



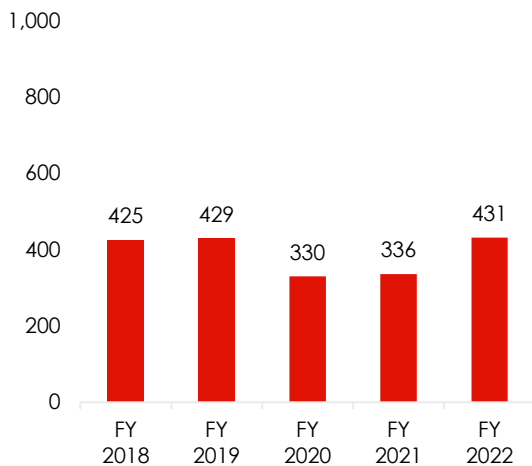
# Quick Facts

## — Health Care Fraud Offenses —

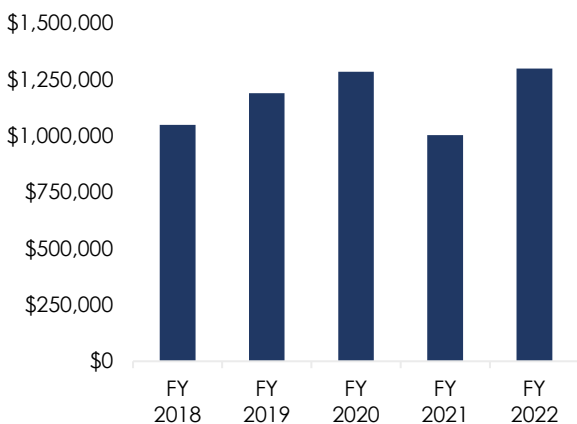
### Fiscal Year 2022

- ▶ IN FY 2022, 64,142 CASES WERE REPORTED TO THE U.S. SENTENCING COMMISSION.
- ▶ 5,208 OF THESE INVOLVED THEFT, PROPERTY DESTRUCTION, AND FRAUD.
- ▶ 8.4% OF THEFT, PROPERTY DESTRUCTION, AND FRAUD OFFENSES INVOLVED HEALTH CARE FRAUD.<sup>1, 2, 3</sup>
- ▶ HEALTH CARE FRAUD HAS INCREASED BY 1.4% SINCE FY 2018.

**Number of Health Care Fraud Offenders**



**Median Loss for Health Care Fraud Offenses**



### Offender and Offense Characteristics

- 61.3% of health care fraud offenders were men.
- 44.0% were White, 26.6% were Hispanic, 21.1% were Black, and 8.3% were Other races.
- Their average age was 49 years.
- 90.0% were United States citizens.
- 88.6% had little or no prior criminal history (Criminal History Category I).
- The median loss for these offenses was \$1,297,560;<sup>4</sup>
  - ◆ 15.1% involved loss amounts of \$150,000 or less;
  - ◆ 16.0% involved loss amounts greater than \$9,500,000.
- Sentences were increased for:
  - ◆ the number of victims or the extent of harm to victims (19.3%);<sup>5</sup>
  - ◆ conviction of a federal health care offense involving a government health care program and a loss of more than \$1 million (36.0%);
  - ◆ using sophisticated means to execute or conceal the offense (22.0%);
  - ◆ using an unauthorized means of identification (9.7%);
  - ◆ a leadership or supervisory role in the offense (24.1%);
  - ◆ abusing a public position of trust or using a special skill (29.0%);
  - ◆ a victim whom the defendant knew or should have known was vulnerable (7.0%);
  - ◆ obstructing or impeding the administration of justice (5.1%).
- Sentences were decreased for:
  - ◆ minor or minimal participation in the offense (6.5%).
- The top five districts for health care fraud offenders were:
  - ◆ Southern District of Florida (105);
  - ◆ Eastern District of Michigan (41);
  - ◆ Central District of California (28);
  - ◆ Southern District of Texas (21);
  - ◆ Northern District of Texas (15).

### Punishment

- The average sentence for health care fraud offenders was 30 months.
- 78.7% were sentenced to prison.
- 3.3% were convicted of an offense carrying a mandatory minimum penalty; of those offenders, 21.4% were relieved of that penalty.

