



2018 NHCAA

Awards Program

October 30, 2018 | Anaheim, California



NHCAA

NHCAA Awards Committee

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Timothy A. Munzing, MD

Family Physician

Kaiser Permanente, Family Medicine

The National Health Care Anti-Fraud Association is proud to honor **Timothy A. Munzing, MD**, Family Medicine Residency Program Director at Kaiser Permanente with the **2018 Medical Director of the Year Award**.

Dr. Munzing epitomizes the mission of the NHCAA to protect and serve the public by increasing awareness and improving the detection, investigation, civil, and criminal prosecution and prevention of health care fraud and abuse. For years, Dr. Munzing has demonstrated his dedication to fighting against the overprescribing of opioids through his work as a nationally recognized medical expert for the public sector, lecturer, and valued partner of Kaiser Permanente's Special Investigations Unit and Compliance Department.

As the Family Medicine Residency Program Director at the Kaiser Permanente (KP) Medical Center in Orange County, California, Dr. Munzing has served as an expert witness for the past 14 years for numerous agencies including, but not limited to, the Drug Enforcement Administration (DEA), Federal Bureau of Investigation (FBI), Medical Board of California, Los Angeles Police Department, Ventura County Sheriff's Department and Torrance Police Department.

Dr. Munzing's case review and testimony have contributed to the following anti-fraud successes: over 70 years in prison sentences for fraud convictions, more than 25 rescinded medical licenses of dangerous providers, and the licenses of more than 25 negligent providers placed on probation. The DEA often seeks Dr. Munzing's advice and insight for its cases.

As a lecturer, Dr. Munzing has presented at least 25 times at workshops and seminars nationwide on the topic of "Appropriate/Legal vs Illegal Opioid Prescribing" to varied audiences comprised of physicians, DEA, FBI, and HHS-OIG investigators, and prosecutors, as well as other fraud investigators. His presentations focus on teaching physicians responsible opioid prescribing practices, identifying when opioids are indicated as appropriate, and teaching law enforcement investigative strategies for cases involving criminal opioid prescribing by physicians that results in harm to patients.

Dr. Munzing exemplifies a sincere commitment to combating health care fraud both internally at Kaiser Permanente through his partnership with the National Special Investigations Unit and other compliance professionals, as well as through his work outside the organization. His work also serves to benefit society broadly by educating professionals on the appropriate prescribing of opioids.



Matthew Berls, MA, AHFI

Director, SIU

UnitedHealthcare Investigations

The National Health Care Anti-Fraud Association is proud to honor **Matthew Berls**, Director, SIU, UnitedHealthcare Investigations, as the inaugural recipient of **The John Morris Volunteer Service Award**.

The John Morris Volunteer Service Award recognizes an individual who has made an outstanding contribution in support of the mission of NHCAA. John George Morris, Jr. was a founding member of NHCAA and served for many years on the NHCAA Board of Directors, including service as the Chair of the Board in 2003. After leaving the Board of Directors, John continued to actively participate in NHCAA committees and activities and to volunteer his time unselfishly to assist on key NHCAA projects. He also served NHCAA members by assisting the Association staff at the Annual Training Conference over many years. He was a true friend to the Association and his many colleagues in the industry. John was a pioneer in creating the concept of a private-public partnership against health care fraud and in establishing NHCAA's 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.

The importance of volunteers to NHCAA cannot be over-stated. The many and varied efforts that are put forth deserve our sincerest appreciation and recognition. This Award was created to honor the legacy John established and to recognize those outstanding volunteers who continue that legacy, unselfishly, through dedicated service to the Association and the anti-fraud industry.

Matt Berls epitomizes this legacy. For the last seven years, Matt has been a dedicated faculty member and trainer at many NHCAA programs. He contributed to the development of NHCAA's Excel Training Program, as well as numerous sessions at NHCAA NETS programs and the Annual Training Conference. Matt also has helped NHCAA recruit new and innovative speakers to strengthen many of our training programs. He has been a key member on the Education & Training Committee and the Annual Training Conference Committee, providing NHCAA staff with invaluable advice on topics of concern to the industry, including pharmacy fraud, data analytics, and investigative strategy. In addition to his service on committees, he co-chaired the Pharmacy & Prescription Drug Fraud Interest Group for the last two years.

