of Justice

MEMBERS COMPRISED OF PRIVATE HEALTH INSURERS, LAW ENFORCEMENT AND REGULATORY AGENCIES

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NHCAA is unique in our commitment to a private-public partnership in the fight against health care fraud. Providing a venue where private insurers and government entities can work together has always been critical to NHCAA’s Mission and success. The simple principle that we can accomplish more together than we can separately has been the backbone of NHCAA for thirty-six 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 2021, NHCAA was proud to serve 94 Member Organizations, 209 Government Liaisons, nearly 300 individual members and 21 valued supporting member companies. We were excited to welcome two new Member Organizations and nine new Government Liaisons to the NHCAA family.

**NHCAA New Member Organizations and Government Liaisons**

### NEW MEMBER ORGANIZATIONS
- Denver Health Medical Plan, Inc
- Johns Hopkins Healthcare LLC

### NEW GOVERNMENT LIAISONS
- Florida Dept of Management Services, Division of State Group Insurance
- Itasca County Health and Human Service (IMCare)
- Kansas Department of Health and Environment, DHCF
- Medicaid Fraud Control & Elder Abuse Unit, Wisconsin Department of Justice
- Medicaid Fraud Control Unit of New Mexico, OAG
- New York Division of State Government Accountability
- New York State Department of Health
- United States Attorney’s Office, District of Delaware
- United States Attorney’s Office, Western District of Kentucky

**620+ MEMBER ORGANIZATIONS, GOVERNMENT LIAISONS, INDIVIDUAL MEMBERS, AND ANTI-FRAUD SOLUTIONS PROVIDERS PROUDLY SERVED.**
Creating opportunities for NHCAA Member Organizations and Government Liaison agencies to share anti-fraud information is fundamental to our mission. The timely sharing of anti-fraud information among commercial health insurers, federal and state law enforcement, and regulatory agencies is critical to being able to wage a unified and ultimately successful battle against health care fraud.
2021 Accomplishments

- Hosted 12 Information-Sharing Conference Calls with over 6,100 attendees and increased the number of connections per plan or agency.
- Developed five new Fraud Briefs.
- Added 9 new Government Liaison agencies to NHCAA’s membership.
- Identified 25 new primary contacts for existing Government Liaison agencies.
- Added more than 770 new SIRIS® users.
- Trained over 400 members on SIRIS® via webinar.
- Continued to enhance the SIRIS® database to better serve members.

SIRIS® – Special Investigation Resource and Intelligence System

SIRIS® is a web-based database powered by LexisNexis that allows authorized users to effectively share critical information about suspected fraudulent activity throughout the country. In 2021, NHCAA continued to enhance the SIRIS® database to better serve members by:

- Updating the SIRIS® Quick Reference User Guide.
- Updating the SIRIS® Manual.
- Updating our SIRIS® New User ID Letter.
- Implementing cosmetic updates and bug fixes.
- Adding a sort feature to the SIRIS® Admin Manage Users page.

Requests for Investigation Assistance (RIA) from Law Enforcement

More than 50 Requests for Investigation Assistance (RIA) were entered by law enforcement in 2021. This unique information-sharing tool allows law enforcement agencies and prosecutors...
to submit requests concerning specific fraud cases to our private insurer members. This process is quick and efficient, facilitating case development and identification of additional victims and perpetrators of fraud.

### Information-Sharing Conference Calls

In 2021, NHCAA hosted twelve secure calls. Over 6,100 individuals participated in these valuable calls that were designed to enhance and expand NHCAA’s key member benefit of information-sharing activity. NHCAA provides its Member Organizations and Government Liaison agencies up to five registrations to participate in each of these information-sharing events. These secure meetings provide a platform for our members to safely discuss specific fraud cases with their industry peers.

