



# 2026 NHCAA AWARDS PROGRAM: SIRIS<sup>®</sup> INVESTIGATION OF THE YEAR NOMINATION FORM

NHCAA's distinguished **SIRIS<sup>®</sup> Investigation of the Year Award** acknowledges an outstanding and effective health care fraud investigation and its impact on fraud deterrence and prevention, that was launched or significantly enhanced as a result of using SIRIS<sup>®</sup>, NHCAA's proprietary information-sharing database.

**Nomination Deadline: Monday, July 13, 2026**

## Nomination Eligibility:

- NHCAA Member Organizations, Affiliate Members, and Government Liaison agencies are eligible to submit nominations.
- Nominated investigations must be in the final adjudication/resolution stage (or have been adjudicated, resolved or closed) between August 1, 2025 and July 31, 2026.
  - *NOTE: Investigative activity may have commenced prior to August 1, 2025, but the case must be ongoing during the aforementioned timeframe.*
- Nominated investigations must include individuals employed by an NHCAA Member Organization, Affiliate Member, and/or Government Liaison agency.

## Nominator's Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Company/Organization/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## Investigation Information

**Title of Investigation (Legal or Court Case Name, Operation Name, etc.)**

\_\_\_\_\_

**URL(s) to Official Court Case Document(s) and/or Press Release(s)**

\_\_\_\_\_

**ID Number(s) of Related or Relevant SIRIS Provider Case, Scheme, and/or Request for Investigation Assistance**

\_\_\_\_\_

## Investigation Timeframe

*(briefly describe, i.e., when was the investigation launched?, is it ongoing?, when was it referred to law enforcement?). Note: Nominated investigations must be in the final adjudication/resolution stage (or have been adjudicated, resolved, or closed) between August 1, 2025 and July 31, 2026.*

\_\_\_\_\_

**Relevant action date**

Indictment Date: \_\_\_\_\_  Conviction Date: \_\_\_\_\_

Sentencing Date: \_\_\_\_\_  Settlement Date: \_\_\_\_\_

Other Action Date (explain): \_\_\_\_\_

**Please answer the following questions as completely as possible.  
If more space is needed, please feel free to include additional attachments to your submission.  
Please type all information to facilitate an accurate review by NHCAA's Awards Committee.**

**In 500 words or less, tell us why this investigation is worthy of acknowledgment.**

**Provide insight and details about the following aspects of the investigation.**

**A. Describe how SIRIS played a significant role in the execution of this case (please provide the SIRIS Provider Case number(s), Scheme number(s), or Request for Investigation Assistance (RIA) number(s) that relate to the investigation being nominated).**

*(Examples: this case was opened/enhanced as a result of reviewing existing SIRIS entries; this case was entered into SIRIS and was then enhanced by the engagement of other SIRIS users who viewed it; this case was the subject of a Request for Investigation Assistance (RIA) entered into SIRIS; SIRIS raised awareness of a fraud scheme that helped lead to the launch of the investigation being nominated).*

**B. Scheme Complexity**

**C. Financial Impact**

**D. Impact/Potential Impact to Patient's Health or Health Records**

**E. Describe any innovative approaches or investigative techniques used that significantly aided in the investigation and resolution of the case.**

**F. Describe and characterize the collaboration among the agencies, companies, and other organizations involved in this investigation, and whenever possible please detail how each person being nominated for their role in this case helped to facilitate success. You are encouraged to highlight specific interactions and partnerships that proved critical in this case.**

## Key Contributing Government Agencies, Companies, and Other Organizations

Please list the organizations and agencies that contributed to the successful resolution of this health care fraud case, along with the names of the individuals who played pivotal roles within those organizations. Recognition of private insurance plans, public health care programs, law enforcement, regulatory, and prosecutorial agencies involved in the success of this case, is strongly encouraged.

**Please note: This nomination form accommodates up to 10 agencies, organizations, or companies that played a significant role in the investigation. Please list each entity separately in its own section of the form and include the associated individuals for each entity as indicated. If your nomination includes more than 10 key entities, you may attach additional supplemental documentation containing additional entities and individuals when submitting this form to NHCAA.**

We would typically expect at least one individual to be represented by each organization or agency listed. While we are happy to know of all individuals who played a role in the investigation, NHCAA will typically try and limit awardee teams to no more than 20. If you require additional space to list all organizations and individuals, please provide them with a supporting document.

### Agency/Company/Organization Name #1

**Key Agency/Company/Organization responsible for the success or resolution of the investigation.**

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### Individuals who were pivotal to this investigation.

#	Name	Title	Office/Division/Dept	Email	Phone
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## Agency/Company/Organization Name #2

Key Agency/Company/Organization responsible for the success or resolution of the investigation.

Individuals who were pivotal to this investigation.

#	Name	Title	Office/Division/Dept	Email	Phone
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## Agency/Company/Organization Name #3

Key Agency/Company/Organization responsible for the success or resolution of the investigation.

Individuals who were pivotal to this investigation.

#	Name	Title	Office/Division/Dept	Email	Phone
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#### Agency/Company/Organization Name #4

Key Agency/Company/Organization responsible for the success or resolution of the investigation.

Individuals who were pivotal to this investigation.

#	Name	Title	Office/Division/Dept	Email	Phone
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#### Agency/Company/Organization Name #5

Key Agency/Company/Organization responsible for the success or resolution of the investigation.

Individuals who were pivotal to this investigation.

#	Name	Title	Office/Division/Dept	Email	Phone
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## Agency/Company/Organization Name #6

Key Agency/Company/Organization responsible for the success or resolution of the investigation.

Individuals who were pivotal to this investigation.

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## Agency/Company/Organization Name #7

Key Agency/Company/Organization responsible for the success or resolution of the investigation.

Individuals who were pivotal to this investigation.

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### Agency/Company/Organization Name #8

Key Agency/Company/Organization responsible for the success or resolution of the investigation.

Individuals who were pivotal to this investigation.

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### Agency/Company/Organization Name #9

Key Agency/Company/Organization responsible for the success or resolution of the investigation.

Individuals who were pivotal to this investigation.

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## Agency/Company/Organization Name #10

Key Agency/Company/Organization responsible for the success or resolution of the investigation.

Individuals who were pivotal to this investigation.

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*If your nomination includes more than 10 agencies, companies, or other organizations, please include an attachment with the additional entities and individuals who were pivotal to the investigation.*

### Submission Instructions

- Nominations must be received by **Monday, July 13, 2026**.
- Submit your completed nomination form and any additional attachments via email to [awards@nhcaa.org](mailto:awards@nhcaa.org).
- Please be sure to save a copy of the completed nomination form for your records.
- If you need additional assistance, please email [awards@nhcaa.org](mailto:awards@nhcaa.org).