Special Investigation Resource and Intelligence System (SIRIS)

User Guide

January 2017
# Table of Contents

1. **INTRODUCTION** .................................................................................................................. 3

2. **ACCESS TO OVERALL USE OF SIRIS** ............................................................................. 4
   2.1 **ACCESS REQUIREMENTS** .............................................................................................. 4
   2.2 **ACCESSING THE SYSTEM** ............................................................................................. 4
   2.3 **THE SIRIS MAIN PAGE** .................................................................................................. 5

3. **RECORDS** ............................................................................................................................. 6
   3.1 **ADD NEW RECORD – WHAT INFORMATION TO ENTER** .................................................. 6
   3.2 **ADD NEW RECORD – HOW TO ENTER INFORMATION** ................................................... 6
   3.3 **EDITING YOUR S RECORD** ............................................................................................. 15
   3.3.1 Editing Narrative/Free-Text Sections ............................................................................... 15
   3.4 **REFER TO NAIC** ............................................................................................................ 15

4. **SEARCHING RECORDS** ........................................................................................................ 16
   4.1 **WHEN TO INQUIRE/SEARCH** ......................................................................................... 16
   4.2 **HOW TO INQUIRE/SEARCH** ......................................................................................... 16
   4.3 **SIRIS SEARCH RESULTS LIST** ...................................................................................... 17
   4.4 **VIEWING A RECORD** ..................................................................................................... 18
   4.4.1 System Provided Information ......................................................................................... 18
   4.4.2 Functions Available While Viewing a Record ............................................................... 19

5. **SCHEMES** .............................................................................................................................. 19
   5.1 **ACCESS TO "ADD A SCHEME"** .................................................................................... 20
   5.2 **ADD A SCHEME** ............................................................................................................ 20
   5.3 **SEARCH A SCHEME** ...................................................................................................... 21
   5.4 **BROWSING SCHEMES** .................................................................................................. 21

6. **RIA** ......................................................................................................................................... 22
   6.1 **ADD RIA RECORD** ......................................................................................................... 22
   6.2 **SEARCH RIA RECORDS** ................................................................................................ 25
   6.3 **VIEW RIA RECORDS** ..................................................................................................... 26
   6.3.1 System Provided Information ......................................................................................... 26
   6.3.2 Functions Available While Viewing an RIA Record ....................................................... 26

7. **ACCURINT® SEARCHES** ...................................................................................................... 27
   7.1 **USING THE LEXISNEXIS® SEARCH FORMS** ............................................................... 27
   7.2 **ATTACHING LEXISNEXIS® RESULTS** ......................................................................... 27

8. **TOOLS** ..................................................................................................................................... 27
   8.1 **ADMIN** ............................................................................................................................ 27
   8.2 **ALERTS** ........................................................................................................................... 31
   8.3 **CHANGE PASSWORD** ..................................................................................................... 32
   8.4 **EDIT PROFILE** ................................................................................................................. 32
   8.5 **LEXISNEXIS SERVICE AGREEMENT** .......................................................................... 32

9. **USING THE OUTPUT** ............................................................................................................. 32
1. Introduction

Welcome to SIRIS – the Special Investigation Resource and Intelligence System of the National Health Care Anti-Fraud Association (NHCAA) and powered by LexisNexis®.

SIRIS is a national, on-line database – accessible for data input and retrieval via the World Wide Web – for voluntary use by authorized member organizations of the National Health Care Anti-Fraud Association (NHCAA) as an aid in their investigations of suspected health care fraud. SIRIS replaced the original on-line database Provider Indexing Network System (PINS) in November 2005. The data entered in PINS was carried forward into SIRIS. LexisNexis has reengineered and is hosting the SIRIS database for the NHCAA.

As a database of investigations, indictments and convictions, SIRIS represents the computerization of the information-sharing process conducted by NHCAA member organizations. As such, its use is governed by the legal guidelines originally applied to that information sharing and those developed specifically for SIRIS. Specific legal guidelines to the system’s use appear throughout this User Guide, while the broader legal considerations related to the sharing of investigative information can be found in the “Guidelines Governing Participation of NHCAA Members in NHCAA Anti-Fraud Information-Sharing Activities” document. This document is available on the webpage following the login screen titled “AGREEMENT REGARDING ADHERENCE TO GUIDELINES GOVERNING PARTICIPATION OF NHCAA MEMBERS IN NHCAA ANTI-FRAUD INFORMATION-SHARING ACTIVITIES.”

The SIRIS legal guidelines also dictate that non-governmental user organizations agree in writing (1) to adhere to those guidelines, and (2) to indemnify all other user organizations against their own potential misuse of SIRIS data. No organization may use SIRIS until it has submitted its written agreement to NHCAA Headquarters. NOTE: Special considerations apply to SIRIS use by law enforcement agencies. A failure by any user organization to adhere to the guidelines may result in the termination of that organization’s participation in SIRIS.

Authorized law enforcement agencies also may access SIRIS. An authorized law enforcement agency that wishes to retrieve data from SIRIS must submit a letter to NHCAA stating that each user of SIRIS by that agency is in furtherance of a law enforcement investigation. Alternatively, the agency may sign the standard Information-Sharing Agreement.

SIRIS is physically housed at LexisNexis Headquarters in Dayton, Ohio. While LexisNexis technically supports the operation of the SIRIS database and application, a NHCAA SIRIS Administrator determines who receives access to SIRIS. The NHCAA SIRIS System Administrator is also available to users to answer questions regarding the use of SIRIS. You may contact the System Administrator (1) by sending an e-mail to fraud@nhcaa.org or (2) by calling NHCAA Headquarters at (202) 659-5955.
2. Access to Overall Use of SIRIS
Access to SIRIS is restricted and requires both a User ID, a Password and a 5-digit verification code.

Authorized users can access the database to Add case records, to Edit case records that they have previously entered and to Search the system for information on specific providers and/or specific types of case records. All authorized users can view the Schemes as well.

Users should find SIRIS easy and straightforward to use. Once accessed, the system displays a menu bar and tab functionality that provides access to various application functions.

2.1 Access Requirements
The following items are required to use SIRIS:

- Any device that can run a standard Web browser (as defined below).
- Use one of the supported web browsers: Internet Explorer® 8 (or later), Firefox™ 3.0 (or later), or Chrome 10 (or later)
- The Web site address for NHCAA’s SIRIS – https://nhcaa.lexisnexis.com
- User ID. Is system generated based on the First Name & Last Name.
- Password. An initial password is assigned to each User ID. A password change is required immediately after accessing the system for the first time and on a regular basis, at least every 90 days, thereafter. Password format requirements are displayed on the “Change your Password” screen.

2.2 Accessing the System
After receiving the unique User ID and initial Password, the user may access SIRIS through any standard Internet browser by connecting to the SIRIS Web Site. Enter your User ID, Password and the displayed 5-digit Verification Number to gain access to SIRIS.