### Fraud Briefs

Fraud Briefs are summaries that describe a scheme related to a specific health care service. The purpose of these products is to give NHCAA Member Organizations and Government Liaison agencies a quick summary to gain an understanding of an issue, comprehend the gravity of the situation, and use as a reference or guideline for conducting their own investigation. During 2021, five new Fraud Briefs were created addressing the following topics: **Dental Restorations**, **Dual Eligible Beneficiaries**, **Independent Pharmacy**, **Lab Pass-Through Billing**, and **Sleep Medicine**. The following Fraud Briefs were updated in 2021: **Community-Based Behavioral Health Services**, **COVID-19**, **Durable Medical Equipment**, and **Genetic Testing**.

### Other Anti-Fraud Initiatives

NHCAA offers three members-only information-sharing publications. **Inside SIRIS** provides a monthly update containing statistics and analysis of cases and schemes entered into SIRIS®. **The Compass** is a quarterly health care fraud report containing intelligence gathered from NHCAA’s Government 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 types from SIRIS, Spotlight Articles from **The Compass**, Fraud Briefs, and highlights from our annual Awards Program.

### NHCAA and HFPP Co-Sponsored Information Sharing Sessions

In 2021, the National Health Care Anti-Fraud Association (NHCAA) and the Healthcare Fraud Prevention Partnership (HFPP), two premier private-public partnerships focused on fighting health care fraud, waste, and abuse, held two co-sponsored Virtual Information Sharing Sessions. The meetings were a huge success with more than 2,000 participants in total.
Educating and training health care anti-fraud professionals is integral to the NHCAA mission. Through the NHCAA Institute for Health Care Fraud Prevention, members have access to unparalleled, unique opportunities throughout the year. NHCAA’s Institute provides critical education and training programs through webinars, focused skill-building trainings, and the annual national conference providing options for different learning styles and budgets. The variety of programs provides members with timely information to address emerging health care fraud trends and training to develop new skills to detect and prevent fraud in their organization.
In 2021, NHCAA continued to meet the education and training needs of the health care fraud industry with our virtual programs. Over the course of the year, NHCAA provided training to over 17,000 through our virtual programs, webinars, and the Annual Training Conference.

2021 Accomplishments

- Hosted over 1,750 attendees and exhibitors at NHCAA’s Annual Training Conference (ATC) with over 50 educational sessions on fraud schemes, investigative techniques, management skills, and case studies.
- Offered 98.5 Continuing Professional Education (CPE) credits and 21.5 approved Continuing Education Units (CEU) from the American Academy of Professional Coders (AAPC). In addition, nine (9) CPE credits were offered through complimentary partner webinars.
- Trained over 14,000 individuals through our webinar programs in 2021.

In 2021, 95% of ATC participants believed the information presented at the conference will be valuable to their organization. 84% of ATC participants said they would open an investigation, or data mine for potential fraud based on information learned from ATC session. 95% of people who completed the survey said they were satisfied or very satisfied with the ATC virtual conference.

Annual Training Conference

The Annual Training Conference (ATC) is the single-most important health care anti-fraud training event bringing together over 1,700 individuals representing the health care anti-fraud industry and government agencies. With over 50 virtual sessions, faculty examined emerging schemes, trending issues, and best practices.
The interactive, real time chat feature with faculty and other attendees, enabled participants to share ideas and insights and ask pertinent questions to help detect, investigate, prosecute, and prevent health care fraud. The ATC offered 16 CPEs and 10 CEUs.

Education & Training Programs

Each year the NHCAA Institute Education & Training Series includes 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. Since the beginning of the pandemic, NHCAA’s Institute has transitioned these programs into a virtual format.

Schemes for Health Care Fraud Investigators & Analysts
Held between June 21 - 25, attendees were able to learn from 18 pre-recorded, on-demand sessions at their own pace over the one-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 COVID-19 laboratory fraud, genetic testing concerns, and examining enrollment fraud and offered 20 credits.

Enhancing Your Investigative Skills
This live virtual program held August 10 - 12 offered 10 sessions on topics such as foundational health care fraud laws, increasing ROI, writing for investigative professionals, and AI in investigations. 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 April 13 – 15 offered 10 sessions on topic such as analytic models and strategies, statistical sampling, time-based studies, and visualizing outliers. The live format enabled attendees to ask questions of the presenters and discuss relevant topics with the other attendees. The program website, new in 2021,
enabled attendees to further their discussions on the training topics. Attendees earned 10 continuing education credits.

