**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 the only national organization focused exclusively on the fight against health care fraud. We are 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
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.

2019 Financials

**NHCAA Income**
- Membership/Dues $2,245,440 (53%)
- Education & Training $1,406,424 (33%)
- Exhibits/Sponsorship $359,760 (8%)
- Other $109,782 (3%)
- AHFI® $120,820 (3%)

**NHCAA Expenses**
- Membership/Dues $86,715 (2%)
- Education & Training $848,928 (22%)
- Exhibits/Sponsorship $56,660 (1%)
- AHFI® $49,187 (2%)
- Other $2,842,069 (73%)

**Total Income:** $4,242,227

**Total Expenses:** $3,883,559 / Projected Net Income: $358,668**

NHCAA consolidated financial summary for the year ended December 31, 2019.

**Unaudited projections as of January 17, 2020**
In 2019, NHCAA was proud to serve 94 Member Organizations, 186 Law Enforcement Liaisons, over 367 individual members and 21 valued anti-fraud solutions providers. We welcomed four new Member Organizations and an impressive 24 Law Enforcement Liaisons to the NHCAA family. Our most significant growth within the law enforcement membership was the addition of eight state Medicaid Fraud Control Units.
Interest Groups

One of the many information-sharing and education benefits for NHCAA Member Organizations is participation in the Interest Groups. These open forums allow members to discuss schemes, coding and medical record questions, and other issues related to the topic area. Each Interest Group also reserves time for open discussion and peer input, while adhering to our anti-trust guidelines. In 2019, NHCAA launched two new Interest Groups – Data Analytics and Lab Fraud.

The Interest Groups include:
- Behavioral Health Interest Group
- Data Analytics Interest Group
- Dental Fraud Interest Group
- Global Fraud Interest Group
- Laboratory Fraud Interest Group
- Medicaid Fraud Interest Group
- Medical Directors Advisory Group
- Pharmacy & Prescription Drug Fraud Interest Group

NHCAA New Member Organizations and Law Enforcement Liaison Agencies

NEW MEMBER ORGANIZATIONS
- CoventBridge (formerly AdvanceMed)
- EnvisionRx
- Geisinger Health Plan
- Line Construction Benefit Fund

NEW LAW ENFORCEMENT LIAISON AGENCIES
- Alabama State Board of Pharmacy
- Illinois Office of the Attorney General
- Insurance Fraud Bureau of Massachusetts
- Los Angeles County, EMS Agency
- Maine Dept. of Health & Human Services, Fraud Investigation & Recovery Unit
- Medicaid Fraud Control Unit of Colorado, OAG
- Medicaid Fraud Control Unit of D.C., D.C. Office of the Inspector General
- Medicaid Fraud Control Unit of Delaware, OAG
- Medicaid Fraud Control Unit of Indiana, OAG
- Medicaid Fraud Control Unit of Puerto Rico, PR DOJ
- Medicaid Fraud Control Unit of South Carolina, OAG
- Medicaid Fraud Control Unit of South Dakota, OAG
- Medicaid Fraud Control Unit of Tennessee, Bureau of Investigation
- Michigan Department of Attorney General
- Office of the Special Narcotics Prosecutor for the City of New York
- Puerto Rico Medicaid Program
- Rhode Island Executive Office of Health & Human Services, Office of Program Integrity
- Social Security Administration, Office of Anti Fraud Programs
- Tennessee Office of the Attorney General
- United States Attorney's Office, District of Arizona
- United States Attorney's Office, Eastern District of Kentucky
- United States Attorney's Office, Middle District of Pennsylvania
- United States Attorney's Office, Southern District of Texas
- West Virginia Bureau for Medical Services
Creating opportunities for NHCAA Member Organizations and Law Enforcement Liaisons to share anti-fraud information is fundamental to our mission. The timely sharing of anti-fraud information among commercial health insurers and 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.
2019 Accomplishments

- Enhanced security of SIRIS® with a two-factor authentication process for all users.
- Upgraded the SQL Server database that supports NHCAA’s SIRIS® Database.
- Added more than 700 new SIRIS® users.
- Trained over 450 members on SIRIS® either via webinar or at a NHCAA training event.
- Published eight new Fraud Briefs.
- Added 24 new Law Enforcement Liaisons to NHCAA’s membership.
- Identified 25 new primary contacts for existing Law Enforcement Liaisons.
- Published NHCAA’s first Annual Fraud Trends Report for the 2018 year in review. Annual Fraud Trends Reports are new annual electronic reports highlighting fraud trends identified by NHCAA members.