Once you have successfully entered your User ID and Password, the system will display an information sharing agreement. Your supervisor, or some other official in your organization, has signed the NHCAA Information Sharing Agreement. By signing the Agreement, your organization has agreed to abide by the NHCAA Guidelines Governing Participation of NHCAA Organizations in NHCAA Anti-Fraud Information-Sharing Activities. You should read these Guidelines because they govern the manner in which you may use information obtained from or through NHCAA. The Guidelines can be accessed from a link on this information sharing agreement webpage. In order for you to access the SIRIS application, you will need to acknowledge the information sharing agreement.
2.3 The SIRIS Main Page

From the main page, you can access any of the Record, Scheme, RIA or Tools functionality. Once a selection is made, on the top of every SIRIS page, a menu bar containing the following the options appear:

Main Menu
Main Menu returns you to the main page that appears after the Information Sharing Agreement page. This page shows all of the functionality that is available on the application.

Records
Add Record
View My Records
Search Records

Schemes
Add a Scheme*
View My Schemes
Search Schemes

RIA
Add RIA Record
View RIA Records
Search RIA Records

Tools Admin**
Alerts
Change Password
Edit Profile (Not applicable for Member Administrators)
User Guide
LexisNexis Service Agreement

Contact
Contact provides contact information if you 1) have any comments or questions about SIRIS, 2) require technical assistance or 3) want additional information about acquiring LexisNexis® Accurint products.

HHS-OIG
The Department of Health & Human Services Office of the Inspector General Fraud Prevention & Detection website maintains a list of all currently excluded parties called the List of Excluded Individuals/Entities.

Logout
Logout ends your NHCAA SIRIS session.

Once you have selected a menu option, the respective sub-menu options appear in tabs on the screen. To access another category, click on the desired selection from the menu bar.

Notes:
* Add a Scheme is not available to all users. See the Schemes section for more details.
** Admin is a role at the member organization or NHCAA with account management permissions.
3. Records

3.1 Add New Record – What Information to Enter
The purpose of SIRIS is to compile and exchange accurate, relevant and useful information concerning suspected and confirmed fraudulent activity by specific health care providers.

Case records should be entered into SIRIS only where the information in the records conforms to the following Guidelines:

A case record should be entered in SIRIS (a) where there is a bona fide fraud investigation being conducted by the entering organization or (b) where there has been a fraud-related allegation filed or arrest made or (c) where there has been a fraud-related conviction.

All information provided to SIRIS must be true to the knowledge of the furnishing person and not be misleading.

All member organizations must institute procedures within their organizations to ensure that information gathering and retrieval efforts produce reliable information.

Information should not be provided to SIRIS with knowledge of, or with reckless disregard for, its falsity.

If you have questions about what information is appropriate to include in a record, you should contact your manager or the NHCAA Anti-Fraud Initiatives team at fraud.nhcaa.org, prior to uploading the information into SIRIS.

3.2 Add New Record – How to Enter Information
The system is designed to provide the simplest possible data entry process. A single screen is used to capture the information.

If required data is omitted or invalid data is entered, the system provides error messages. When adding a record, the system automatically provides a new record number.

Always TAB from field to field to prevent errors and incomplete record inputting.

To add a record, all required fields must be provided. The required fields are denoted with a red asterisk (*). Required fields include the following:
Company or Last Name of the Provider
Address (Street, City and State)
Address Type (Indicator identifying if the address is a services rendered address or a billing address).
Status of the Case
Classification(s) (At least one classification must be selected)
To supplement your information, you can perform Accurint® Searches if you are subscribed to the LexisNexis® Accurint for Health Care product. See Accurint Searches section for additional information.

Explanations of the use of each data field along with validation criteria and system-generated messages are provided below.

**PROVIDER INFORMATION**

**PROVIDER TYPE**
What to enter: The provider type identifies the type of services performed by the organization or individual. If the individual or organization provides more than one type of service, enter the primary service provided.
Validation: Only valid provider types from the pull-down list are allowed.
Messages: None.

*Note: THERAPIST/COUNSELOR includes therapists, counselors, psychologists, social workers, and mental health therapists.*

**COMPANY**
What to enter: The name of the company or organization
Validation: This field or the Last Name field is required.
Messages: Error messages will appear if both the Company and Last Name are not provided.

**NAME**
**LAST NAME**
What to enter: The last name of the individual
Validation: This field or the Company field is required.
Messages: Error messages will appear if both the Company and Last Name are not provided.

**FIRST NAME**
What to enter: The first name or initial of an individual, if known.
Validation: None.
Messages: None.

**Middle Initial**
What to enter: The middle name or initial of an individual, if known.
Validation: None.
Messages: None.

**AKA/DBA**
What to enter: The “Also Known As” or “Doing Business As” name of the organization or individual, if any.
Validation: None.
Messages: None

**ADDRESS**
If more than one address is known, enter the primary address. Provide additional addresses in the Other Address(es) section.

Page 7 of 26
STREET
What to Enter: The street address of the organization or individual, if known. Include suite or room number if space permits.
Validation: This field is required.
Messages: Error message will appear if field is not completed.

CITY
What to enter: The city of the organization or individual.
Validation: This field is required.
Messages: Error message will appear if field is not completed.

STATE
What to enter: The state of the organization or individual.
Validation: You must choose a state or territory from the pull-down list. This field is required.
Messages: Error message will appear if a selection is not made.

ZIP CODE
What to enter: The Zip Code for the organization or individual.
Validation: None.
Messages: None.

The “Pop By Zip” link to the right of the zip code entry field allows the user to fill the city and state fields with just the zip code. To do so enter in the zip code and click on the “Pop By Zip” button. This link will populate the city and state for you or you may choose to type in the city and choose your state manually.

ADDRESS TYPE
What to enter: Select the type of address. If the address is both a services rendered and billing address, select each option.
Validation: You must select at least one type of address. This field is required.
Messages: Error message will appear if a selection is not made.

TELEPHONE
What to enter: The telephone number for the organization or individual.
Validation: None.
Messages: None.

DOB
What to enter: The date of birth of the individual, if known.
Validation: Enter date in the form of MM/DD/YYYY, or leave it blank.
Messages: None.

SEX
What to enter: Click the appropriate button to select blank, Male, Female, Unknown or Not Applicable. The default value is a blank.
Validation: None.
Messages: None.
OTHER ADDRESS(ES)
If you have multiple addresses for the organization or individual, you can enter multiple addresses by clicking the “+ Add An Address” link.
See ADDRESS and ADDRESS TYPE sections for instructions on how to complete the fields.

IDENTIFICATION NUMBERS

SSN
What to enter: The SSN associated with the individual.
Validation: No alphabetic characters are allowed, only digits. If any digits are entered, all nine must be entered. Formats that are accepted are NNNNNNNNN or NNN-NNNNNN.
Messages: Incorrect and/or incomplete SSN will generate an error message.

If more than one SSN is known or has been used, click on the “Add More” and enter the SSN in new field provided.

TIN/FEIN
What to enter: The TIN/FEIN associated with the organization.
Validation: No alphabetic characters are allowed, only digits. If any digits are entered, all nine must be entered. Formats that are accepted are NNNNNNNNN or NN-NNNNNNNN.
Messages: Incorrect and/or incomplete TIN/FEIN will generate an error message.

If more than one TIN/FEIN is known or has been used, click on the “Add More” and enter the TIN/FEIN in new field provided.

