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 is the only national organization focused exclusively on the fight against health care fraud and abuse. 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

The National Health Care Anti-Fraud Association is the only national organization focused exclusively on the fight against health care fraud and abuse.
Throughout our history, spanning more than three decades, NHCAA has remained committed to providing superior service and developing innovative and effective tools to support the important work of our members. We have seen another successful year for the Association. We continued expansion of our anti-fraud information-sharing efforts, offering six information-sharing conference calls and five in-person Case Discussion Roundtable Meetings. We launched SIRIS 2.0, providing improved functionality and accessibility to the SIRIS database. We also increased our distance learning opportunities, increasing our number of NETS webinars while also developing four expanded webinar programs. Finally, we launched our inaugural Excellence in SIU Leadership Program, continuing NHCAA’s effort to support the advancement of rising leaders within the SIU.

2017 Financials

NHCAA Income

- Education & Training $1,320,885 (32%)
- Exhibits/Sponsorship $408,206 (10%)
- Membership $2,153,150 (52%)
- Other $115,639
- AHFI $134,605

TOTAL INCOME: $4,132,485

PROJECTED NET INCOME: $97,021

NHCAA Expenses

- Education & Training $1,026,843 (25%)
- Exhibits/Sponsorship $80,497 (2%)
- AHFI $60,979 (3%)
- Membership/Dues $119,464 (3%)
- G&A/Other $2,747,681 (68%)

TOTAL EXPENSES: $4,035,464

This year, NHCAA was proud to serve nearly 90 Member Organizations, 134 Law Enforcement Liaisons, nearly 330 individual members and 18 valued anti-fraud solutions providers. We welcomed three new Member Organizations, one Supporting Member, and 13 Law Enforcement Liaisons to the NHCAA family.
NHCAA Launches New Strategic Plan

Under the direction of the NHCAA Board of Directors, NHCAA developed the 2017 – 2020 Strategic Plan which establishes goals and objectives designed to guide the Association in meeting the mission into the next decade. Here are the key areas of focus set out in the Strategic Plan that will be implemented in the coming three years:

**Partnerships**
Serve as the premier forum for effective collaboration and information sharing among private health plans and public law enforcement and regulatory entities engaged in the fight against health care fraud and abuse.

**Education**
Provide unparalleled education and training and opportunities for professional development.

**Leadership**
Be the authoritative resource on the challenges of health care fraud and abuse.

**Innovation**
Create an environment for innovation in health care fraud prevention, investigation, and detection activities.

**NHCAA CONNECT**

NHCAA CONNECT, launched in 2015, is a secure online professional and social network through which our members can communicate with each other on a broad range of topics. NHCAA CONNECT now has 11 private communities with over 5,400 subscribers.

**SmartBrief**

For the last four years, NHCAA has offered a daily online news service for health care anti-fraud professionals. This complimentary e-newsletter keeps our members and the general public up-to-date with the latest health care anti-fraud news and trends from the courts, regulatory agencies, and the states, along with technology advancements and other health care anti-fraud industry developments. News stories are selected from thousands of news sites and then summarized by expert editors.

### New Member Organizations
- AvMed, Inc.
- Blue Cross Blue Shield of North Dakota
- EyeMed Vision Care
- Context4Health Care (Supporting Member)

### Law Enforcement Liaisons
- Alabama State Board of Medical Examiners
- Amador County District Attorney’s Office
- Clay County Sheriff’s Office
- Division of TennCare, Office of Program Integrity
- Kentucky Cabinet for Health and Family Services, Dept. for Medicaid Services
- Louisiana Department of Health
- Medicaid Fraud Control Unit of Washington, OAG
- Minnesota Department of Human Services, OIG
- Office of Workers’ Compensation, Div. of Federal Employees Compensation, DOL
- Port Authority of New York & New Jersey, OIG
- State of Arkansas, Office of the Medicaid Inspector General
- Utah Office of Inspector General of Medicaid Services
- Virginia Department of Health Professions

**SmartBrief Subscribers**

NHCAA SmartBrief subscription nearly doubled in the last two years.
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, 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.
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.

2017 Accomplishments

- SIRIS® 2.0 was launched in April 2017, users reported faster response time, additional reporting features, and increased functionality.
- NHCAA members conducted more than 94,000 searches.
- SIRIS® users entered 1,533 new records and 113 new schemes into the database.
- SIRIS® users made 322 referrals of potential fraud directly to states’ Departments of Insurance.
- 800 new users were added to SIRIS®.
- Over 380 members attended a SIRIS® training event or demo.
Case-Specific Requests for Investigation Assistance (RIA) from Law Enforcement

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. Nearly 120 Requests for Investigation Assistance (RIA) were entered by law enforcement in 2017.