Fraud Briefs

Fraud briefs are summaries that describe a scheme related to a specific health care service. The purpose of these briefs is to give investigators a quick summary to gain an understanding of an issue, comprehend the gravity of the situation, and use it as a reference or guideline for conducting their own investigation.

During 2019, NHCAA launched these new Fraud Briefs:
- Acupuncture
- Community-Based Behavioral Health
- Foot Baths
- Genetic Testing
- Home Health Care Services
- Pain Creams – Telemarketing
- Personal Care Services
- Telemarketing
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.

Requests for Investigation Assistance (RIA) From Law Enforcement

Over 160 Requests for Investigation Assistance (RIA) were entered into SIRIS® by law enforcement in 2019. 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.

Case Discussion Roundtable Meetings

NHCAA hosted in-person meetings throughout the year to provide Member Organizations and Law Enforcement Liaisons the opportunity to network and discuss anti-fraud issues. These meetings also enabled participants to share advice and information on emerging fraud schemes and trends. More than 370 fraud-fighting individuals attended one of the four Case Discussion Roundtable Meetings in 2019. This is a 33% increase from 2018.

NHCAA and HFPP Regional Information Sharing Sessions

In 2019, NHCAA and the Healthcare Fraud Prevention Partnership (HFPP), two premier private-public partnerships focused on fighting healthcare fraud, waste, and abuse, held two co-sponsored Regional Information Sharing Sessions. These events were hosted by Blue Shield of California and WellCare, both NHCAA members. The meetings were a huge success with attendance of 66 and 69, respectively. Attendance has increased with each co-hosted meeting starting in July 2018.

Information-Sharing Conference Calls

In 2019, nearly 900 individuals participated in one of the six secure calls held. These calls enhance and expand NHCAA’s key member benefit of information-sharing activity. NHCAA provides its Membership Forum Representatives, or a designated SIU investigator, the opportunity to participate in Information-Sharing Conference Calls via a secure teleconference platform. These protected conference calls provide a platform for our members to safely discuss specific fraud cases with their industry peers.

Anti-Fraud Initiative E-Newsletters

NHCAA offers two members-only information-sharing e-newsletters – Inside SIRIS® is a monthly publication containing statistics and analysis of cases and schemes entered into SIRIS®. The Compass, sent quarterly, contains trending investigative information from SIRIS® and, also, includes intelligence gathered from law enforcement and private company SIU managers providing the latest information on trends and schemes across the nation.
Educating and training health care anti-fraud professionals has always been 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 in webinar format, smaller more-focused skill-building trainings, and the Annual Training 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 organizations.
2019 Accomplishments

- Hosted over 1,450 attendees and exhibitors at NHCAA’s Annual Training Conference (ATC) – the most ever in NHCAA’s history - with over 60 educational sessions on trending fraud schemes, improving investigative skills, and examining law enforcement case studies.
- NHCAA continues to offer an impressive 140 Continuing Professional Education (CPE) credits and 31 approved Continuing Education Units (CEU) from the American Academy of Professional Coders (AAPC).
- Trained an average of 143 individuals at each of the 2019 In-Person programs with an overall reach to nearly 450 health care anti-fraud investigators, analysts, and law enforcement personnel.
- Demonstrated growth in NETS Webinar attendance with over 13,000 individuals participating in 2019.

Annual Training Conference

The Annual Training Conference is the single-most important health care anti-fraud training event drawing a record number of attendees (1,450) from the health care anti-fraud and law enforcement industry. With over 60 educational sessions, faculty examine emerging schemes and best practices. The ATC brings together the industry’s leading minds to share methods and strategies to detect, investigate, prosecute, and prevent health care fraud.

In 2019, presentations included representatives from local, state, and national organizations including health insurer special investigations units, Medicaid Fraud Control Units, and law enforcement agencies including the Federal Bureau of Investigation and U.S. Department of Health and Human Services - Office of Inspector General. In addition, attendees identify new
products and services to support an organization’s anti-fraud efforts at the Anti-Fraud Expo.