UPIN
What to enter: The UPIN associated with the individual.
Validation: None.
Messages: None.

NPI
What to enter: The NPI associated with the individual.
Validation: None.
Messages: None.

MEDICARE#
What to enter: The MediCare# associated with the individual.
Validation: None.
Messages: None.

DEA#
What to enter: The DEA# associated with the individual.
Validation: None.
Messages: None.

CLIA#
What to enter: The CLIA# associated with the individual.
Validation: None.
Messages: None.
NCPDP#
What to enter: The NCPDP# associated with the individual.
Validation: None.
Messages: None.

STATE LICENSE NUMBER
What to enter: The State License Number associated with the individual.
Validation: None.
Messages: None.

STATE
What to enter: The state of the state license number.
Validation: Select a state or territory from the pull-down list.
Messages: None.

If more than one state license number is known, click on the "+Add A State License" link to provide additional State Licenses.

CASE DETAILS

STATUS OF CASE
What to enter: Select the appropriate status that describes that status of the case.
Options are:
Active (the default)
Inactive
Closed without Action
Closed with Action – Administrative Recovery
Closed with Action – Civil Recovery
Closed with Action – Restitution
Closed with Action – Conviction
Validation: You must choose a status for the case. This field is required.
Messages: Error message will appear if a selection is not made

TIME FRAME
What to enter: The time frame of the suspected fraudulent activity. Leave "To" empty to indicate time frame has not ended yet.
Validation: Valid date formats are: MM/DD/YYYY, MM/YYYY and YYYY
Messages: Error message will appear if an invalid date format is entered.

DOLLAR EXPOSURE
What to enter: The dollar amount in whole dollars with or without commas.
Validation: Decimals/periods are not permitted.
Messages: Error message will appear if an unacceptable format is entered.

HOW WAS THIS CASE DISCOVERED?
What to enter: Select the appropriate option that describes how this case was discovered.
Options are:
NHCAA: Case Discussion Roundtable Meeting
NHCAA: Education and Training Programs
NHCAA: Interest Group
NHCAA: SIRIS Record
NHCAA: SIRIS RIA
NHCAA: SIRIS Scheme
NHCAA: Other - Please describe below
HFPP
Data Mining
Hotline
Internal Referral
Task Force Meeting
Other - Please describe below.
Validation: None.
Messages: None.

**CASE SUMMARY**
What to enter: Enter information summarizing the case.
Note: The information that is entered cannot be edited at a later date. However, additional information can be added to the Case Summary.
Validation: Only a maximum of 4000 characters are allowed. Below the “Case Summary” textbox, you can see a counter indicating the number of characters entered. Once the counter reaches 0, you will no longer be able to enter any characters.
Messages: None.

**CPT/HCPCS CODE(S)**
What to enter: CPT/HCPCS Code(s) pertaining to the case. Codes may also be included in the Case Summary. Placing codes in designated fields allow faster searching as well as future statistical analysis capabilities.
Validation: None
Messages: None.

**ICD 9/10 CODE(S)**
What to enter: ICD-9/10 Code(s) pertaining to the case. Codes may also be included in the Case Summary. Placing codes in designated fields allow faster searching as well as preparing for future statistical analysis capabilities.
Validation: None
Messages: None.

**SUMMARY OF EVIDENCE TO DATE**
What to enter: Describe the evidence pertaining to the case. For example, patient complaint, witness affidavits, clinical reviews, altered medical records, etc.
Note: The information that is entered cannot be edited at a later date. However, additional information can be added.
Validation: Only a maximum of 4000 characters are allowed. Below the “Summary of evidence to date” textbox, you can see a counter indicating the number of characters entered. Once the counter reaches 0, you will no longer be able to enter any characters.
Messages: None.

**CLASSIFICATION(S)**
What to enter: Select as many classifications as applicable. Selections must be related to (i) a bona fide fraud investigation being conducted by your organization or (ii) a case where there has been a fraud-related allegation (indictment or information) filed or arrest made or (iii) a fraud-related conviction. Please consult Section 3.1 of this User Guide or contact NHCAA Anti-Fraud Initiatives team at
fraud.nhcaa.org, if you have questions on these issues. If you have doubts as to the accuracy of this information, the information should not be submitted. The classifications are:

Billing for Services/Supplies Not Provided
Definition: Submitting, for reimbursement, a charge for services or supplies that were not provided or delivered that the person/entity submitting the claim knew, or should have known, were not provided as claimed.

Misrepresentations in Medical Record
Definition: Submission by a provider of false or inaccurate documentation, regardless of type, that contains a misrepresentation as part of, or in support of, a request for reimbursement or payment, including, but not limited to, false or inaccurate: dates of service, diagnoses, certificates of medical necessity or treatment plans.

Nonexistent Provider
Definition: Submission for reimbursement of medical services or supplies by a person or entity that is not acting under any agency, regulatory, statutory or state or federal legal authority to provide or deliver medical services or supplies.

Overutilization
Definition: Delivering more health care products or services than a prudent medical provider would give to a patient for the purpose of diagnosing or treating an illness, injury, disease or its symptoms and in a manner that is: (1) not in accordance with generally accepted standards of medical practice; (2) clinically inappropriate in terms of type, frequency, level, site and duration; and (3) primarily for the convenience of the patient, physician, or other health care provider.

Performing Medically Unnecessary Procedures
Definition: Knowingly performing and seeking reimbursement for medically unnecessary procedures that a prudent medical provider would not perform on a patient for the purpose of diagnosing or treating a non-existent illness, injury, disease or its symptoms.

Prescription Fraud
Definition: Falsifying, forging, altering or uttering a false, forged or altered prescription, including the submission of multiple prescriptions obtained by the misrepresentation of facts to a health care provider.

Self-Referral
Definition: Any provider who knowingly and willfully solicits or receives remuneration of any kind, either directly or indirectly, in return for seeking or referring business and/or making a referral to an entity that delivers and bills for health services, including inpatient and outpatient hospital services, in which the medical provider or a family member holds a financial interest.

Services Provided by an Unlicensed Person or Entity
Definition: Submission for reimbursement, of any claim, by a person or entity for services or supplies provided by a person or entity that is not acting under any agency, regulatory, statutory or state or federal legal authority.
Services Provided Outside Scope of Authority
Definition: Submission for reimbursement of medical services or supplies by a person or entity that is not acting within the legally defined scope of practice as defined under any agency, regulatory, statutory or state or federal legal authority.

Unbundling
Definition: The breaking down of an integrated procedural code or other type of bundled service code, inpatient or outpatient, into various component codes for the purpose of obtaining a higher level of reimbursement.

Up-coding
Definition: Seeking reimbursement for an inappropriately elevated medical procedure code in order to obtain reimbursement exceeding that which would have been reimbursed if properly coded and billed.

Waiver of Co-pay or Deductible
Definition: Waiver of a patient’s required co-payment or deductible and the knowing and willful misrepresentation that said co-payment or deductible was received.

Foreign Claims
Definition: Providers in foreign countries misrepresenting the services rendered to a patient while traveling abroad. For instance, billing a tummy tuck as emergency hernia surgery, or billing for an extended hospital stay when the patient visited the emergency room for a minor injury or illness.

