



Quick Facts

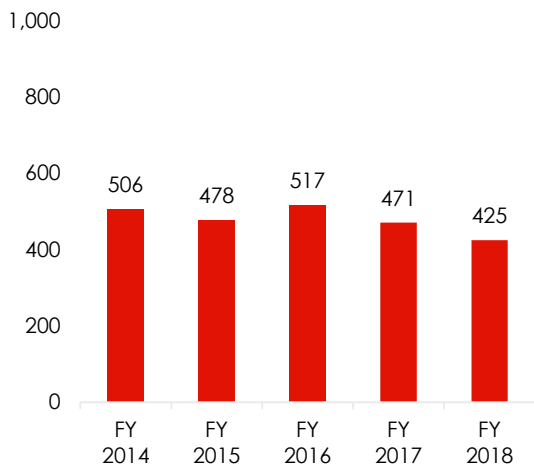


— Health Care Fraud Offenses —

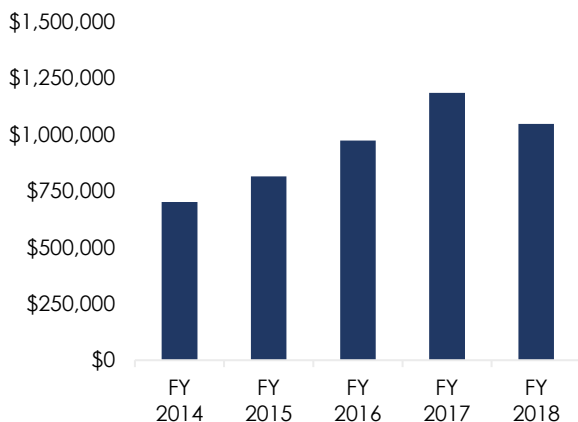
Fiscal Year 2018

- ▶ In FY 2018, 69,425 cases were reported to the U.S. Sentencing Commission.
- ▶ 5,948 of these involved theft, property destruction, and fraud.^{1,2}
- ▶ 7.3% of theft, property destruction, and fraud offenses involved health care fraud.^{2,3}
- ▶ Health care fraud has decreased by 16.0% since FY 2014.

Number of Health Care Fraud Offenders



Median Loss for Health Care Fraud Offenses



Offender and Offense Characteristics

- 65.2% of health care fraud offenders were men.
- 38.7% were White, 28.0% were Hispanic, 21.9% were Black, and 11.4% were Other races.
- Their average age was 49 years.
- 87.1% were United States citizens.
- 86.8% had little or no prior criminal history (Criminal History Category I).
- The median loss for these offenses was \$1,048,375.⁴
 - ◆ 21.4% involved loss amounts of \$150,000 or less.
 - ◆ 23.2% involved loss amounts greater than \$3,500,000.
- Sentences were increased for:
 - ◆ the number of victims or the extent of harm to victims (16.9%);
 - ◆ conviction of a federal health care offense involving a government health care program and a loss or more than \$1 million (32.6%);
 - ◆ using sophisticated means to execute or conceal the offense (20.2%);⁵
 - ◆ using an unauthorized means of identification (4.5%);
 - ◆ leadership or supervisory role in the offense (25.2%);
 - ◆ abusing a public position of trust or using a special skill (34.4%);
 - ◆ obstructing or impeding the administration of justice (8.5%).
- Sentences were decreased for:
 - ◆ minor or minimal participation in the offense (6.1%).
- The top five districts for health care fraud offenders were:
 - ◆ Southern District of Florida (95);
 - ◆ Eastern District of Michigan (18);
 - ◆ Southern District of Texas (18);
 - ◆ Middle District of Florida (17);
 - ◆ Eastern District of Louisiana (17).

Punishment

- The average sentence for health care fraud offenders was 30 months.
- 73.4% were sentenced to prison.
- 1.6% were convicted of an offense carrying a mandatory minimum penalty; of those offenders, 14.3% were relieved of that penalty.