Matt's knowledge of the health care anti-fraud industry and his enthusiasm for education has made him a vital asset to the Association. He gives his time and advice freely to staff and has enhanced investigation efforts across the country through his speaking and mentoring.



United States of America v. David Roy Williams

The National Health Care Anti-Fraud Association is proud to honor the individuals who investigated a scheme involving a physical trainer who posed as a medical doctor and billed insurers for office visits and physical therapy as this year's recipients of the **SIRIS Investigation of the Year Award - Honorable Mention**.

Due largely to the collaboration among the law enforcement agencies, a proactive and innovative Assistant United States Attorney, and the continual support from the private insurance companies initiated by a Request for Investigative Assistance (RIA) made through SIRIS, the scheme perpetrated by David Roy Williams was identified and neutralized in under six months. Williams was found guilty at trial in a little over one year from the referral from the UnitedHealthcare/Optum Special Investigation Unit. In August 2018, Williams was sentenced to over nine years in federal prison and ordered to pay almost \$4 million in restitution.

As a result, this successful investigation and the subsequent termination of this provider from their network, Aetna, Cigna, and UnitedHealthcare saved more than \$9 million.

CONGRATULATIONS TO

UNITED STATES DEPARTMENT OF JUSTICE
United States Attorney's Office
Northern District of Texas

Nicole Dana, *Assistant United States Attorney*
PJ Meitl, *Assistant United States Attorney*

TEXAS DEPARTMENT OF INSURANCE
Fraud Unit

Don J. McWhorter, *Lieutenant*

CIGNA
Special Investigations Unit

Tammy S. Kahler, *Fraud Senior Specialist*

UNITED STATES DEPARTMENT OF JUSTICE
Federal Bureau of Investigation
Dallas Field Office

Thomas R. Cook, *Special Agent*

AETNA
Special Investigations Unit

Kathy A. Richer, RN, BSN, AHFI, *Supervisor*

UNITEDHEALTHCARE/OPTUM
Special Investigation Unit

Michele M. Landree, *Senior SIU Investigator*



United States of America v. Henry Posada

The National Health Care Anti-Fraud Association is proud to present the United States of America v. Henry Posada investigation and prosecution teams as this year's recipients of the **SIRIS Investigation of the Year Award**.

An investigation into Dr. Enrique "Henry" Posada (a licensed chiropractor from 1996 through July 2017) uncovered that Posada was billing for impossible hours of treatment and impossible number of patients per day. As part of this scheme, Posada billed \$10 million to Blue Cross Blue Shield of Illinois, Medicare, and other insurers.

The FBI initially obtained information that Posada was submitting false insurance claims to Medicare. By submitting a SIRIS Request for Investigation Assistance (RIA), the FBI was able to identify significant financial impact of Posada's scheme on private insurers.

The collaboration between Blue Cross Blue Shield of Illinois and law enforcement agencies helped the investigation move quickly, smoothly, and effectively from the start. Constant communications with the insurance investigators included letting them know what their company's data was used for and whether their claims would be included as counts in the ensuing indictment. The prosecutorial team kept the insurer's investigators informed on how the case was proceeding which helped them with ongoing preparation and assistance to the government when proceeding to trial.

The basic operative philosophy was that communication and cooperation would be key to ensuring a successful outcome of this case. Blue Cross Blue Shield of Illinois investigators were cited by the FBI as being especially helpful as they responded to numerous and ongoing important questions and requests in a timely manner. The insurer's investigators obtained additional information, witnesses, and documents for the government and educated them on the inner workings of the Blue Card program.

Due to the excellent investigative work, Posada was sentenced to serve five years in federal prison, followed by one year of supervised release. Additionally, over \$5 million was seized.