Identity Theft
Definition: Medical identity theft occurs when someone steals another individual’s personal information (such as, name, Social Security number, or Medicare number) to obtain medical care, buy drugs, or submit fake billings to health insurance companies.

Other Facility
Definition: Fraud committed by a facility other than a hospital, skilled nursing facility, clinic/outpatient facility, or any other facility not on the SIRIS list of provider types.

Provider Misrepresenting Self as Patient
Definition: When a provider submits a claim for treating themselves, usually for a financial incentive.

ACA Marketplace
Definition: High-pressure visits, mail solicitations, e-mails, and phone calls from people pretending to work for the government; sham websites; and individuals pretending to be legitimate enrollment assisters asking for money.

Enrollment Fraud
Definition: Individuals who enroll themselves or others in a health plan they do not qualify for. Examples of enrollment fraud may include, but are not limited to, companies enrolling non-employees, included unemployed family and/or friends; employees misrepresenting a friend as a spouse, companies misrepresenting independent contractors as company employees, etc.

Kickback Scheme
Definition: A kickback is when payments are made with the intent of influencing or
gaining something from a company or a person. Medicare kickbacks are when health care providers intentionally accept payments, products, or services for the purposes of soliciting Medicare or other healthcare program business.

Patient-Brokering
Definition: Offering or paying any commission, bonus, rebate, kickback, or bribe, directly or indirectly, in cash or in kind, or engaging in any split-fee arrangement, in any form whatsoever, to induce the referral of patients or patronage from a health care provider or health care facility; soliciting or receiving any commission, bonus, rebate, kickback, or bribe, directly or indirectly, in cash or in kind, or engaging in any split-fee arrangement, in any form whatsoever, in return for referring patients or patronage to a health care provider or health care facility; or aiding, abetting, or otherwise participating in the conduct above.

Validation: You must select at least one classification. This field is required.
Messages: Error message will appear if a selection is not made.

SUBMIT THIS REPORT TO NAIC
What to enter: Your respective National Association for Insurance Commissioners (NAIC) company code
Validation: None. Validation is done at NAIC through the Online Fraud Reporting System (OFRS).
Messages: The user will receive a confirm message that the submission was submitted successfully.

Upon submission, this report will be sent to the NAIC for the states selected by the user. When the [Add/Remove] link is selected a box will display all state abbreviations with options to Select/Deselect states for NAIC Submissions. The user may select all, clear the selections or close the box.

To select multiple states, hold the Ctrl key down during selection; once the selections are complete select close. The states selected will be listed in this section as well as on the top of the record after selecting Adding Record.

LexisNexis® ATTACHMENTS
If you performed a LexisNexis Search and included a document as an attachment, it will be listed in this section. Only you and those in your company group will be able to view the attachment. A company group is typically defined as users at the same physical location as you. Those outside your company group will only be able to see the following information about the attachment: Name of the Provider, Type of Attachment, State, Provider Type and the date the attachment was added.

Accurint Searches can be executed from the Add Record screen. See the Accurint Searches section for more information.

CONTACT
What to enter: Your name and available contact information displays as the contact for the case. If you are entering information on behalf of someone with your group, select the appropriate contact’s name.
Validation: None.
Messages: None.
Note: You, as the owner of the record, will see the records in the View My Records tab.
NOTIFICATIONS
What to enter: Select the timeframe that you want to be notified to revisit this record
Never, 30, 60 or days. The contact on the record will receive an email reminder
when in accordance to the selected notification period.
Validation: None.
Messages: None.

Note: If a notification period is selected and the record is modified at any point prior to
notification expiration the time period starts over again.

Click on the Add Record button. You will receive confirmation that the record has been
added.

Each Member Organization should maintain a listing of all entries by record number and
person who inputted the record. For convenience, each user can view the records they
have entered by selecting the View My Records menu option or tab.

3.3 Editing Your Record
Once you have added a record, you can edit and/or correct it at any time. SIRIS users
are required to keep the records entered up to date by adding information as it becomes
available. When viewing a list of Records, if one of the records is one you have added,
you will see an E (Edit) link along with the V (View) link in the Actions column. If you
decide to view one of the records you have added, you will be able to edit the record by
selecting the Edit link located towards the top right portion of the screen. Activating the
E option displays the screen where you can edit your Record.

3.3.1 Editing Narrative/Free-Text Sections
“Case Summary”, “How was this case discovered?”, and “Summary of evidence to date”
are sections where you can enter free-text. When editing a record, the previously
entered free-text information is displayed in a non-editable area. A textbox below each
section allows you to enter addition information for each respective section. A timestamp
including the user’s name submitting the changes is added at the end of the
modification.

Note: Records must be updated by the inputting organization when new information is
received, and reviewed at least every 12 months. A record of an active investigation can
remain in the system indefinitely. However, if that record has not been updated within
the 12-month timeframe, that record may be deleted by NHCAA Headquarters staff.
Refer to “Updated” field to determine the date you last reviewed a particular record.

Note: A revision history is kept for each modification. To view the history, see the SIRIS
Record Revision History section when viewing the record.

Note: To avoid potential edit problems, do not use the Browser’s Back Button when
editing a record.

3.4 Refer to NAIC
If you company is required by law or regulation to report allegations of suspected fraud
to a state agency (usually one agency in the state is designated to receive this
information), an option is provided to make this report through NAIC’s Online Fraud
Reporting System (OFRS).
After submission you will receive a confirmation message that the referral has been forwarded.

4. Searching Records

4.1 When to Inquire/Search
As noted, the purpose of SIRIS is to compile and exchange accurate, relevant and useful information concerning suspected and confirmed fraudulent activity by specific providers. The SIRIS information will be a useful adjunct to the investigations that your organization conducts on its own. SIRIS information may be used as an investigative tool through whatever means your organization deems appropriate, but information obtained from SIRIS is not evidence of any kind and does not constitute an allegation of criminal wrongdoing. Even where the case is closed with an action, all information must be verified. This information should be used only to advance your fraud investigations. Inquiries should be made to SIRIS only pursuant to the following Guidelines: Information sought should be limited to potential civil or criminal investigations and should not be sought (a) for underwriting purposes, (b) as a routine part of claims handling or (c) for purposes of discontinuing business relationships or other improper purposes.

4.2 How to Inquire/Search
The Search Records function enables you to determine (a) if any other SIRIS user organization has entered a case record concerning a given individual or entity and (b) which, if any, other system users have made a query on that specific individual or entity.

To search the system, click on the Search Records from either the Main Page SIRIS sub-menu option
Tab in the SIRIS view

The Search Records enables you to find records based on one or combined criteria. You may specify as many search criteria as you desire, in any combination (e.g., TIN/FEIN, Provider Type, SSN, etc.). Note: All of the criteria that you enter on the search screen must be found in a record. As a result, you may want to limit your search criteria at the beginning. To search for a record based on Record Number, use the “Record No” field. If you know the exact Record Number, choose the option “Is” from the dropdown and enter the Record Number in the adjacent textbox. If you know only part of the Record Number, choose any one of the options “GreaterThan”, “LessThan” or “Between”. If you choose the option “Between”, enter the upper & lower limit of the Record Number in the adjacent textboxes.