**National Education & Training Series (NETS)**

Each year, the NHCAA Institute plans a full calendar of in-person and webinar training programs.

**In-person NETS Programs**
Held throughout the country, these programs are offered in more intimate settings and provide an environment more conducive for in-depth discussions about the current health care fraud schemes and the investigative skills necessary to find them. In-person programs also offer the opportunity for hands-on learning through roundtable discussions and case studies. These programs are designed for newer and mid-level professionals in the health care anti-fraud industry.

Topics from programs over the year included:
- Maximizing an organization’s fraud hotline
- Investigative research best practices
- Build and execute a data analytics plan
- Investigating telemarketing schemes
- Strategic approaches to lab service claims
- Collaborating on Medicaid investigations
- Conducting audits
- Developing an investigative plan

**NETS Webinar Programs**
These ninety-minute remote learning programs are alternatives to in-person meetings and 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.

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**Total National Education and Training Series (NETS) Attendance**

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<thead>
<tr>
<th>NETS Webinars (Average)</th>
<th>In-Person NETS</th>
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<tbody>
<tr>
<td>874</td>
<td>1,038</td>
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<tr>
<td>580</td>
<td>508</td>
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**Total ATC Attendees**

<table>
<thead>
<tr>
<th>Orlando</th>
<th>Anaheim</th>
<th>Nashville</th>
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<tbody>
<tr>
<td>1,314</td>
<td>1,314</td>
<td>1,450</td>
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**Average 2019 ATC Attendee Profile by Sector**

- **Insurers**: 30%
- **Anti-Fraud Solutions**: 22%
- **Law Enforcement**: 4%
- **Industry Researchers**: 4%
- **Other**: 3%

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87% OF PARTICIPANTS WOULD OPEN AN INVESTIGATION OR DATA MINE FOR POTENTIAL FRAUD BASED ON INFORMATION LEARNED FROM AN ATC SESSION

53% OF ATC ATTENDEES HAVE OVER 10 YEARS EXPERIENCE WORKING IN HEALTH INSURANCE FRAUD.
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. Today, over 630 individuals have completed the challenging coursework and passed the rigorous examination and now proudly hold the AHFI® designation.

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 primary areas:
- The Nature and Scope of the U.S. Health Care System
- The Business and Operations of the Health Care Insurance System
- Prevention, Identification, and Detection of FWA
- Investigative, Resolution, and Reporting Processes

Excellence in SIU Leadership Program

In June 2019, NHCAA held the 3rd Excellence in SIU Leadership program, to support the needs of rising leaders in the health care anti-fraud industry. At the two-day program, attendees participated in discussions about the skills necessary for successfully managing an SIU. The program faculty included SIU directors from health insurers across the country offering their insight into general management challenges, building teams, managing staff, legal and regulatory challenges, and interpreting data. Through small group discussions, attendees are able to take a deep dive into the unique issues involved in leading an SIU.
NHCAA’s mission to protect the public interest guides our efforts in the government and public affairs arenas, while our Strategic Plan helps prioritize and align our daily work. As a subject matter expert, NHCAA is counted on to regularly offer perspective and insight on legislative, regulatory, and policy developments that impact health care fraud fighting.

State law enforcement and regulatory agencies and Congressional staff regularly seek NHCAA’s insight on health care fraud-related topics. Additionally, NHCAA Government Affairs works to cultivate strategic partnerships with key public interest groups and other professional associations.

We track and report on pertinent legislative, regulatory, and policy-making activities. In addition, NHCAA works closely with several government agencies, including the U.S. Departments of Justice (DOJ) and Health and Human Services (HHS) to improve the level of anti-fraud cooperation between the private and public sectors. NHCAA is also an active participant and proponent of the Healthcare Fraud Prevention Partnership (HFPP).
**2019 Accomplishments**

**NHCAA Collaborative Medicaid Fraud Work Group**

Prompted, in part, by a July 2018 HHS Office of Inspector General (OIG) report on fraud and abuse in Medicaid managed care, NHCAA led an effort to convene a group to explore ways to improve and expand private-public collaboration in combating Medicaid fraud with the goal of identifying successful anti-fraud collaborative practices under Medicaid managed care. NHCAA launched its Collaborative Medicaid Fraud Work Group, hosting daylong in-person meetings on April 3rd, May 30th and August 1st. In addition to NHCAA staff, the group included partners representing Medicaid managed care organizations (MCOs), state Medicaid Fraud Control Units (MFCUs), state Medicaid Program Integrity (MPI) offices, the Center for Program Integrity at the Centers for Medicare and Medicaid Services (CMS-CPI), the Office of the Inspector General at HHS, the National Association for Medicaid Program Integrity (NAMPI), and the National Association of Medicaid Fraud Control Units (NAMFCU). These meetings offered a unique opportunity for Medicaid partners—private and public, Federal and State—to work together to examine and discuss how best to ensure the integrity of the Medicaid program.