CONGRATULATIONS TO

UNITED STATES DEPARTMENT OF JUSTICE

**United States Attorney's Office
Northern District of Illinois**

Nathalina A. Hudson, *Assistant United States Attorney*

Stephen Chahn Lee, *Assistant United States Attorney, Senior Counsel*

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Peter S. Theiler, *Special Agent*

UNITED STATES DEPARTMENT OF JUSTICE

**Federal Bureau of Investigation
Chicago Field Office**

Cathy Barbour, *Special Agent*

BLUE CROSS BLUE SHIELD OF ILLINOIS Special Investigations Department

David C. Tibbetts, *Lead Investigator*



Operation Spinal Cap

The National Health Care Anti-Fraud Association is proud to recognize the Operation Spinal Cap investigation and prosecution teams as this year's recipients of the **Investigation of the Year Award - Honorable Mention**.

Michael Drobot, CEO of Pacific Hospital of Long Beach, owned and operated the facility where he paid kickbacks to dozens of medical providers in exchange for patient referrals. The most prominent aspect of his business was the referral of patients to Pacific Hospital to receive spinal fusion surgeries, an extremely invasive and dangerous procedure, for which he would pay between \$10 and \$15 thousand per patient referral. Additional kickbacks were paid if "hardware" was provided by a dummy corporation owned by Drobot, for the implantation into the spinal column of the patient. This scheme spanned 15 years.

This investigation was both monumental in the effort by the investigating agents and in the impact on the health care community in California. It spanned nearly a decade of active investigation and has resulted in the indictment of dozens of high profile medical providers and businessmen, and even aided in the conviction of a then sitting California State Senator for bribery. Because of this successful investigation, several state laws have been passed to combat billing fraud, and over \$1 billion in medical liens at the Workers' Compensation Appeals Board have been stayed pending criminal trials.

Most health care fraud cases are complex and require focus on an extended period of unlawful conduct, and this case was no different. It included nearly 900 undercover recordings using multiple criminal informants. The agents reviewed and examined over 100 dummy corporations to uncover a complex shell game of kickbacks. Hundreds of legal contracts were examined, and thousands of leads were run down. Over 12 terabytes of digital evidence was seized, sorted, reviewed, and processed. Agents were able to sift through over three million e-mails to use as evidence against dozens of physicians.

Drobot was sentenced over five years in prison for his role in this scheme, fined \$500,000, and ordered to forfeit \$10 million to the government.

CONGRATULATIONS TO

UNITED STATES DEPARTMENT OF JUSTICE

Federal Bureau of Investigation
Los Angeles Field Office

Jon Habben, *Special Agent*

CALIFORNIA DEPARTMENT OF INSURANCE

Fraud Division

Vladislav John Mikulich, *Detective Sergeant*

UNITED STATES POSTAL SERVICE

Office of Inspector General
Pacific Area Field Office

Colleen Maher, *Special Agent*



United States of America v. Salomon E. Melgen

The National Health Care Anti-Fraud Association is proud to recognize the United States of America v. Salomon E. Melgen investigation and prosecution teams as this year's recipients of the **Investigation of the Year Award - Honorable Mention**.

Dr. Salomon Melgen, an ophthalmologist and retina specialist who had practiced in South Florida, engaged in a scheme to defraud the Medicare program and other health care benefit programs. Melgen falsely diagnosed Medicare patients with macular degeneration and then performed and billed for medically unnecessary tests and procedures. In April 2017, a federal jury in South Florida convicted Dr. Salomon Melgen of sixty-seven criminal counts related to his participation in a health care fraud scheme involving the filing of false claims and the inclusion of false entries into patients' medical charts.

The Melgen investigation was a multi-year, large-scale health care fraud investigation that garnered regular national media coverage. As with any other complex investigation, the Melgen investigation employed sophisticated investigative techniques, including: forensic analysis of hundreds of bank records; data mining of insurance claims; interviews and interrogations of significant individuals; search warrants; and managing enormous amounts of information.

Numerous agents, investigators, prosecutors, and professional staff from each agency listed were involved in the successful prosecution of Melgen and each surged resources as necessary to ensure the success of the operation.