To search for a phrase in any of the three narrative sections of a record, enter the phrase in the Phrase textbox. Note: The words entered will be searched as if quotes appeared at the front and end of the phrase.

You may also choose to search both Records and Schemes at the same time to find like results. To search fields that are common to Records and Schemes simultaneously click on the Also Search Schemes? check box; commons fields are State, Provider Type, Created Since and Phrase.

If you search for Status of Case and require to see Inactive and Closed cases; please
remember to select the “Include Closed/Inactive Records” box next to this drop down; otherwise, you will only get search results for Active cases.

You can locate records of other contacts that are in your company group or that are in other company groups. A company group is typically defined as users at the same physical location. To search for records of a user within your group, select your company group in the Company drop-down and the user name in the Contact User drop-down in the Contact Information section of the search screen. To search for records of a user outside your group, select the user’s company name in the Company drop-down & the corresponding user name in the Contact User drop-down.

The number of record entries that are returned in a list can be adjusted by the “Return” drop-down list. The default is set to 50 entries per page.

4.3 SIRIS Search Results List
When the system has completed its search, it displays a search result list. Each row is a summary of a record that matched your search criteria. The sequence of record summary is displayed in reverse chronological order of when the record was last updated. As a result, the most recent updated record is listed first.

The SIRIS Results List information includes:
RECORD NUMBER
Record Number assigned by SIRIS.
“My Record” is displayed underneath the record number if it is a record you added.
“Co. Record” is displayed underneath the record number if it is a record that a user within your company group has added. If nothing is displayed underneath the record number, then someone outside your company group added the record.

TIN/FEIN
The TIN/FEIN associated with the provider is displayed if it was entered.

SSN
The SSN associated with the provider is displayed if it was entered.

NAME
The name of the individual or organization is displayed. If both the names are available, the name of the individual appears first. The name of organization will appear below the individual’s name.

CITY/STATE
The city and state associated with the individual or organization is displayed.

LAST UPDATE
The date of when the record was last updated is displayed.

ACTIONS
View link allows you to access the record for viewing.
Edit link is displayed if you are able to edit the record. You can only edit yours or someone within your company group’s record.
Administer link is reserved for administrators to transfer ownership and change case status.
If no record is found, you will be advised. If others have searched on the same provider and no record was found, a history, along with the related contact information will be displayed. This function is activated when the search matches a provider's unique identification number such as a Social Security or TIN/FEIN.

A Next link appears at the top right section of the page if more results are available. A Prev link allows you to return to the previous page.

Print link is located towards the top right portion of the screen. When selected, a printer friendly version of the record displays with a Print link located at the top right corner.

Download link is located towards the top right portion of the screen. When selected, a File Download dialog box is shown. “All Pages” option will be selected by default & you can save the search results list as a HTML or a CSV or a PDF from the “Download as” dropdown. The default name of the file will be: SIRISInvestigation.html.

4.4 Viewing a Record

4.4.1 System Provided Information

In addition to information that is entered by SIRIS users, the system also provides the following information:

SIRIS RECORD #
A number is assigned to each record added to the system. A record can be retrieved by the record number.

ADDED
The date the record was added to the system.

UPDATED
The date the record was last updated.

REFERRED TO STATE INSURANCE FRAUD BUREAU(s)
The date and the State abbreviation of the State Insurance Fraud Bureau the case/record was referred to.

SIRIS RECORD REVISION HISTORY
This section of document can be seen by clicking on the plus sign (+) to the left of the SIRIS Record Revision History header. When viewable, an audit trail of the changes to the record is displayed. The information that is displayed are:

Field
The field name of the information that was changed.

Previous Information
The information before it was changed. If it is blank, the field did not have any information.

Added/Changed Information
The new information entered. If it is blank, the information was deleted.

Submitter
The name of the user who changed the information.
Date
The date and time the changes were made.

ACTIVITY HISTORY
This section of document can be seen by clicking on the plus sign (+) to the left of the Activity History header. When viewable, an audit trail of when the record was Viewed, Edited, Queried (by a unique identifier), or Downloaded. All activity types can be viewed by clicking on the All link. The default view is the Viewed activity.

4.4.2 Functions Available While Viewing a Record
When viewing a Record, the following functions are available:

EDIT
When viewing a record that you own, you access the edit function by clicking on the Edit link located towards the top right portion of the screen. Activating the Edit option displays the screen where you can edit your Record.

PRINT
The Print link is located towards the top right portion of the screen. When selected, a printer friendly version of the record displays with a Print link located at the top right corner.

DOWNLOAD
The Download link is located towards the top right portion of the screen. When selected, a File Download dialog box is shown. You can save a HTML version of the record on your computer. The default name of the file is: SIRISInvestigation.html. If you have downloaded other Records, you will want to rename the file to a unique name to avoid overwriting a previously downloaded file.

REFER TO NAIC
This option is available if you or someone in your company group owns the record. See the “Submit This Report to NAIC” section for additional information.

Accurint® SEARCHES
This option is available if you have a subscription to the LexisNexis® Accurint for Health Care product. See Accurint® Searches section for additional information.

LexisNexis® Attachments
If the owner has performed and attached a LexisNexis Search Result into the SIRIS record, all users can see an attachment exists and when it was attached. However, only the owner and the users in the same company group of the owner can view and remove the LexisNexis attachment(s). To close the window, click on the Browser’s Close button located on the top right corner of the browser.

5. Schemes
Authorized individuals can enter information about the latest health care fraud schemes detected by their respective organizations. All SIRIS users will have the ability to view the schemes contained in the database. This section will provide an effective and efficient manner to collect and distribute information concerning health care fraud schemes, whether unique to one provider or emerging as a pattern detected among several providers. The inputting party has the option of identifying the provider or
providers in the Record portion of the database, or generically inputting the information without identifying the provider(s).

As stated above, while all authorized SIRIS users will be able to view the schemes entered, only two individuals per Member Organization, a primary and a backup, will be authorized to report schemes in the database.

5.1 Access to “Add a Scheme”
Each Board of Governors Representative and Law Enforcement Liaison desiring to designate individuals (maximum of two) to report schemes should send an e-mail to bviggiano@nhcaa.org identifying those individuals. If a person authorized to report schemes is not a current SIRIS user, the location, telephone number and e-mail address of that individual must be included in the request. All current SIRIS users can access the Schemes database by selecting the Search Schemes option from the Main Page, Schemes sub-menu option or on the Search Schemes tab.

5.2 Add a Scheme
To add a scheme, the minimum amount of information that should be entered is:

Type of Scheme
Provider Type
Narrative

For a scheme, the following fields can be provided:

TYPE OF SCHEME
Select the type of scheme that is being entered.

PROVIDER TYPE
Select the provider type.

LOCATION
Select the location of the scheme.

NARRATIVE
Describe the scheme. Also indicate how the scheme was uncovered (e.g. a hotline complaint or a referral from the claims department, etc.), and the investigative steps taken. Remember to be clear and concise in describing the scheme and to enter and codes involved (e.g. CPT, DRG, ICD-9/10).

