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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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.

**PROJECTED NET INCOME: $97,385**

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

**Un audited projections as of January 24, 2024**
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.
- Learn at your own pace.
- Break learning into manageable blocks of time.
- Save your place in a training with automatic bookmarking.
- Earn credits.
- Access certificates.
- Continue learning when travel budgets are limited.

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.

**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.
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.


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 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 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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of Provider Cases Entered</th>
<th>No. of Referrals to State (NAIC-OFRS)</th>
<th>No. of Searches</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>2,725</td>
<td>460</td>
<td>178,269</td>
</tr>
<tr>
<td>2022</td>
<td>2,507</td>
<td>549</td>
<td>211,653</td>
</tr>
<tr>
<td>2023</td>
<td>2,719</td>
<td>679</td>
<td>212,156</td>
</tr>
</tbody>
</table>

SIRIS® Schemes and Requests for Investigation Assistance (Entries)

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of Schemes Entered</th>
<th>No. of RIAs Entered</th>
</tr>
</thead>
<tbody>
<tr>
<td>2021</td>
<td>41</td>
<td>54</td>
</tr>
<tr>
<td>2022</td>
<td>22</td>
<td>80</td>
</tr>
<tr>
<td>2023</td>
<td>19</td>
<td>56</td>
</tr>
</tbody>
</table>

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.
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**

*NHCAA Anti-Fraud Initiatives News*

**INSIDE SIRIS**

*NHCAA Monthly SIRIS® Update*

**THE COMPASS**

*NHCAA Quarterly Health Care Fraud Report*

**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.*

**Fraud Briefs**

**NHCAA Anti-Fraud Initiatives Publications**

NHCAA offers several members-only information-sharing publications.
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.
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.

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.

37% of ATC participants represent commercial insurers.

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

92% of respondents said they can apply information gained at the ATC to their daily jobs.

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

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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 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 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.
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.

“The 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.
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.

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
Jennifer 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 Papidakos

SelectHealth
Cody Wright

The Health Plan of West Virginia
Richard Howell

UnitedHealthcare Investigations
Megan Brown
Michelle Luong
Ruslana Marchev
Kerry Walker

UnitedHealthcare/Optum
Becki Archerd
Ashley Staupé

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

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

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

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