On February 22, 2018, Melgen received a sentence of 17 years in federal prison, three years of supervised release, and was ordered to pay \$52.9 million in restitution.

CONGRATULATIONS TO

UNITED STATES DEPARTMENT OF JUSTICE

**United States Attorney's Office
Southern District of Florida**

Carolyn Bell, *Assistant United States Attorney*
Alexandra Chase, *Assistant United States Attorney*
Roger H. Stefn, *Assistant United States Attorney*

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

Scott D. Hutchinson, *Data Scientist*
Radu Pisano, CFE, *Special Agent*

UNITED STATES RAILROAD RETIREMENT BOARD

Office of Inspector General

Wanda I. Fuentes, *Senior Special Agent*

UNITED STATES DEPARTMENT OF JUSTICE

**Federal Bureau of Investigation
Miami Field Office**

Wende E. Bardfeld, *Special Agent*
Nestor Mascarell, *Forensic Accountant*
Jennifer Rose Minton, *Intelligence Analyst*
Frances Szczepanski, *Special Agent*
Ellen S. Thomas, *Special Agent*

UNITED STATES DEPARTMENT OF DEFENSE

**Office of Inspector General, Defense Criminal
Investigative Service**

Fort Lauderdale Resident Agency

Jennifer E. Klein, *Special Agent*

HUMANA

Heba Awadallah, PharmD, BCPS, CSP, *Director,
Professional Practice*



United States of America v. BioDiagnostic Laboratory Services, LLC

The National Health Care Anti-Fraud Association is proud to present the United States of America v. BioDiagnostic Laboratory Services, LLC investigation and prosecution teams as this year's recipients of the **Investigation of the Year Award**.

Between 2006 and 2013, BioDiagnostic Laboratory Services, LLC (BLS) and entities it funded paid millions of dollars to physicians to induce them to refer patient blood samples to BLS. From these referrals, BLS received tens of millions of dollars from private health insurance companies and Medicare.

Numerous physicians were bribed under the guise of lease, service, and/or consulting agreements. Under the lease and service agreements, between 2006 and 2009, physicians were frequently paid thousands of dollars a month by BLS for space in medical offices that BLS did not need or use and to perform routine blood drawing services that had little real dollar value.

The BLS scheme was uncovered by Horizon Blue Cross Blue Shield of New Jersey and referred to the United States Department of Health and Human Services, Office of Inspector General (HHS-OIG). Together, HHS-OIG and the Federal Bureau of Investigation opened a criminal investigation that began a more than four year covert investigation reviewing records, conducting surveillances, interviewing witnesses, and developing sources. Due to the size and complexity of this case, investigators from the United States Postal Inspection Service, the Internal Revenue Service, Criminal Investigations Division, and the United States Attorney's Office joined the investigative team. The overt enforcement action involved over 150 federal law enforcement agents, analysts, and examiners executing all operations simultaneously.

Because of this highly successful investigation and prosecution, 53 defendants were ordered to forfeit nearly \$142 million, pay more than \$1.2 million in fines and assessments, and spend more than 98 years in federal prison.

CONGRATULATIONS TO

UNITED STATES DEPARTMENT OF JUSTICE

**United States Attorney's Office
District of New Jersey**

Jacob T. Elberg, *Assistant United States Attorney,
Chief, Health Care & Government Fraud Unit*
Andrew Leven, *Assistant United States Attorney*
Erica D. Liu, *Assistant United States Attorney*
Joseph N. Minish, *Assistant United States Attorney*
Danielle Alfonzo Walsman, *Assistant United
States Attorney*

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

John R. Croes, *Special Agent*
Thomas P. Floersch, *Assistant Special Agent in
Charge*
Jorge Ramirez-Mera, *Forensic Computer Examiner*

UNITED STATES POSTAL INSPECTION SERVICE

Newark Division

Michael J. Bruno, *Postal Inspector*
J. Kevin Manley, *Investigative Support Analyst*

