



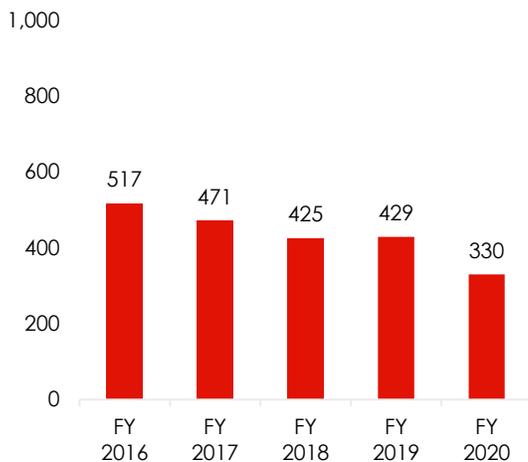
Quick Facts

— Health Care Fraud Offenses —

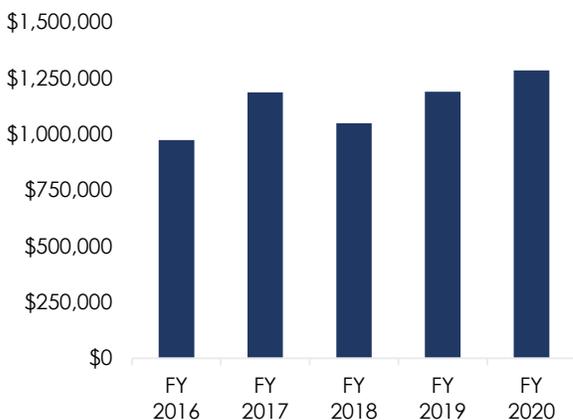
Fiscal Year 2020

- ▶ IN FY 2020, 64,565 CASES WERE REPORTED TO THE U.S. SENTENCING COMMISSION.
- ▶ 4,356 OF THESE INVOLVED THEFT, PROPERTY DESTRUCTION, AND FRAUD.
- ▶ 7.7% OF THEFT, PROPERTY DESTRUCTION, AND FRAUD OFFENSES INVOLVED HEALTH CARE FRAUD.^{1, 2, 3}
- ▶ HEALTH CARE FRAUD HAS DECREASED BY 36.2% SINCE FY 2016.

Number of Health Care Fraud Offenders



Median Loss for Health Care Fraud Offenses



Offender and Offense Characteristics

- 61.8% of health care fraud offenders were men.
- 44.9% were White, 23.3% were Hispanic, 17.6% were Black, and 14.2% were Other races.
- Their average age was 48 years.
- 90.6% were United States citizens.
- 87.6% had little or no prior criminal history (Criminal History Category I).
- The median loss for these offenses was \$1,283,585;⁴
 - ◆ 18.7% involved loss amounts of \$150,000 or less;
 - ◆ 30.6% involved loss amounts greater than \$3,500,000.
- Sentences were increased for:
 - ◆ the number of victims or the extent of harm to victims (18.2%);⁵
 - ◆ conviction of a federal health care offense involving a government health care program and a loss or more than \$1 million (33.3%);
 - ◆ using sophisticated means to execute or conceal the offense (17.9%);
 - ◆ using an unauthorized means of identification (7.3%);
 - ◆ a leadership or supervisory role in the offense (25.2%);
 - ◆ abusing a public position of trust or using a special skill (31.5%);
 - ◆ obstructing or impeding the administration of justice (5.2%).
- Sentences were decreased for:
 - ◆ minor or minimal participation in the offense (3.9%).
- The top six districts for health care fraud offenders were:
 - ◆ Southern District of Florida (67);
 - ◆ Central District of California (15);
 - ◆ Middle District of Florida (12);
 - ◆ District of Massachusetts (12);
 - ◆ Southern District of Mississippi (12);
 - ◆ Southern District of Texas (12).

Punishment

- The average sentence for health care fraud offenders was 30 months.
- 79.1% were sentenced to prison.
- 4.9% were convicted of an offense carrying a mandatory minimum penalty; of those offenders, 31.3% were relieved of that penalty.