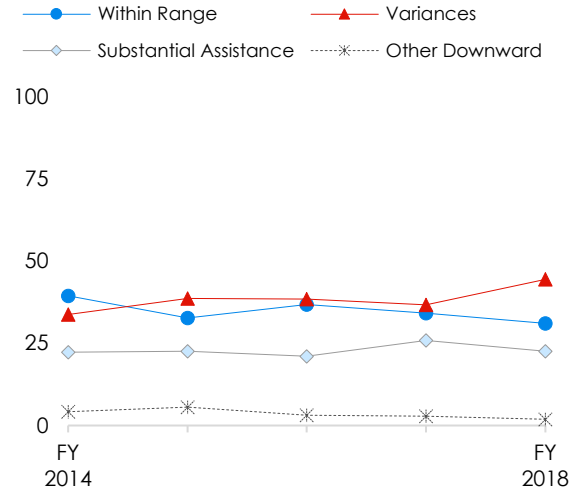


— **Health Care Fraud Offenses** —

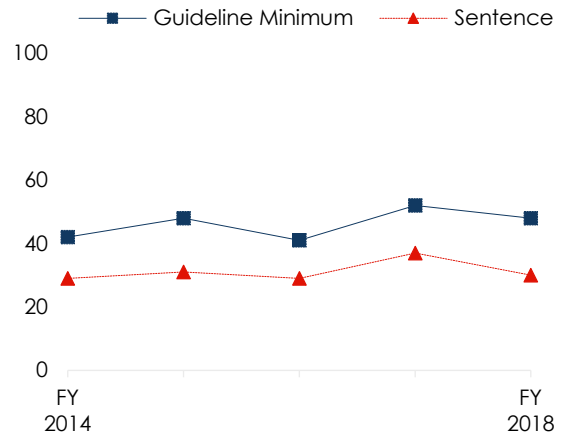
Sentences Relative to the Guideline Range

- Of the 55.5% of health care fraud offenders sentenced under the *Guidelines Manual*:
 - ◆ 55.9% were sentenced within the guideline range.
 - ◆ 40.7% received a substantial assistance departure.
 - ◇ Their average sentence reduction was 67.6%.
 - ◆ 3.4% received some other downward departure.
 - ◇ Their average sentence reduction was 47.2%.
- 44.5% received a variance; of those offenders:
 - ◆ 98.9% received a downward variance.
 - ◇ Their average sentence reduction was 51.5%.
 - ◆ 1.1% received an upward variance.
- The average guideline minimum has fluctuated, while the average sentence imposed has remained relatively stable over the past five years.
 - ◆ The average guideline minimum increased from 42 months in fiscal year 2014 to 48 months in fiscal year 2018.
 - ◆ The average sentence imposed increased from 29 months in fiscal year 2014 to 30 months in fiscal year 2018.

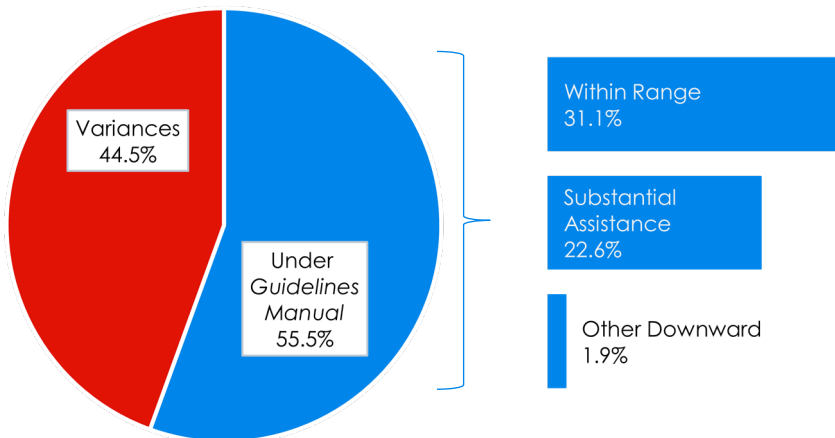
Sentence Relative to the Guideline Range (%)



Average Guideline Minimum and Average Sentence (months)



Sentence Imposed Relative to the Guideline Range FY 2018



¹ 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 for the *Quick Facts* on §2B1.1 offenders.

² Cases with incomplete sentencing information were excluded from the analysis.

³ 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.

⁴ The Loss Table and Victims Table were amended effective November 1, 2015.

⁵ The Sophisticated Means adjustment was amended effective November 1, 2015.