UNITED STATES DEPARTMENT OF JUSTICE

**Federal Bureau of Investigation
Newark Field Office**

Mary E. Gardocki, *Special Agent*
Paul R. Miccarelli, *CFE, Forensic Accountant*
Andrew H. Stengel, *Special Agent*

INTERNAL REVENUE SERVICE

**Criminal Investigation
Newark Field Office**

Casey E. Fagan, *Special Agent*

HORIZON BLUE CROSS BLUE SHIELD OF NEW JERSEY

Special Investigations

Megan McCarthy, *AHFI, Manager*

Other Notable Cases

UNITED STATES EX REL. VINCA, ET AL. V. ADVANCED BIOHEALING, INC.

This investigation spanned more than seven years and multiple jurisdictions resulting in a civil settlement of more than \$350 million and six Federal criminal convictions. Shire Pharmaceuticals Plc, dba Advanced BioHealing employed kickbacks and other unlawful methods to induce clinics and physicians to use or overuse its product “Dermagraft,” a bioengineered human skin substitute approved by the FDA for the treatment of diabetic foot ulcers. This monumental task was accomplished through the assiduous efforts of a remarkable team, which consisted of agents from HHS-OIG, the FBI, VA-OIG, and DCIS as well as prosecutors and trial attorneys from the Department of Justice, the U.S Attorney’s Office, and HHS Office of Council to the Inspector General.

UNITED STATES V. ANIS GEORGES CHALHOUB

Anis Chalhoub, MD, a cardiologist from London, Ky, was convicted of health care fraud. Chalhoub defrauded Medicare, Medicaid, and other insurers by implanting medically unnecessary pacemakers in his patients and causing the unnecessary procedures and follow-up care to be billed to health insurance programs. The investigation was conducted by the U.S. Department of Health and Human Services, Office of Inspector General; the Federal Bureau of Investigation; and the U.S. Attorney’s Office for the Eastern District of Kentucky. Chalhoub faces a maximum of 10 years imprisonment.

UNITED STATES V. ASIM HAMEEDI ET AL

Asim Hameedi, a board-certified interventional cardiologist who was the president and owner of City Medical Associates, a cardiology and neurology clinic based in Bayside, New York, together with others employed by CMA, conducted a massive health care fraud scheme spanning 12 years scheme to defraud Medicaid, Medicare, and private health insurance companies out of more than \$50 million. For over three years, special agents from the FBI and HHS-OIG, in coordination with the AUSAs, vigorously investigated CMA’s doctors and personnel. Due to overwhelming evidence, Hameedi and conspirators pled guilty for their roles in schemes involving fraudulent reimbursement claims, false representations to insurers regarding medical tests and procedures, identity theft, money laundering, and cash kickbacks to medical providers in exchange for patient referrals, among other conduct.

HARMONY HOME HEALTH CARE, LLC

Harmony Home Health Care, LLC (“Harmony”) billed MassHealth for home health services allegedly provided to 38 patients and either provided no services to those patients or billed for more services than were provided. Harmony also forged physician signatures on patient plans of care to indicate the services were authorized and falsified treatment notes to reflect services that were never performed. The case required a variety of innovative techniques to prove that Harmony did not actually provide services to patients because of the patients’ age and mental acuity. Harmony was paid \$3.3 million by MassHealth From February 2015 through October 2016, and much of it was fraudulently obtained. In August 2018, the owner of Harmony was sentenced to two to three years in state prison and ordered to pay restitution of \$1.8 million.

UNITED STATES OF AMERICA V. LAWRENCE YOUNG DPM

This investigation revealed that Lawrence Young, a podiatrist, was taking advantage of a vulnerable population by exposing them to injections and other invasive procedures that were likely not necessary and/or not performed. Young admitted that he engaged in a scheme to defraud the Medicare program by causing the submission of false and fraudulent claims to Medicare for the application of an “Unna Boot,” which is a type of medicated dressing typically applied after surgery to control swelling of the leg or foot. Young admitted regularly submitting these claims for reimbursement even though he knew that his patients routinely received nothing more than a non-medicated dressing. Young pled guilty to one count of health care fraud and was sentenced to 28 months in prison for his participation in a \$1 million scheme involving podiatry services that were billed to Medicare but were never rendered.