RESOURCES
Describe the additional resources utilized to investigate. This could be links to websites, law enforcement contacts, list of subject matter experts, etc.

RELATED SIRIS RECORD #'s
If you have entered information identifying the provider previously in the Add New SIRIS Record that is related to the scheme, enter the SIRIS Record Number in the spaces provided on the screen. Enter only one record number per textbox. Once saved the record numbers are hyperlink to the respective record; when the link is selected the record is displayed in view mode.
RELATED SCHEME ID #'s
If you have entered information identifying another scheme that is related to the one you are adding, enter the Scheme ID Number in the spaces provided on the screen. Enter only one scheme number per textbox. Once saved the Scheme Id numbers are hyperlinked to the respective Scheme; when the link is selected the Scheme is displayed in view mode.

To add the scheme, select Add Scheme. The database will automatically assign a number to the scheme for future reference as well as contact information for you. You may edit the scheme at any time additional information is obtained. To access the schemes you have added quickly, select View My Schemes from the Main Menu, Scheme sub-menu or on the tab when viewing Schemes.

5.3 Search a Scheme
If you choose this selection, you will be able to search using one or a combination of search fields. You can search on the following fields:

TYPE OF SCHEME
Select from the pull-down menu. For example, if Billing for Services/Supplies Not Provided is selected, then any scheme entered in the Schemes database bearing that description will appear. If additional search criteria are provided, then the scheme will also need to match the additional search criteria.

PROVIDER TYPE
Select the provider type.

LOCATION
Select the location of the scheme.

KEY PHRASE IN NARRATIVE
Enter a phrase to be searched. For example, if you are interested in a particular CPT code, insert that code in the Keyword Phrase in Narrative field and all schemes containing that CPT code, if any, will appear.

FROM and TO DATES
Search by Date using the FROM and TO fields. For example, if you would like to see all schemes entered in a particular time frame, indicate that time frame in the spaces provided. Remember to use the date format of MM/DD/YYYY.

Note: All of the criteria that you enter on the search screen must be found in a scheme. As a result, you may want to limit your search criteria at the beginning.

5.4 Browsing Schemes
Rather than searching by specific Types of Schemes; specific Provider Types; or a Keyword Phrase, you have the ability to BROWSE through all schemes entered by selecting this choice. In doing so, sequence of the schemes is displayed in reverse chronological order of when the scheme was added. As a result, the scheme that was recently added is listed first.

Use the Next and Prev links at the top right corner of the screen to move forward or backward. Print link is located towards the top right portion of the screen. When selected, a printer friendly version of the record displays with a Print link located at
If you BROWSE on a regular basis, for example every month, you can select a specific period of time rather than view the schemes you have already viewed. For example, if you last BROWSEd on 9/30/2005, and you enter the BROWSE mode again on 10/31/2005, you need not view the schemes entered prior to 9/30/2005. Merely select FROM 10/1/2005 to 10/31/2005 and any schemes entered in that timeframe will appear.

6. RIA
RIA stands for Request for Investigation Assistance and an NHCAA SIRIS Administrator determines who receives access to the RIA module. You may contact the System Administrator (1) by sending an e-mail to fraud@nhcaa.org or (2) by calling NHCAA Headquarters at (202) 659-5955. However, if you have technical problems, contact LexisNexis Customer Support at 1-866-277-8407. Authorized SIRIS users can access the RIA database by selecting the Search RIA Records option from the Main Page, RIA sub-menu option or on the Search RIA Records tab. When you access the RIA module, the system will display an RIA agreement page per session. You will need to acknowledge the information to proceed into the module.

6.1 Add RIA Record
To add an RIA Record, the minimum amount of information that should be entered is:

**REQUESTOR CONTACT INFORMATION**
COMPANY
NAME
TELEPHONE

**SUBJECT DATA**
PROVIDER TYPE
COMPANY
NAME

**REQUESTED INFORMATION**
For an RIA, the following fields can also be provided:

**REQUESTOR CONTACT INFORMATION**
COMPANY
The Company Name of the requestor will be entered by default

NAME (LAST, FIRST & LAST)
The Last, First & Middle name of the requestor will be entered by default

ADDRESS (STREET, CITY, STATE & ZIP)
The Street, City State & Zip of the requestor will be entered by default

TELEPHONE
The Telephone Number of the requestor will be entered by default
EMAIL
The Email ID of the requestor will be entered by default

SUBJECT DATA
PROVIDER TYPE
Select the Provider Type

COMPANY
Enter the name of the company or organization

NAME
Enter the Last, First or the Middle name of the individual

AKA/DBA
Enter the “Also Known As” or “Doing Business As” name of the organization or individual, if any

ADDRESS
If more than one address is known, enter the primary address

ADDRESS TYPE
Select the type of address. If the address is both a “Services Rendered Address” and “Billing address”, select each option

OTHER ADDRESS(ES)
+ADD AN ADDRESS
If you have multiple addresses for the organization or individual, you can enter multiple addresses by clicking the “+Add An Address” link.

IDENTIFICATION NUMBERS
SSN
Enter the SSN associated with the individual. If more than one SSN is known, click on the “Add More” link to add additional SSNs

TIN/FEIN
Enter the TIN/FEIN associated with the organization. If more than one TIN/FEIN is known, click on the “Add More” link to add additional TIN/FEINs

UPIN
Enter the UPIN associated with the individual. If more than one UPIN is known, click on the “Add More” link to add additional UPINs

NPI
Enter the NPI associated with the individual. If more than one NPI is known, click on the “Add More” link to add additional NPIs

MEDICARE#
Enter the MEDICARE# associated with the individual. If more than one MEDICARE# is known, click on the “Add More” link to add additional MEDICARE#s

DEA#
Enter the DEA# associated with the individual. If more than one DEA is known, click on
the “Add More” link to add additional DEAs

CLIA#
Enter the CLIA# associated with the individual

NCPDP#
Enter the NCPDP# associated with the individual

STATE LICENSE NUMBER
Enter the State License Number associated with the individual
STATE
Select the State of the State License Number
+ADD A STATE LICENSE
If more than one State License Number is known, click on the “+Add A State License” link to provide additional State Licenses

PROVIDER MEDICAID NUMBER
Enter the Provider Medicaid Number associated with the individual
STATE
Select the State of the Provider Medicaid Number
+ADD A MEDICAID NUMBER
If more than one Provider Medicaid Number is known, click on the “+Add A Medicaid Number” link to provide additional Medicaid Numbers

CASE DETAILS
TIME FRAME
Enter the Time Frame (FROM & TO dates) in the MM/DD/YYYY format

CASE SUMMARY
Enter the information summarizing the case

CPT/HCPCS CODE(S)
Enter the CPT/HCPCS Code(s) pertaining to the case. Codes may also be included in the Case Summary. Placing codes in designated fields allow faster searching as well as future statistical analysis capabilities.