Case Discussion Roundtable Meetings

NHCAA hosts in-person meetings throughout the year to provide Member Organizations and Law Enforcement Liaisons (LEL) the opportunity to network and discuss anti-fraud issues. These meetings also enable participants to share advice and information on emerging fraud schemes and trends.

2017 Accomplishments

- More than 230 fraud-fighting professionals attended one of the four Case Discussion Roundtable Meetings (CDRM) held in conjunction with the National Education & Training Series (NETS) programs – a 13% increase from 2016.
- Over 115 participants joined us in Orlando at the CDRM held in conjunction with the Annual Training Conference (ATC). Attendance was consistent with 2016.

Information-Sharing Conference Calls

In 2017, more than 950 individuals participated in one of the six calls held. These calls enhance and expand NHCAA’s 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**, 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.
NHCAA offers unparalleled learning opportunities through The NHCAA Institute for Health Care Fraud Prevention. The Institute programs provide members with the knowledge to address emerging health care fraud trends and the training to develop new skills to detect and prevent fraud in their organization. The program offerings are diverse and timely, enabling us to meet the shifting needs of the anti-fraud professional with a steady focus on increasing knowledge and building skills.
Annual Training Conference

The ATC is the single-most important health care anti-fraud training event drawing more than 1,300 health care anti-fraud and law enforcement professionals. With over 60 educational sessions, faculty examine emerging schemes and best practices, and bring together the industry’s leading minds to share methods to detect, investigate, prosecute, and prevent health care fraud. The expanding Anti-Fraud Expo continues to be the primary source for identifying new products and services to support your anti-fraud efforts. This year’s presentations included representatives from local, state and national organizations including health insurance special investigations units, Medicaid Fraud Control Units, and law enforcement agencies including the Federal Bureau of Investigations and the Department of Health and Human Services – Office of the Inspector General.

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 in more intimate settings, these programs provide a smaller environment for an in-depth look at current health care fraud schemes and investigative skills, and enable hands-on learning through round-table discussions and case studies.
In-person NETS also provide valuable networking opportunities.

- **NETS Webinar Programs** – These ninety-minute remote learning programs are alternatives to in-person meetings ideal for unit-wide training. Each webinar is designed to focus on a specific skill or scheme, providing knowledge that can be applied immediately.

- **NETS Expanded Webinar Programs** These expanded learning opportunities extend the learning of a traditional webinar. After each expanded webinar, participants have access to additional easy-to-use resources, and supplemental materials, as well as the opportunity for further discussion via CONNECT with colleagues throughout the country. Attendees also have access to the webinar again via an archive of the program for an additional 60 days.

### 2017 Accomplishments

- Hosted over 1,300 attendees at NHCAA’s Annual Training Conference (ATC) with over 60 educational sessions on trending fraud schemes, best practice investigative skills, and the latest law enforcement case studies.

- Engaged nearly 500 law enforcement personnel throughout NHCAA’s In-Person trainings including NETS Programs and the ATC.

- Equipped nearly 240 novice investigators at the 2017 Boot Camps with the critical skills necessary to successfully investigate health care fraud.

- Offered over 150 Continuing Professional Education (CPE) credits and 24.5 approved Total National Education and Training Series (NETS) Attendance

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<thead>
<tr>
<th>NETS Webinars</th>
<th>In-Person NETS</th>
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<tr>
<td>2015</td>
<td>2016</td>
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<tr>
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<td>6,437</td>
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### Average 2017 ATC Attendee Profile by Sector

- Anti-fraud solutions: 25%
- Industry Researchers: 4%
- Insurers: 23%
- Law Enforcement: 46%
- Other: 2%

### AHFI® Successfully Passed

A RECORD 97 PEOPLE PASSED THE AHFI® EXAM EARNING THEIR DESIGNATION.
Continuing Education Units (CEU) from the American Academy of Professional Coders (AAPC).

- Trained an average of 120 individuals at each of the 2017 In-Person NETS programs with an overall reach to nearly 600 health care anti-fraud investigators, analysts, and law enforcement teams.
- Demonstrated growth in NETS Webinar attendance with nearly 9,000 individuals participating in 2017.

Accredited Health Care Fraud Investigator (AHFI®) Designation

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

Established in 2002, 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, formal education, and demonstrated knowledge in the detection, investigation, and prosecution of health care fraud.