**Boot Camp**
This virtual program, held May 11 – 19, was a mix of on demand and live content. With 11 on demand sessions, five (5) live check-in sessions where speakers recapped content and answered questions, three (3) live presentations, and the ability to network through the program website, attendees were engaged in a variety of ways over seven (7) days.

The program covers topics from understanding FWA allegations and investigative strategies to medical record reviews and interviewing. Attendees earned 20 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 16 credits via our webinar programming.

**Accredited Health Care Fraud Investigator (AHFI®) Designation**

**The gold standard in professionalism in health care fraud investigation.**

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

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

The exam tests on four (4) primary areas:
- The Nature and Scope of the US Health Care System
- The Business and Operations of the Health Care Insurance System
- Prevention, Identification, and Detection of FWA
- Investigative, Resolution, and Reporting Processes

![AHFI® Exam Results](image)

**E&T Program Attendance**

<table>
<thead>
<tr>
<th>Year</th>
<th>Attendees</th>
<th>NETS Program Attendance</th>
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<tbody>
<tr>
<td>2018</td>
<td>508</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>505</td>
<td></td>
</tr>
<tr>
<td>2020</td>
<td>632</td>
<td></td>
</tr>
<tr>
<td>2021</td>
<td>1001</td>
<td></td>
</tr>
</tbody>
</table>

**14,409**
number of people who attended webinars this year.

**1,309**
average number of attendees on each webinar.

**750**
Approximately 750 individuals now proudly hold the AHFI® designation.

**70+**
Over 70 individuals completed the examination in 2021.

**Types of Exam Questions**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Investigative, Resolution and Reporting</td>
<td>46%</td>
</tr>
<tr>
<td>Prevention, Identification, Detection</td>
<td>24%</td>
</tr>
<tr>
<td>Business and Operations</td>
<td>15%</td>
</tr>
<tr>
<td>Nature and Scope</td>
<td>14%</td>
</tr>
</tbody>
</table>
NHCAA’s long-standing mission to protect and serve the public interest is the underlying motivation that drives our efforts in the government and public affairs arenas. NHCAA is counted on to offer its perspective as a subject matter expert on myriad legislative, regulatory and policy developments that impact health care anti-fraud efforts.

With a goal of raising awareness and developing a deeper understanding of the dangers of health care fraud, NHCAA shares its views and knowledge publicly through white papers, comment letters, testimony, and media outreach. Groups such as the National Association of Insurance Commissioners (NAIC), the CMS Center for Program Integrity, the U.S. Government Accountability Office (GAO), as well as Congressional staff, often seek NHCAA’s insight on a range of topics involving health care fraud. Additionally, NHCAA Government Affairs strives to cultivate strategic partnerships with key public interest groups and other professional associations.
2021 Accomplishments

**NHCAA Anti-Fraud Management Survey for Calendar Year 2020** – For 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 eleventh edition of the Survey Report was published in July, reflecting 2020 data. NHCAA members regularly depend upon the Survey to inform and guide decision-making for their organization’s anti-fraud function.

**Launched “In the Courts: NHCAA Health Care Fraud Legal Tracking”** – Throughout 2021, NHCAA captured and compiled health care fraud legal activities into a simple Excel file which was shared with Membership Forum representatives on a bi-weekly basis. In December, distribution of this resource was expanded across NHCAA’s membership, branding it “In the Courts.” This member resource tracks and reports on health care fraud arrests, indictments, arraignments, and judgments, serving up information in a simple, easily utilized format.

**Continued Engagement with the HFPP** – The Healthcare Fraud Prevention Partnership (HFPP) has marked a decade in existence and was formally codified by statute in late 2020. Throughout, NHCAA has remained an active participant and proponent. In 2021, NHCAA served on the HFPP Executive Board, participated in several efforts focused on specific topics and objectives, such as developing outcomes measurement calculations in preparation for the HFPP’s first formal Report to Congress, and invited the HFPP to address the Board of Directors as well as to present at NHCAA’s Annual Training Conference. In addition, NHCAA continued to partner with the HFPP to co-host joint information sharing events.