**Development of Medicaid Managed Care Collaborative Practices**

The insightful meetings over the spring and summer of the NHCAA Collaborative Medicaid Fraud Work Group provided NHCAA a guide map for developing anti-fraud collaborative practices for Medicaid managed care. At year end, NHCAA had developed a near-final white paper titled “Addressing Fraud and Abuse in Medicaid Demands a Collaborative Approach: NHCAA Collaborative Practices for Anti-Fraud Success in Medicaid Managed Care” that describes a dozen anti-fraud collaborative practices based on the following premise: Success in detecting, preventing, investigating and prosecuting health care fraud in Medicaid is enhanced when public and private anti-fraud partners who are committed to common goals effectively communicate, build relationships and establish trust, leading to meaningful collaboration and efficient utilization of resources. NHCAA anticipates formal release of the Collaborative Practices in early 2020.

**NHCAA Comments on Proposed Rules Relating to AKS and Stark**

In December, NHCAA submitted formal comments in response to proposed rules relating to the Anti-Kickback Statute (AKS) and Physician Self-Referral Law (Stark), filing letters with the HHS-OIG and CMS respectively. To the OIG, NHCAA’s primary and overarching recommendation is that as new value-based health care delivery and payment arrangements are developed, tested and adopted, the OIG, as a matter of routine procedure, consistently and continuously apply stringent investigative techniques to identify and address fraud and abuse. To CMS, NHCAA recommends that as it seeks to lessen the regulatory burden on physicians and other providers as a means to promote innovative, value-based health care delivery and payment arrangements, it should, as a matter of routine procedure, consistently and continuously apply stringent oversight to identify and address weaknesses that lead to fraud and abuse. NHCAA suggests to both the OIG and CMS that when vulnerabilities are identified, they consider sharing what is found with private insurers so that the broader community of health care anti-fraud entities will have the ability to provide a more unified front against fraud and abuse.

**Continued Engagement with the HFPP**

As the Healthcare Fraud Prevention Partnership (HFPP) entered its eighth year, NHCAA remained an active participant and proponent, attending meetings and engaging in group efforts focused on specific topics. NHCAA partnered with the HFPP to co-host joint regional information sharing events. The HFPP is a voluntary, public-private partnership between the Federal Government, state and local government agencies, law enforcement, private health insurance plans, employer organizations, and health care anti-fraud associations such as NHCAA.
NHCAA MEMBER ORGANIZATIONS & LAW ENFORCEMENT PARTNERS