Today, over 600 individuals have completed the challenging coursework and passed the rigorous examination and now proudly hold the AHFI® designation. The AHFI® Program had a record year with 97 people passing the AHFI® exam and earning their designation.

Excellence in SIU Leadership Program

NHCAA launched the inaugural Excellence in SIU Leadership program in July 2017, 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 were able to take a deep dive into the unique issues involved in leading an SIU.
Our mission to protect the public interest is the driving force behind our work in the government affairs arena. NHCAA regularly offers its perspective as a subject matter expert on legislative, regulatory and policy developments that could impact health care anti-fraud efforts.

NHCAA expresses its views publicly through white papers, comment letters, testimony, and media outreach. Groups such as the U.S. Government Accountability Office (GAO), the Office of Management and Budget (OMB), the National Association of Insurance Commissioners (NAIC), and Congressional staff regularly seek our insight on topics relating to health care fraud. 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 at the state and federal levels, and maintain a searchable catalog of statutes and regulations relevant to the anti-fraud field.

NHCAA Board members and executive staff are active on the public policy stage – receiving invitations to appear and testify at public meetings regarding health care fraud.

We work closely with several government agencies, including the U.S. Departments of Justice and Health and Human Services 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).
**2017 Accomplishments**

**NHCAA White Paper: “The U.S. Health Care System and the Challenges of Fraud”** – Essential reading for health care anti-fraud professionals, this NHCAA paper published in September serves as a valuable primer about our nation’s health care system, highlighting the prominent programs, while also examining the role that fraud plays, including the laws, regulations and other tools in place to combat it.

**Continued Engagement on MLR** – When the Affordable Care Act (ACA) was enacted in 2010, it included medical loss ratio (MLR) requirements for private insurers. Throughout the rule-making process and now that the rule is in effect, NHCAA Government Affairs continues to be consistently vocal on the MLR issue, arguing that anti-fraud activities improve health care quality and should therefore be classified as such in the MLR calculation.

In November, the Centers for Medicare & Medicaid Services (CMS) published a proposed rule that includes provisions that would make significant changes to how MLR would be calculated for Medicare Advantage (Part C) and Medicare Part D plans. (The rule does not propose to alter MLR rules for private health plans.)

Most notably, CMS proposes revising the MLR calculation to include in the numerator expenditures related to fraud reduction activities (including fraud prevention, fraud detection and fraud recovery). This is truly significant and in line with recommendations made by NHCAA over the last eight years.

As with other MLR developments, NHCAA will go on the record in response to this latest proposed rule in 2018, encouraging CMS to make permanent the changes it proposes and urging federal regulators to also acknowledge how anti-fraud efforts of private plans improve health care quality.

**NHCAA Assists the GAO** – NHCAA and several of its private sector members were consulted by the Government Accountability Office (GAO) in 2017 to assist on a project relating to fraud risk under Medicare and Medicaid. The final report “Medicare and Medicaid: CMS Needs to Fully Align Its Antifraud Efforts with the Fraud Risk Framework" was published in December and references NHCAA.

**Anti-Fraud Laws Database** – NHCAA continues to host and maintain this members-only resource on its website. Updated in 2017, this state-by-state database compiles and catalogs relevant statutes, regulations, policies, bulletins and other legal documents that pertain to health care fraud fighting, specifically insurer anti-fraud requirements, state immunity statutes and state prompt pay laws.

**Continued Engagement with the HFPP** – As the Healthcare Fraud Prevention Partnership (HFPP) entered its sixth year, NHCAA remained an active participant, attending General Assembly meetings and engaging in group efforts to develop white papers on topics including the harms of opioids (published in January) and fraud in laboratory services (still in development at the close of 2017). 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 White Paper: “The Evolution of Information Sharing in the Fight Against Health Care Fraud”** – This white paper offers a historical summary of the pivotal role that information sharing has played in the development of NHCAA specifically, and in the anti-fraud profession broadly, followed by a glimpse of the future and the promise that enhanced information sharing offers. It also examines the important development of the HFPP.

**The Lens**

NHCAA’s monthly government affairs e-newsletter, *The Lens*, keeps NHCAA members apprised of news and developments at the federal and state levels which could impact anti-fraud efforts or be of interest to the health care fraud fighting profession. *The Lens* is augmented with periodic Spotlight e-memos that convey time-sensitive news. Issues of *The Lens* are archived on the NHCAA website.
The simple principle that we can accomplish more together than we can separately has been the foundation of NHCAA since our inception in 1985.