**Convened Key Government Partners for a Discussion of Progress & Challenges for Medicaid MCOs** – In June, NHCAA hosted a virtual meeting of key staff members representing HHS-OIG, CMS, and CMS Center for Program Integrity to examine and consider NHCAA’s Medicaid Managed Care Collaborative Practices and how they can promote greater cooperation and collaboration among Medicaid partners.
NHCAA MEMBER ORGANIZATIONS & GOVERNMENT LIASONS

MEMBER ORGANIZATIONS

1199SEIU Benefit & Pension Fund
Aetna
AFliaCare
American Specialty Health, Inc.
AmeriHealth Caritas
Anthem, Inc.
APWU Health Plan
Arkansas Blue Cross Blue Shield
AmerMed, Inc.
Blue Cross and Blue Shield of Alabama
Blue Cross and Blue Shield of Kansas
Blue Cross and Blue Shield of Louisiana
Blue Cross and Blue Shield of Massachusetts
Blue Cross and Blue Shield of Minnesota
Blue Cross and Blue Shield of Mississippi
Blue Cross and Blue Shield of 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
ComSim Regence
Capital BlueCross
Capital District Physicians’ Health Plan, Inc.
Carin姿trix, Inc.
CareFirst BlueCross BlueShield
CareSource Management Group
Barrier Corporation
Central States Funds
Cigna
Community Behavioral Health
Community Health Network of Connecticut, Inc.
CovenBridge (USA) Inc.
Crosstalk Advisors Management LLC
Delta Dental Plans Association
DentaQuartet
Denver Health Medical Plan, Inc
Elite
EmblemHealth
Excelus 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
HealthFirst Health
HealthNet
HealthNet New York, Inc.
Highmark
Horizon Blue Cross Blue Shield of New Jersey
Humana, Inc.
Independence Blue Cross, LLC
Independence Holding Company
Independent Health
Johns Hopkins Healthcare LLC
Kaiser Permanente
Liberty Mutual Insurance
Line Construction Benefit Fund
Magellan Health, Inc.
Medical Mutual of Ohio
MetLife
Molina Healthcare, Inc.
Mutual of Omaha
MVP Health Care
National Elevator Industry Benefit Plans
New Directions Behavioral Health, LLC
Oscar Insurance Corporation
Point2Health (formerly Tufts Health Plan & Harvard Pilgrim Health Care)
Premier Choice
Prime Therapeutics LLC
Principal Financial Group
 PriorHealth
Qlinant
SCAN Health Plan
Salina Health Insurance Company
State Farm Insurance Companies
SureBridge Insurance
The Hartford
The Health Plan
TMG Health, Inc.
Travelers Insurance
triWest Healthcare Alliance
United Healthcare Investigations
UnitedHealthcare/Opuntia
UMPC Health Plan
Vitreon
Western-Southern Life Insurance Company
Wisconsin Physicians Service