ICD-9/10 CODE(S)
Enter the ICD-9/10 Code(s) pertaining to the case. Codes may also be included in the Case Summary. Placing codes in designated fields allow faster searching as well as preparing for future statistical analysis capabilities

CLASSIFICATION(S)
Select as many classifications as applicable. Selections must be related to (i) a bona fide fraud investigation being conducted by your organization or (ii) a case where there has been a fraud-related allegation (indictment or information) filed or arrest made or (iii) a fraud-related conviction. Please consult Section 3.1 of this User Guide or contact NHCAA Anti-Fraud Initiatives team at fraud.nhcaa.org, if you have questions on these issues. If you have doubts as to the accuracy of this information, the information should not be submitted.

REQUESTED INFORMATION
List questions or specific information requests to potential responders in this field, and
include delivery/format preferences for responses

6.2 Search RIA Records

REQUESTOR INFORMATION

NAME
Enter the Last, First or the Middle name of the individual

PROVIDER INFORMATION

SSN
Enter the SSN associated with the individual. If more than one SSN is known, click on the “Add More” link to add additional SSNs

TIN/FEIN
Enter the TIN/FEIN associated with the organization. If more than one TIN/FEIN is known, click on the “Add More” link to add additional TIN/FEINs

UPIN
Enter the UPIN associated with the individual

NPI
Enter the NPI associated with the individual

MEDICARE#
Enter the MEDICARE# associated with the individual

DEA#
Enter the DEA# associated with the individual

CLIA#
Enter the CLIA# associated with the individual

NCPDP#
Enter the NCPDP# associated with the individual

STATE LICENSE#
Enter the State License Number associated with the individual

COMPANY
Enter the name of the company or organization

NAME
Enter the Last, First or the Middle name of the individual

ADDRESS
If more than one address is known, enter the primary address

STATE
Select the State of the Individual

RECORD INFORMATION

RIA NUMBER#Enter the RIA NUMBER#
CREATED BETWEEN
Enter the FROM & TO dates in the MM/DD/YYYY format

RETURN
The number of record entries that are returned in a list can be adjusted by the “Return” drop-down list. The default is set to 50 entries per page

6.3 View RIA Records
Rather than searching using specific Provider Information; or a RIA Record#, you have the ability to VIEW all RIA records entered by selecting this choice. In doing so, sequence of the RIA records is displayed in reverse chronological order of when the RIA record was added. As a result, the RIA record that was recently added is listed first. Use the Next and Prev links at the top right corner of the screen to move forward or backward. Print link is located towards the top right portion of the screen. When selected, a printer friendly version of the record displays with a Print link located at the top right corner. Download link is located towards the top right portion of the screen. When selected, a File Download dialog box is shown. “All Pages” option will be selected by default & you can save the search results list as a HTML or a CSV or a PDF from the “Download as” dropdown. The default name of the file will be: SIRISInvestigation.html.

6.3.1 System Provided Information
In addition to information that is entered by SIRIS users, the system also provides the following information:

SIRIS RIA RECORD#  
A number is assigned to each RIA record added to the system. An RIA record can be retrieved by the RIA record number

ADDED
The date the RIA record was added to the system

UPDATED
The date the RIA record was last updated

6.3.2 Functions Available While Viewing an RIA Record
When viewing an RIA Record, the following functions are available:

EDIT
When viewing an RIA record that you own, you access the edit function by clicking on the Edit link located towards the top right portion of the screen. Activating the Edit option displays the screen where you can edit your RIA Record

PRINT
The Print link is located towards the top right portion of the screen. When selected, a printer friendly version of the record displays with a Print link located at the top right corner

DOWNLOAD
The Download link is located towards the top right portion of the screen. When selected, a File Download dialog box is shown. You can save a HTML version of the
RIA record on your computer. The default name of the file is: SIRISInvestigation.html

7. Accurint® Searches
To complement your investigation, you can perform Accurint Searches if you are subscribed to LexisNexis Accurint for Health Care. Accurint Searches are available from the following areas:

Search Records
Add Record
Search Schemes
Add Scheme (if you are authorized to add schemes)
Search RIA Records
Add RIA Record (if you are authorized to add RIAs)

You may also choose to search both Records and Schemes at the same time to find like results. To search fields that are common to Records and Schemes simultaneously click on the Also Search Records? check box; commons fields are Type of Scheme, Provider Type, Key Phrase in Narrative, Location and Created Date.

7.1 Using the LexisNexis® Search Forms
When a search is selected from a screen that has key provider information, the key information is auto-populated into the selected search form. Examine the information that was auto-populated. Depending on your search needs, you may want to remove, replace or add additional information. For further search tips, access the Help link on the search form.

7.2 Attaching LexisNexis® Results
When a search is invoked from a record that you have added, you can add the result from the LexisNexis search. When viewing the document, click the Attach to Record link on the top right corner of the result to attach it to your Record. To close the document, click on the Browser’s Close button located on the top right corner of the browser.

If you search from a record that you did not add, you cannot add it to the record. However, you can only save the document onto your computer.

Notes:
- Only you and the users in your company group may attach LexisNexis® results to your records or view the LexisNexis® Attachments from records you have added.
- At this time, if you refer a record to the State Insurance Fraud Bureau, they will not be able to view the attachment(s).

8. Tools
8.1 Admin
Administrators are assigned by member organizations to assume account management roles. The Member Admin role gives permission to create, modify, inactivate and reset passwords of the users within that organization. Additionally, the Member Admin can administrator records for users within the organization and transfer records between users (one at a time or in bulk) as needed.
The screen will default to the Manage Users tab; the user list information includes:

NAME
The name of the member user is displayed.

ID
The SIRIS User ID is displayed

PHONE
The phone number of the SIRIS user.

Email
The email of the SIRIS user is displayed AND must be entered for the user to receive alerts and notifications.

Active?
If True, the user is an active user; if False access has either expired or terminated.

Last Login
Date the last time the SIRIS user has logged in.

Actions
Edit link is displayed if you are able to edit the user's profile.
Reset link is displayed if you are able to reset the user’s password.
Transfer link is displayed if you are able to transfer all cases from one user to another.

Include Inactive
Select/Deselect this box to include or exclude inactive users for your respective member account.

Create New User
When selected a blank User profile will be displayed.

Login ID:
The Login ID (UserID) would be automatically generated based on the format SRSFirstInitialLastName & will not be editable. If the UserID already exists, it would be appended with numeric values at the end. E.g. John Smith would be SRSJSmith and if the UserID already exists, it would be SRSJSmith01.