MEMBER ORGANIZATIONS
1199SEIU Benefit & Pension Fund
Aetna
AlcoaCare
American Specialty Health, Inc.
AmeriHealth Caritas
Anthem, Inc.
APWU Health Plan
Arkansas Blue Cross Blue Shield
AxaMed, 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 Michigan
Blue Cross and Blue Shield of Minnesota
Blue Cross and Blue Shield of Mississippi
Blue Cross and Blue Shield of Nebraska
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 Shield of California
BlueCross BlueShield of South Carolina
BlueCross BlueShield of Tennessee
Cambia-Regence
Capital BlueCross
Capital Dist. Physicians' Health Plan, Inc.
CareCentric, Inc.
CareFirst BlueCross BlueShield
CareSource Management Group
Centene Corporation
Central States Funds
Cigna
Community Health Network of Connecticut, Inc.
CoveBridge (USA) Inc.
Crossroads Healthcare Management LLC
Delta Dental Plans Association
DentAssure
EmblemHealth
EnvisionRxOptions
Excelon
Excellus BlueCross Blue Shield
EyeMed Vision Care, LLC
Fidelis Care New York
Florida Blue
Georgia Health Plan
Governor's Employees Health Association
Guardian Life Insurance Co.
Harvard Pilgrim Health Care, Inc.
Hawaii Medical Service Association
HealthCare Service Corporation
Health First Health Plans
Health Net Federal Services Tricare
Healthfirst
HealthNow New York, Inc.
Highmark
Horizon Blue Cross Blue Shield of New Jersey
Humana
Independence Blue Cross, LLC
Independent Health
Kaiser Permanente
Liberty Mutual Insurance
Line Construction Benefit Fund
Magellan Health, Inc.
Medicaid Mutual of Ohio
Meridian Health Plan of Michigan
MetLife
Molina Healthcare, Inc.
Mutual of Omaha
 MVP Health Care
National Elevator Industry Benefit Plans
New Directions Behavioral Health, LLC
Oscar Insurance Corporation
Premiere Blue Cross
Prime Therapeutics LLC
Principal Financial Group
Priority Health
Quarlan
SCAN Health Plan
State Farm Insurance Companies
SureBridge Insurance
The Hartford
TMHC, Inc.
Travelers Insurance
TriWest Healthcare Alliance
Tufts Health Plan
UnitedHealthcare Employer & Individual
UnitedHealthcare Investigations
UnitedHealthcare/Outpatient
UPMC Health Plans
Virginia Premier Health Plan
Vision Service Plan
WellCare
West Florida Southern Life Insurance Company
Winston Physicians Service

LAW ENFORCEMENT LIASONs
Admistración de Seguros de Salud
Alabama State Board of Medial Examiners
Amador County Dist. Attorney's Office
Amtrak, Office of Inspector General
Arizona Department of Health Care Cost Containment System, Fraud Div.
Arizona Health Care Cost Containment System, OIG
Arkansas Attorney General, CID
Butler County Dist. of Job & Family Services
California Department of Financial Services, Fraud Div.
California Department of Health Care Services
California Department of Health Care Services
California Department of Managed Healthcare, Office of Enforcement
Cape May County Prosecutors Office
Clay County Sheriff's Office
Connecticut Attorney General, Department of Social Services
Cumberland County Dist. Attorney's Office
DC Department of Health Care Finance
DC Department of Insurance & Banking
Department of Program Integrity
Denver, Office of Program Integrity
Florida AHCA, Bureau of Medicaid Program Integrity
Florida Department of Health, Investigative Services
Florida Dept. of Financial Services, Div. of Investigative & Forensic Services
Georgia Department of Community Health, OIG
Georgia Office of Insurance and Safety Fire Commissioner
Idaho Dept. of Health & Welfare
Illinois Department of Healthcare & Family Services
Illinois Office of the Attorney General
Insurance Fraud Bureau
Jacksonville Sheriff's Office
Kansas Department of Insurance
Kentucky Cabinet for Health and Family Services, Dept. for Medicaid Services
Kentucky Department of Insurance, Fraud Investigation Div.
Kern County Dist. Attorney's Office
Kings County Dist. Attorney's Office
Los Angeles County, DMV Agency
Los Angeles Police Dept.
Louisiana Dept. of Health
Louisiana Legislative Auditor
Louisiana State Board of Medical Examiners
Louisiana State Police
Madison County Dist. Attorney's Office
Maine Dept. of Health & Human Services, Fraud Investigation & Recovery Unit
Maryland Department of Health, OIG
Maryland Department of Health, Board of Chiropractic Examiners