GOVERNMENT LIASONs

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 & Franchise Div.
Alaska Dept. of Health and Social Services, Medicaid Program Integrity
Arizona County District Attorney’s Office
Arkansas Dept. of Insurance, CID
Bureau of Health Care of Job & Family Services
California Dept. of Insurance, Fraud Div.
California Dept. of Health Care Services
California Department of Justice, Bureau of Medi-Cal Fraud & Elder Abuse
California Dept. of Managed Health Care, Office of
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
Combs-Butler County District Attorney’s Office
DC Dept. of Health, Care Finace
DC Dept. of Insurance Securities & Banking
Delaware Dept. of Insurance, Fraud Prevention Bureau
Dit of Insurance, Office of Program Integrity
Florida AHCA, Bureau of Medicaid Program Integrity
Florida Dept. of Health, Investigative Services
Florida Department of Financial Services, Div. of Investigative & Forensic Services
Florida Dept. of Management Services, Div. of State
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.
Kentucky Cabinet for Health and Family Services, Dept. for Medicaid Services
Kentucky Dept. of Insurance, Div. of Insurance Fraud Investigation
Kern County District Attorney’s Office
Kirkland County District Attorney 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
Memphis Police & Rescue Group
Maryland Dept. of Health, OIG
Maryland Dept. of Health, Board of Chiropractic Examiners
Maryland Insurance Administration, Insurance Fraud Div.
Massachusetts Office of OIG, 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
Medicaid Fraud Control Div., Tennessee Bureau of Investigations
Medicaid Fraud Control Unit of Arizona, OAG
Medicaid Fraud Control Unit of Colorado, OAG
Medicaid Fraud Control Unit of D.C., Office of the Inspector General
Medicaid Fraud Control Unit of Delaware, OAG
Medicaid Fraud Control Unit of Florida, OAG
Medicaid Fraud Control Unit of Hawaii, OAG
Medicaid Fraud Control Unit of Indiana, OAG
Medicaid Fraud Control Unit of Iowa, DI
Medicaid Fraud Control Unit of Kentucky, 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, OIG
Medicaid Fraud Control Unit of Nebraska, OAG
Medicaid Fraud Control Unit of New Hampshire, OAG
Medicaid Fraud Control Unit of New Mexico, OIG
Medicaid Fraud Control Unit of North Dakota, OIG
Medicaid Fraud Control Unit of Ohio, OAG
Medicaid Fraud Control Unit of Oregon, DOJ
Medicaid Fraud Control Unit of Pennsylvania, OIG
Medicaid Fraud Control Unit of Puerto Rico, PR DOJ
Medicaid Fraud Control Unit of Rhode Island, OIG
Medicaid Fraud Control Unit of South Carolina, OIG
Medicaid Fraud Control Unit of South Dakota, OIG
Medicaid Fraud Control Unit of the Virgin Islands, OIG
Medicaid Fraud Control Unit of Washington, OIG
Medicaid Fraud Control Unit of West Virginia, Virginia
Medicaid Fraud Control Unit of Wyoming, OIG
Michigan Dept. of Attorney General
Michigan Department of Insurance and Financial Services
Michigan Dept. of Health & Human Services, OIG
Minnesota Community and Bureau
Minnesota Dept. of Human Services, OIG
Mississippi Div. of Medicaid
Missouri Medicaid Audit & Compliance
Montgomery 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, Fraud Prevention Div.
Nebraska Medicaid & Long-Term Care Program Integrity
Nebraska Department of Social Services, Consumer Protection
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 Dept. 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, OD
North Dakota Insurance Fraud Fund
Office of the Special Narcotics Prosecutor for the City of New York
Office of State Attorney, Florida 15th Judicial Circuit
Ohio Bureau of Workers’ Compensation, Special Investigations Dept.
Ohio Dept. of Insurance, Div. of Medicaid
Ohio Office of the Auditor of State
Ohio State Health Care Authority
Oklahoma Insurance Dept., Anti-Fraud Unit
Ontario Provincial Police
Orange County District Attorney’s Office
Oregon Health Authority
Peace Corps Office of Inspector General
Pennsylvania Insurance Dept.
Pennsylvania Insurance Fraud Prevention Authority
Pennsylvania OIG, 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
Riverbend 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 Commerce & Consumer Affairs, Insurance Fraud Investigations Branch
State of Utah, Insurance Fraud Div.
Tennessee Dept. of Finance & Administration, TIG
Tennessee Office of the Attorney General
Tennessee Valley Authority, OIG
Texas Dept. of Insurance, Fraud Unit
Transportation Security Administration
Trusted Third Party
U.S. Dept. of Defense, Defense Health Agency
U.S. Dept. of Defense, OIG DCIS
U.S. Dept. of Health & Human Services, ACL
U.S. Dept. of Health & Human Services, OIG-OSI
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 Labor, Office of the Inspector General
U.S. Dept. of Labor, Employee Benefits Security Administration
U.S. Dept. of Labor, Office of Workers’ Compensation Programs
U.S. Dept. of Veterans Affairs
U.S. Dept. of Veterans Affairs, Office of Community Health Care, Directorate of Business Integrity & Compliance, Dept.
U.S. Dept. of Veterans Affairs, OIG
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, District of Washington
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.