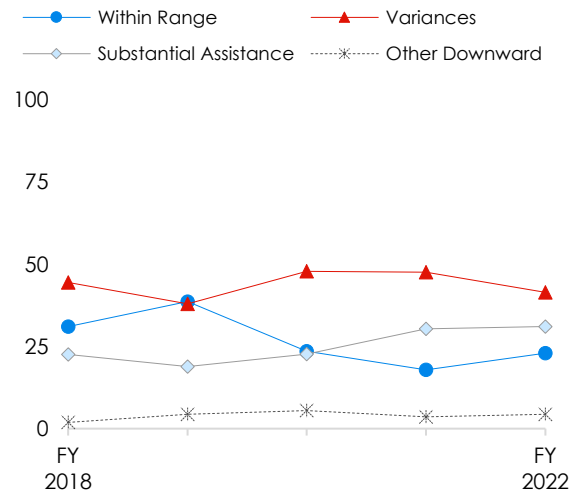


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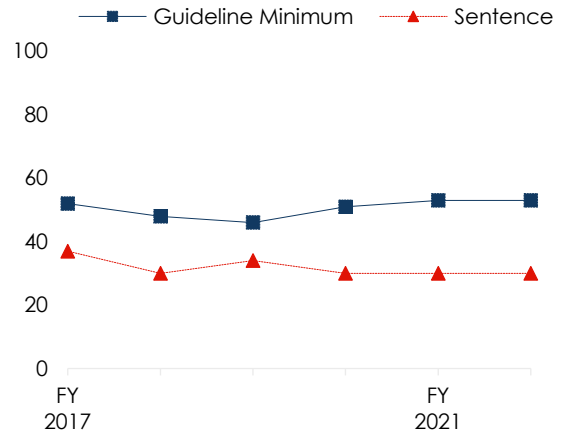
**Sentences Relative to the Guideline Range**

- Of the 58.5% of health care fraud offenders sentenced under the *Guidelines Manual*:
  - ◆ 39.3% were sentenced within the guideline range.
  - ◆ 53.2% received a substantial assistance departure.
    - ◇ Their average sentence reduction was 65.7%.
  - ◆ 7.5% received some other downward departure.
    - ◇ Their average sentence reduction was 53.6%.
- 41.5% received a variance; of those offenders:
  - ◆ All received a downward variance.
    - ◇ Their average sentence reduction was 54.8%.
- The average guideline minimum fluctuated while the average sentence imposed remained steady over the past five years.
  - ◆ The average guideline minimum increased and decreased throughout the fiscal years. The average guideline minimum was 48 months in fiscal year 2018 and 53 months in fiscal year 2022.
  - ◆ The average sentence imposed was 30 months in fiscal year 2018 and fiscal year 2022.

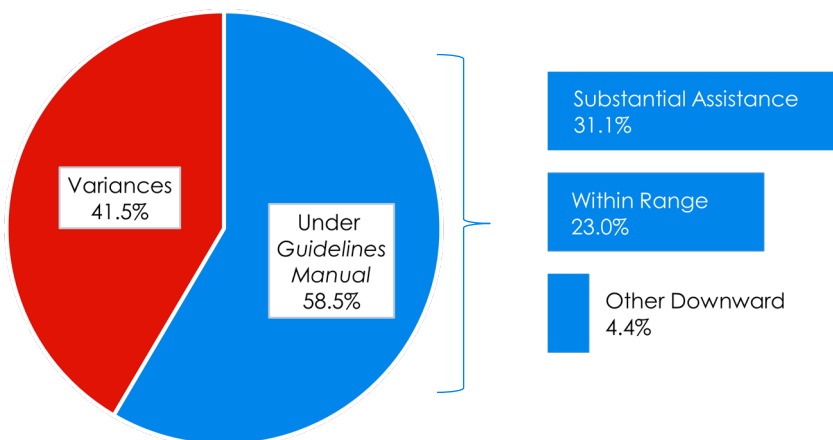
**Sentence Relative to the Guideline Range (%)**



**Average Guideline Minimum and Average Sentence (months)**



**Sentence Imposed Relative to the Guideline Range FY 2022**



<sup>1</sup> Cases with incomplete sentencing information were excluded from the analysis.

<sup>2</sup> Theft, property destruction, and fraud offenses include cases with complete guideline application information in which the offender was sentenced under §2B1.1 (Larceny, Embezzlement, and Other Forms of Theft; Offenses Involving Stolen Property; Property Damage or Destruction; Fraud and Deceit; Forgery; Offenses Involving Altered or Counterfeit Instruments Other than Counterfeit Bearer Obligations of the United States) using a *Guidelines Manual* in effect on November 1, 2001 or later. See [www.ussc.gov/research/quick-facts](http://www.ussc.gov/research/quick-facts) for the Quick Facts on §2B1.1 offenders.

<sup>3</sup> Health care fraud includes cases where the offense conduct as described in the Presentence Report involved the defrauding of a government or private health care entity.

<sup>4</sup> The Loss Table was amended effective November 1, 2001 and November 1, 2015.

<sup>5</sup> The Victims Table and Sophisticated Means adjustment were amended effective November 1, 2015.