

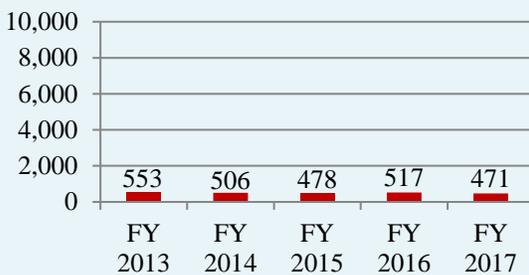


# Quick Facts

- ▶ THERE WERE 66,873 CASES REPORTED TO THE UNITED STATES SENTENCING COMMISSION IN FISCAL YEAR 2017.
- ▶ OF THESE CASES, 6,237 INVOLVED THEFT, PROPERTY DESTRUCTION, OR FRAUD.<sup>1</sup>
- ▶ 7.6% OF THEFT, PROPERTY DESTRUCTION, AND FRAUD OFFENSES INVOLVED HEALTH CARE FRAUD.<sup>2</sup>

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

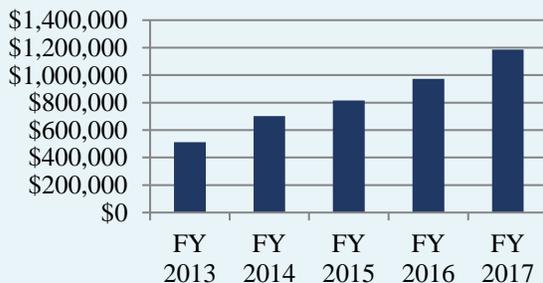
**Number of Health Care Fraud Offenders**



**Top Five Districts Health Care Fraud Offenders FY 2017**

Southern District of Florida (N=113)
Southern District of Texas (N=48)
Eastern District of Michigan (N=39)
Eastern District of Louisiana (N=21)
Northern District of Illinois (N=19)

**Median Loss for Health Care Fraud Offenses**



In fiscal year 2017, there were 471 health care fraud offenders, who accounted for 0.8%<sup>3</sup> of all offenders sentenced under the guidelines. The number of health care fraud offenders decreased by 14.8% from fiscal years 2013 to 2017.

### Offender and Offense Characteristics

- In fiscal year 2017, more than half of health care fraud offenders were men (58.6%).
- Over one-third were White (35.0%) followed by Hispanic (31.4%), Black (26.1%), and Other Races (7.4%).
- The average age of these offenders at sentencing was 49 years.
- The majority of health care fraud offenders were United States citizens (86.8%).
- The majority of health care fraud offenders had little or no prior criminal history (87.7% of these offenders were assigned to Criminal History Category I).
- The median loss for these offenses was \$1,185,990.<sup>4</sup>
  - ◆ 29.9% of health care fraud offenses involved loss amounts greater than \$3,500,000.
  - ◆ 17.4% of health care fraud offenses involved loss amounts of \$150,000 or less.
- Sentences for health care fraud offenders were increased for:
  - ◆ The number of victims or the extent of harm to victims (17.2%);
  - ◆ Conviction of a federal health care offense involving a government health care program and a loss of more than \$1 million (41.1%);
  - ◆ Use of sophisticated means to execute or conceal the offense (20.0%);<sup>5</sup>
  - ◆ Leadership or supervisory role in the offense (26.8%);
  - ◆ Abusing a public position of trust or using a special skill (31.4%); and
  - ◆ Obstructing or impeding the administration of justice (9.1%).
- Sentences for health care fraud offenders were decreased for:
  - ◆ Minor or minimal participation in the offense (8.3%).

<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 [www.ussc.gov/research/quick-facts](http://www.ussc.gov/research/quick-facts) 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.

# Quick Facts

## Health Care Fraud Offenses

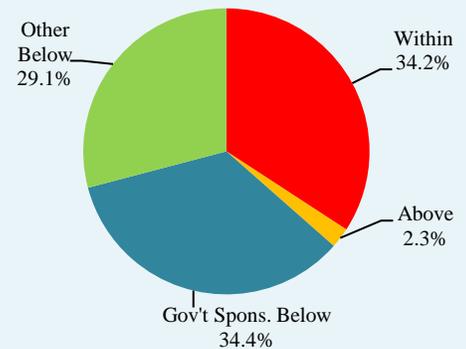
### Punishment

- The majority of health care fraud offenders were sentenced to imprisonment (80.3%).
- The average sentence length for health care fraud offenders was 37 months.

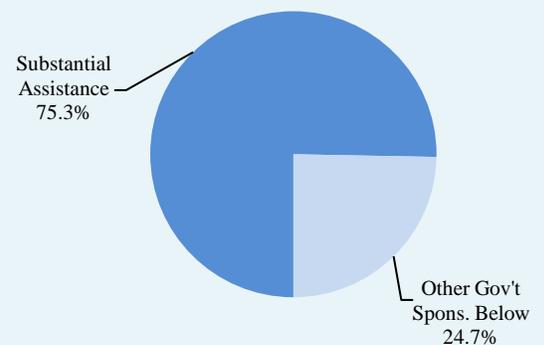
### Sentences Relative to the Guideline Range

- During the past five years, the rate of within range sentences for health care fraud offenders has decreased from 43.6% in fiscal year 2013 to 34.2% in fiscal year 2017.
- In each of the past five 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 26 percent of health care fraud cases in each of the past five years.
    - ◇ These offenders received an average reduction of 62.5% in their sentence during the five-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 five years.
    - ◇ These offenders received an average reduction of 63.9% in their sentence during the five-year time period.
- In each of the past five years, approximately one-third of health care fraud offenders received a non-government sponsored below range sentence.
  - ◆ These offenders received an average reduction of 49.8% in their sentence during the five-year time period.
- During the past five years, the average sentence and the average guideline minimum for health care fraud offenders varied, but increased overall.
  - ◆ The average sentence imposed ranged from 29 months to 37 months during that time period.
  - ◆ The average guideline minimum ranged from 41 months to 52 months during that time period.

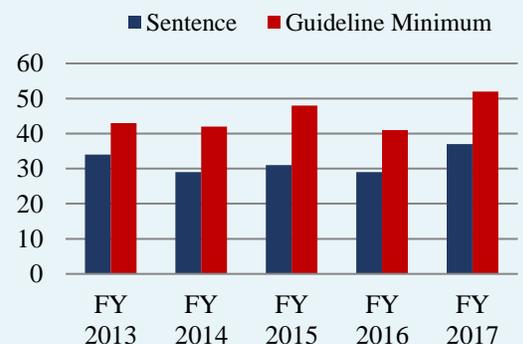
**Sentence Relative to the Guideline Range FY 2017**



**Government Sponsored Below Range Sentences FY 2017**



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



<sup>3</sup> Of the 66,873 offenders sentenced in fiscal year 2017, 4,956 were excluded from this analysis due to incomplete guideline application information.

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

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

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