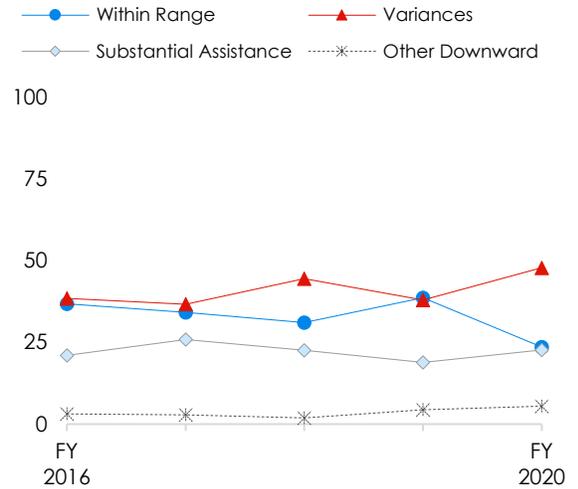


— Health Care Fraud Offenses —

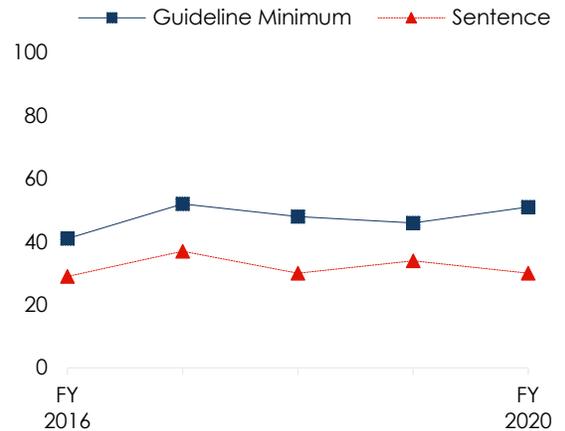
Sentences Relative to the Guideline Range

- Of the 52.1% of health care fraud offenders sentenced under the *Guidelines Manual*:
 - ◆ 45.4% were sentenced within the guideline range.
 - ◆ 43.6% received a substantial assistance departure.
 - ◇ Their average sentence reduction was 64.8%.
 - ◆ 10.5% received some other downward departure.
 - ◇ Their average sentence reduction was 65.3%.
- 47.9% received a variance; of those offenders:
 - ◆ 98.7% received a downward variance.
 - ◇ Their average sentence reduction was 53.0%.
 - ◆ 1.3% received an upward variance.
- The average guideline minimum and the average sentence imposed fluctuated over the past five years.
 - ◆ The average guideline minimum increased and decreased throughout the fiscal years. The average guideline minimum was 41 months in fiscal year 2016 and 51 months in fiscal year 2020.
 - ◆ The average sentence imposed increased and decreased throughout the fiscal years. The average sentence imposed increased from 29 months in fiscal year 2016 and 30 months in fiscal year 2020.

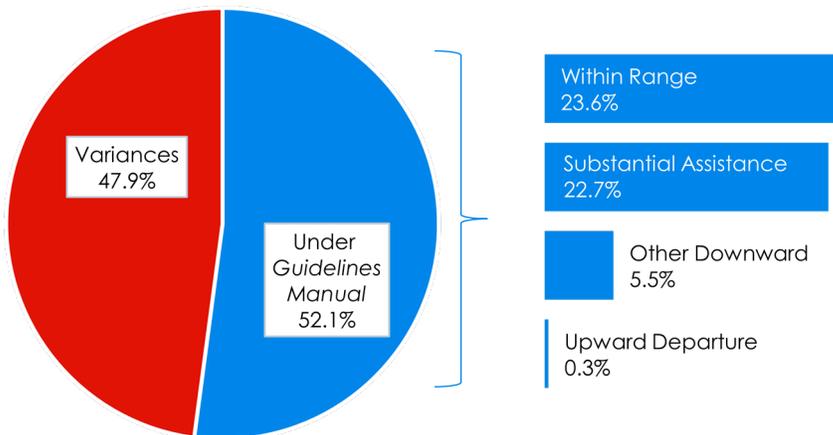
Sentence Relative to the Guideline Range (%)



Average Guideline Minimum and Average Sentence (months)



Sentence Imposed Relative to the Guideline Range FY 2020



¹ Cases with incomplete sentencing information were excluded from the analysis.

² 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.usc.gov/research/quick-facts for the *Quick Facts* on §2B1.1 offenders.

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 was amended effective November 1, 2001 and November 1, 2015.

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