Maryland Insurance Admin., Insurance Fraud Div.
Massachusetts OAG, Insurance & Unemployment Fraud Div.
Massachusetts State Auditor's Office, ESI
Medicaid Fraud Control Unit of Arizona, OAG
Medicaid Fraud Control Unit of Colorado, OAG
Medicaid Fraud Control Unit of D.C., 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, OIG
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 Ohio, OAG
Medicaid Fraud Control Unit of Pennsylvania, OAG
Medicaid Fraud Control Unit of Puerto Rico, PR OIG
Medicaid Fraud Control Unit of Rhode Island, OAG
Medicaid Fraud Control Unit of South Carolina, OAG
Medicaid Fraud Control Unit of South Dakota, OAG
Medicaid Fraud Control Unit of Tennessee, Bureau of Investigation
Medicaid Fraud Control Unit of Vermont, OAG
Medicaid Fraud Control Unit of Washington, OAG
Medicaid Fraud Control Unit of West Virginia, OIG
Medicaid Fraud Control Unit of Wyoming, OAG
Michigan Department of Attorney General, Michigan Department of Health & Human Services
Minnesota Commerce Fraud Bureau
Minnesota Department of Human Services, OIG
Mississippi Div. of Medicaid
Missouri Medicaid Audit & Compliance
Nevada Attorney General's Office, Insurance Fraud Unit
New Hampshire Insurance Dept., Fraud Unit
New Jersey Department of Banking and Insurance, Bureau of Fraud Detection
New Jersey Office of the Insurance Fraud Prosecutor
New York State Comptroller, Medicaid Fraud Div.
New York City Attorney General, New York City Police Dept., Health Care Fraud Task Force
New York State Insurance Dept.
New York State Office of the Comptroller
New York State Office of the Medicaid Inspector General
New York State Workers' Compensation Board
North Carolina Department of Insurance, CID
North Dakota Insurance Dept.
Office of the Special Narcotics Prosecutor for the City of New York
Ohio Bureau of Workers' Compensation, Special Investigations Dept.
Ohio Department of Insurance
Ohio Department of Health
Ohio Office of the Auditor of State
Oklahoma Health Care Authority
Oklahoma Insurance Dept., Anti-Fraud Unit
Ontario Provincial Police
Orange County Dist. Attorney's Office
Peace Corps Office of Inspector General

Pennsylvania Insurance Fraud Prevention Authority
Pennsylvania OAG, Insurance Fraud Section
Port Authority of New York & New Jersey, Office of Inspector General
PrestoFare Medicaid Program
Ridgeview Executive Office of Health & Human Services, Office of Program Integrity
Riverside County Dist. Attorney's Office
San Diego County Dist. Attorney's Office
San Mateo County Dist. Attorney
Santa Clara County Dist. Attorney
Social Security Admin., 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, Office of Public Health
State of Alaska, Office of the Medicaid Inspector General
State of California, Office of the Inspector General
State of Colorado, Office of the Attorney General
State of Delaware, Dept. of Law, Georgia Medicaid Fraud Control Unit
State of Idaho, Insurance Fraud Div.
Tennessee Dept. of Finance & Administration, OIG
Tennessee Office of the Attorney General
Tennessee Valley Authority, OIG
Texas Dept. of Insurance, Fraud Unit
Texas OIG, Health & Human Services Commission, OIG
Transportation Security Administration
U.S. Dept. of Defense, Defense Health Agency
U.S. Dept. of Defense, OIG-DFS
U.S. Dept. of Health & Human Services, CMS
U.S. Dept. of Health & Human Services, OIG-DI
U.S. Dept. of Justice, Criminal Div., Fraud Section
U.S. Dept. of Justice, Drug Enforcement Admin.
U.S. Dept. of Justice, Executive Office for U.S. Attorneys
U.S. Dept. of Justice, Federal Bureau of Investigation
U.S. Dept. of Justice, Office of the Inspector General
U.S. Dept. of Labor, Employee Benefits Security Admin.
U.S. Dept. of Labor, Federal Office of Workers’ Compensation Programs, Div. of Federal Employees’ Compensation
U.S. Dept. of Labor, OIG
U.S. Dept. of Treasury, Internal Revenue Service, OI
U.S. Dept. of Treasury, Office of Special Investigations
U.S. Dept. of Veterans Affairs, Office of Community Care, Directorate of Business Integrity & Compliance, Dept. of Program Integrity
U.S. Dept. of Veterans Affairs, OIG
U.S. Food & Drug Administration, OCS
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
United States Attorney’s Office, Dist. of Arizona
United States Attorney’s Office, Dist. of Colorado
United States Attorney’s Office, Dist. of Maryland
United States Attorney’s Office, Dist. of Montana
United States Attorney’s Office, Dist. of Nebraska
United States Attorney’s Office, Dist. of Vermont
United States Attorney’s Office, Eastern Dist. of Kentucky
United States Attorney’s Office, Middle Dist. of Alabama
United States Attorney’s Office, Middle Dist. of Pennsylvania
United States Attorney’s Office, Northern Dist. of New York
United States Attorney’s Office, Southern Dist. of Texas
United States Attorney’s Office, Western Dist. of Missouri
United States Department of Health and Human Services
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.