Initial Password: (Required)
What to enter: Enter in a temporary password. The user will enter this at initial login and be forced to change it.
Validation: SIRIS validates that the Initial Password and Verify Initial Password in entered.
Messages: Error requesting password fields be entered

PERSONAL INFORMATION
Name: Last, First Middle (Required):
What to Enter: Last Name and First Name
Validation: SIRIS will validate that these fields are entered
Messages: SIRIS will prompt the Member Admin to enter the first and last name.
Suffix:
What to Enter: Jr., Sr., M.D, etc.
Validation: None
Messages: None

Title
What to Enter: The title of the user; Director of Investigative Services
Validation: None
Messages: None

ADDRESS
Street (Required):
What to Enter: Street number and name
Validation: SIRIS will validate that this field is entered
Messages: SIRIS will prompt the Member Admin to enter the street

City (Required):
What to Enter: City Name
Validation: SIRIS will validate that this field is entered
Messages: SIRIS will prompt the Member Admin to enter the city

State (Required):
What to Enter: Select state abbreviation
Validation: SIRIS will validate that this field is entered
Messages: SIRIS will prompt the Member Admin to enter the state

Zip
What to Enter: 5-digit zip code; +4 is accepted.
Validation: SIRIS will validate that this field is entered
Messages: SIRIS will prompt the Member Admin to enter the zip

CONTACT INFO
Telephone Number (Required):
What to Enter: 10-digit telephone number
Validation: SIRIS will validate that this field is entered
Messages: SIRIS will prompt the Member Admin to enter the telephone number

Ext (Telephone Extension)
What to Enter: Up to a 7-digit extension number
Validation: None
Messages: None

E-Mail (Required):
What to Enter: Email address of the user
Validation: SIRIS will validate that this field is entered
Messages: SIRIS will prompt the Member Admin to enter the e-mail address

PERMISSIONS
The following permissions are available and should be assigned in accordance with your member agreement.
Can Access SIRIS – must be selected to access SIRIS. If no other permissions are selected the user will be able to search and view SIRIS ONLY.

Can Add or Edit Records – Select to enter and edit cases
Can Add or Edit Schemes – Select to enter and edit schemes
Can Refer an Investigation – Select to submit to NAIC.
Member Admin – Disabled as Member Admins should only be assigned by NHCAA

Reset
If no record is found, you will be advised. If others have searched on the same provider and no record was found, a history, along with the related contact information will be displayed. This function is activated when the search matches a provider’s unique identification number such as a Social Security or TIN/FEIN.

Transfer

A Next link appears at the top right section of the page if more results are available. A Prev link allows you to return to the previous page.

REPORTS TAB
The Reports tab allows the Member Administrator to Activity report, Schemes report, Case Status Report & User Log Report. The following options will be available for all SIRIS report results:

NEW REPORT
The New Report link is located towards the top right portion of the screen. Activating the New Report option displays the Report tab where you can run a new report. The Time frame you had selected for the previous report will still be available in the From Date & To Date fields.

PRINT
The Print link is located towards the top right portion of the screen. When selected, a printer friendly version of the report displays with a Print link located at the top right corner.

DOWNLOAD
The Download link is located towards the top right portion of the screen. When selected, a File Download dialog box is shown. “All Pages” option will be selected by default & you can save the report as a HTML or a CSV or a PDF from the “Download as” dropdown. The default name of the file will be: SIRISInvestigation.html.

SORT
All columns will have the sort option available. By default, the sorting will be alphabetical by company, with the users within the company sorted alphabetically by Last Name, First Name. The sorting will be done only for the specific page and not for the complete report & it will also be retained when you print the selected page.

NAVIGATE
A Next link appears at the top right section of the page if more results are available. A Prev link allows you to return to the previous page.

Activity Report
You can run a report for a maximum time frame of 1 year for your member organization. By default, the report will show only active users. Check the “Include
Inactive" checkbox before running the report to include inactive users as well. Choose the time frame (From Date and To Date) from the date picker option and Select RUN REPORT.

**VIEW CHART**
The View Chart button will load a graphical Usage Report for your organization showing how many cases are Viewed, Added and Edited. They are totals of Records, Schemes & RIAs combined and the results are shown by quarter.

**Schemes Report**
You can run a report for a maximum time frame of 1 year for the SIRIS Schemes entered by your member organization. Choose the time frame (From Date and To Date) from the date picker option and Select RUN REPORT.

**Case Status Report**
You can run a report for a maximum time frame of 1 year for the Records entered by your member organization. Choose any one of the options from the Case Status dropdown. Choose the time frame (From Date and To Date) from the date picker option and Select RUN REPORT.

**User Log Report**
You can run a report for the Active & Inactive users with their access level information in your member organization. Choose any one of the options from the User Status dropdown and Select RUN REPORT.

**8.2 Alerts**
The functionality will allow a user to stay alerted about specific parameters that are changed. The user is limited to 10 Alerts.

The Manage Alerts screen will list the following fields:

- **Name**
The Alert Name the user gives their Alert.

- **Description**
A description the user enters for the Alert.

- **Date Created**
The date the Alert was created.

- **Action**
  - **Edit** link will open that specific Alert for editing.
  - **Delete** link will remove the Alert from the list.

**New Alert**
To create an Alert, all required fields must be provided. The required fields are denoted with a red asterisk (*). Required fields include the following:

- **Alert Name**
Additionally, at least one of the following fields must be provided.
Last Name
The last name of the individual.

SSN
The SSN associated with the individual.

Company
The name of the company or organization.

TIN/FEIN
The TIN/FEIN associated with the organization.

Provider Type
The provider type identifies the type of services performed by the organization or individual. If the individual or organization provides more than one type of service, select the primary service provided.

8.3 Change Password
Allows any SIRIS User to change their password.

8.4 Edit Profile
 Allows SIRIS Users (Not applicable for Member Administrators) to update their Address, Telephone & Email information.

8.5 LexisNexis Service Agreement
If a SIRIS Member Organization is interested becoming a LexisNexis subscriber the LexisNexis Service Agreement is available for review.

9. Using the Output
Information obtained from SIRIS should be used as an adjunct to your ongoing fraud investigations. This information is not itself evidence of fraud. Instead, information obtained from SIRIS may present additional avenues for investigation and increased opportunities to develop successful fraud cases, on an individual or a cooperative basis. SIRIS information should be monitored so that only appropriate uses are made of this information.

Information obtained from SIRIS may be used only subject to the following Guidelines:
All members who receive or distribute information from SIRIS relating to specific providers agree not to blacklist or take other action against these providers based solely on the information contained in SIRIS. SIRIS in intended solely to link investigations underway in multiple organizations; a record is not itself evidence. NHCAA in no way encourages members to take any specific action in response to the receipt of information from SIRIS.

Members are free to make whatever use they believe proper of information previously in their own possession, even if this information also is furnished to or obtained from SIRIS.

All information obtained from SIRIS should be distributed within member organizations only on a strict need-to-know basis. Distribution should be structured so that this information is available only to those member employees who are responsible for maintaining a flow of information with law enforcement personnel or are otherwise investigating alleged fraudulent behavior. A limited number of employees of each
member should be involved. This information should be kept confidential in the same manner that trade secrets are kept confidential.

Information obtained from SIRIS should not be disclosed outside of the member organization. This information should not be disclosed to customers or corporate affiliates that are not NHCAA member companies. While information obtained from SIRIS can be used to initiate investigations of providers that may be conducted outside of your organization (e.g., by private investigators, TPAs, etc.), specifics of the information obtained from SIRIS (e.g., the input organization) and the fact that the information came from SIRIS should not be disclosed outside of your organization.

Information should never be distributed for improper purposes. All information obtained from SIRIS should be used only for potential fraud investigations and should never be used for purposes of refusing claims, discontinuing business relationships or other improper purposes. In addition, at least at present, any information should be strictly confined to suspected fraud, not to other lesser forms of abuse.

No adverse action should be taken against a provider or in relation to a specific claim based on information obtained from SIRIS. This information shall be used solely as a means to pursue evidence of possible fraud.