



# 2026 NHCAA AWARDS PROGRAM: SPECIALTY BENEFITS INVESTIGATION OF THE YEAR NOMINATION FORM

At times, and for various reasons, investigations do not lead to criminal or civil prosecution. They do, however, often result in significant and impactful policy and/or procedural changes. The purpose of NHCAA's **Specialty Benefits Investigation of the Year** award is to recognize the substantial health care anti-fraud contributions made by plan investigation units particularly in specialty areas, regardless of whether a case results in legal action.

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

## Nomination Eligibility:

This award is limited to NHCAA Member Organization or Affiliate Member (private-sector) specialty benefit plans and insurers offering specialty benefit lines of business. For this award, specialty benefits are limited to behavioral health, dental, and vision.

- NHCAA Member Organizations or Affiliate Members are eligible to submit nominations.
- Nominated investigations must be in the final resolution stage (or have been 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 or Affiliate Member.

## 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 (brief name, nickname, or description of the investigation)**

\_\_\_\_\_

**URL(s) to relevant, official documents, announcements, press release(s), etc.**

\_\_\_\_\_

## Investigation Timeframe

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

\_\_\_\_\_

**Relevant Action(s) Taken by the Health Insurance Plan**

Claims Offset  Prepay Review  Provider Education  Provider Suspension  Recovery

Other – Describe (required): \_\_\_\_\_

**Did the insurer refer this case to law enforcement?**

Yes

No

**Did law enforcement launch a case in response to the referral?**

Yes (criminal)

Yes (civil)

No

Other (please explain): \_\_\_\_\_

**Prosecution/Law Enforcement Actions (if engaged)**

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. Scheme Complexity**

*I.e., The case involves several types/levels of fraud. Involvement of patient, capper, multiple providers/locations, etc. were a factor in the case.*

**B. Financial Impact**

*I.e., What was the financial exposure (claims submitted)? Financial impact may include paid amount, denied claims, cost avoidance, etc.*

**C. Impact or potential impact to patient's health or health records**

*I.e., Consideration is given to compromised medical records and impact to patients' health.*

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

*I.e., Did the investigative team use a creative process to resolve an issue or need? How unique was the investigative approach? How will the policy or procedural change(s) impact future investigations?*

**E. Meaningful and/or Measurable Outcomes**

*What made this investigation a success? Describe how your investigation resulted in significant and impactful policy and/or procedural changes.*

**Primary Investigating Company/Organization**

<b>Primary company/organization responsible for the success or resolution of the investigation.</b>

<b>Individuals who were pivotal to this investigation.</b>					
#	Name	Title	Office/Division/Dept	Email	Phone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

***Please note: This nomination form allows for 4 additional companies, organizations, or agencies 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 5 key entities, you may attach additional supplemental documentation containing additional entities and individuals when submitting this form to NHCAA.***

## Company/Organization #2 Pivotal to the Case

Additional company/organization that contributed to the success of the investigation.

Individuals who were pivotal to this investigation.

#	Name	Title	Office/Division/Dept	Email	Phone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

## Company/Organization #3 Pivotal to the Case

Additional company/organization that contributed to the success of the investigation.

Individuals who were pivotal to this investigation.

#	Name	Title	Office/Division/Dept	Email	Phone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

## Company/Organization #4 Pivotal to the Case

Additional company/organization that contributed to the success of the investigation.

Individuals who were pivotal to this investigation.

#	Name	Title	Office/Division/Dept	Email	Phone
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

## Company/Organization #5 Pivotal to the Case

Additional company/organization that contributed to the success of the investigation.

Individuals who were pivotal to this investigation.

#	Name	Title	Office/Division/Dept	Email	Phone
1.					
2.					
3.					
4.					
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6.					
7.					
8.					
9.					
10.					

## 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).