- THERE WERE 67,742 CASES REPORTED TO THE UNITED STATES SENTENCING COMMISSION IN FISCAL YEAR 2016.
- ► OF THESE CASES, 6,986 INVOLVED THEFT, PROPERTY DESTRUCTION, OR FRAUD.<sup>1</sup>
- ▶ 7.4% OF THEFT, PROPERTY DESTRUCTION, AND FRAUD OFFENSES INVOLVED HEALTH CARE FRAUD.<sup>2</sup>

# Quick Facts

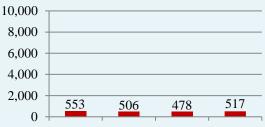
### Health Care Fraud Offenses<sup>2</sup>

In fiscal year 2016, there were 517 health care fraud offenders, who accounted for  $0.8\%^3$  of all offenders sentenced under the guidelines. The number of health care fraud offenders decreased by 6.5% from fiscal years 2013 to 2016.

### Offender and Offense Characteristics

- In fiscal year 2016, more than half of health care fraud offenders were male (54.0%).
- Over one-third were White (36.4%) followed by Hispanic (32.6%), Black (23.8%), and Other Races (7.2%).
- The average age of these offenders at sentencing was 48 years.
- The majority of health care fraud offenders were United States citizens (83.8%).
- The majority of health care fraud offenders had little or no prior criminal history (86.5% of these offenders were assigned to Criminal History Category I).
- The median loss for these offenses was \$973,516.
  - 20.1% of health care fraud offenses involved loss amounts greater than \$3,500,000.<sup>4</sup>
  - ♦ 25.4% of health care fraud offenses involved loss amounts of \$150,000 or less.<sup>4</sup>
- Sentences for health care fraud offenders were increased for:
  - Conviction of a federal health care offense involving a government health care program and a loss of more than \$1 million (33.0%).
  - Use of sophisticated means to execute or conceal the offense (16.4%).<sup>5</sup>
  - ♦ Leadership or supervisory role in the offense (19.9%).
  - ♦ Abusing a public position of trust or using a special skill (28.1%).
  - Obstructing or impeding the administration of justice (4.8%).
- Sentences for health care fraud offenders were decreased for:
  - Minor or minimal participation in the offense (8.3%).

### Number of Health Care Fraud Offenders



FY 2013 FY 2014 FY 2015 FY 2016

## Top Five Districts Health Care Fraud Offenders FY 2016

FY 2016

Southern District of Florida
(N=131)

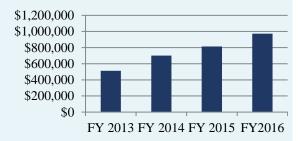
Eastern District of Michigan
(N=40)

Central District of California
(N=27)

District of Puerto Rico
(N=23)

Southern District of Texas
(N=20)

### Median Loss for Health Care Fraud Offenses



- <sup>1</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 <a href="https://www.ussc.gov/research/quick-facts">www.ussc.gov/research/quick-facts</a> for the *Quick Facts* on §2B1.1 offenders.
- <sup>2</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.



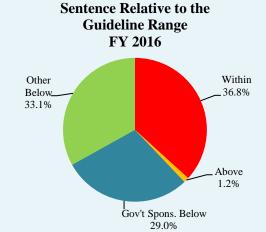
#### **Punishment**

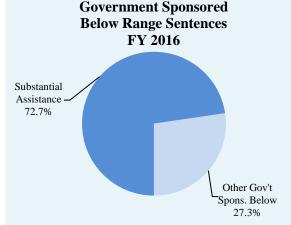
- The majority of health care fraud offenders were sentenced to imprisonment (71.4%).
- The average sentence length for health care fraud offenders was 29 months.

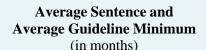
### Sentences Relative to the Guideline Range

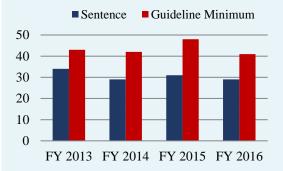
- During the past four years, the rate of within range sentences for health care fraud offenders has decreased from 43.6% in fiscal year 2013 to 36.8% in fiscal year 2016.
- In each of the past four years, approximately one-fifth to one-third of health care fraud offenders received a sentence below the applicable guideline range because the government sponsored the below range sentence.
  - Substantial assistance departures were granted in approximately 15 to 23 percent of health care fraud cases in each of the past four years.
    - ♦ These offenders received an average reduction of 63.6% in their sentence during the four year time period.
  - Other government sponsored departures were granted in approximately five to nine percent of health care fraud cases in each of the past four years.
    - ♦ These offenders received an average reduction of 65.9% in their sentence during the four year time period.
- In each of the past four years, approximately 33 percent of health care fraud offenders received a non-government sponsored below range sentence.
  - ♦ These offenders received an average reduction of 50.6% in their sentence during the four year time period.
- During the past four years, the average sentence for health care fraud offenders and the average guideline minimum for these offenders decreased overall.
  - ♦ The average sentence imposed decreased from 34 months to 29 months during that time period.
  - ◆ The average guideline minimum decreased from 43 months to 41 months during that time period.

### **Health Care Fraud Offenses**











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<sup>&</sup>lt;sup>3</sup> Of the 67,742 offenders sentenced in fiscal year 2016, 5,784 were excluded from this analysis due to incomplete guideline application information.

<sup>&</sup>lt;sup>4</sup> The Loss Table was amended effective November 1, 2015.

<sup>&</sup>lt;sup>5</sup> The Sophisticated Means adjustment was amended effective November 1, 2015.