UNITED STATES OF AMERICA V. JERROLD N. ROSENBERG

Dr. Jerrold Rosenberg was indicted by a federal grand jury for 19 counts of health care fraud, conspiracy to solicit or accept kickbacks, and receipt of kickbacks related to Rosenberg’s prescription of a fast-acting, powerful, and highly-addictive version of the opioid drug Fentanyl that is administered as an under-the-tongue spray. The investigation conducted by the United States Attorney’s Office, U.S. Department of Health and Human Services Office of Inspector General, and the Medicaid Fraud Control and Patient Abuse Unit of the Rhode Island Department of Attorney General alleged that Rosenberg repeatedly submitted false and fraudulent documentation to insurers to get them to pay for Fentanyl spray, including authorization forms and so-called letters of medical necessity that falsely claimed patients had cancer and related pain. Rosenberg pled guilty and was sentenced to 51 months in federal prison and ordered to pay restitution in the amount of \$754,736 to the Medicare program.

ROBERT WINDSOR, MD

An investigation by Anthem, the Federal Bureau of Investigation, the U.S. Department of Health and Human Services Office of Inspector General, the United States Attorney’s Office in Georgia/Kentucky, the U.S. Department of Defense, Defense Criminal Investigative Service, and the Georgia Attorney General’s Office, Medicaid Fraud Control Unit led to a criminal conviction of a Georgia pain management physician, Robert Windsor, DM. Windsor was billing federal health care programs for surgical monitoring services that he did not perform and for medically unnecessary diagnostic tests. It was determined that an unqualified medical assistant was monitoring the neurological health of patients during surgery. This joint investigation led to a criminal conviction, over \$1.1 million in court ordered restitution, more than \$2.5 million in savings, and a \$20 million consent judgment to resolve allegations that he violated the False Claims Act.

Other Notable Cases

UNITED STATES V. ZUZETTE DE LA RUA, ANGEL SANCHEZ, MARIA SABATER SOUTHERN DISTRICT FLORIDA

This investigation was based upon a referral from the National Benefit Integrity MEDIC that a Florida pharmacy had not purchased sufficient prescription medication to support claims submitted to Medicare Part D Plans. The shortages discovered by the MEDIC resulted in a loss to the Medicare program of \$827,290. The team's investigative efforts led to the indictment of Zuzette De La Rua, Angel Sanchez and patient recruiter Maria Sabater with conspiracy to commit health care fraud, health care fraud and payment of kickbacks. Shortly after being charged, the subjects agreed to cooperate with the government in its investigation and identified additional coconspirators. In total nine defendants were charged in connection with the scheme. All defendants in this case pled guilty to health care fraud charges.

Awards Related Sessions

UNITED STATES OF AMERICA V. BIODIAGNOSTIC LABORATORY SERVICES, LLC.

Recipients of the NHCAA's 2018 Investigation of the Year Award will discuss the investigative strategies, multi-organization cooperation, and case-building excellence that led to successful resolution of the case and the coveted NHCAA honor.

TUESDAY, OCTOBER 30, 2018

2:15 pm – 3:15 pm

Grand Ballroom F

UNITED STATES OF AMERICA V. HENRY POSADA

Recipients of NHCAA's 2018 SIRIS Investigation of the Year Award will discuss the investigative strategies, multi-organization cooperation, and case-building excellence that led to successful resolution of the case and the coveted NHCAA honor.

TUESDAY, OCTOBER 30, 2018

3:30 pm – 4:30 pm

Grand Ballroom F

UNITED STATES OF AMERICA V. SALOMON E. MELGEN

Honorable mention recipients will discuss the investigative strategies, multi-organization cooperation, and case-building excellence that led to successful resolution of the case.

WEDNESDAY, OCTOBER 31, 2018

1:55 pm – 2:55 pm

Platinum 7-9



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