



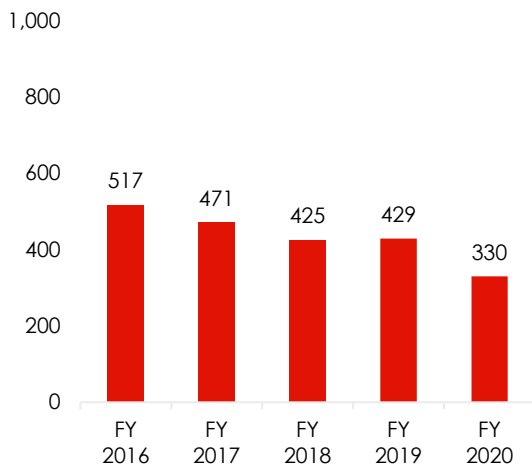
# Quick Facts

## — Health Care Fraud Offenses —

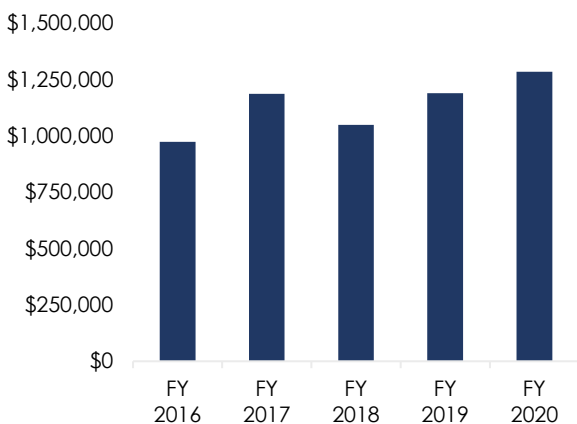
### Fiscal Year 2020

- ▶ 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.<sup>1, 2, 3</sup>
- ▶ 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;<sup>4</sup>
  - ◆ 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%);<sup>5</sup>
  - ◆ 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.

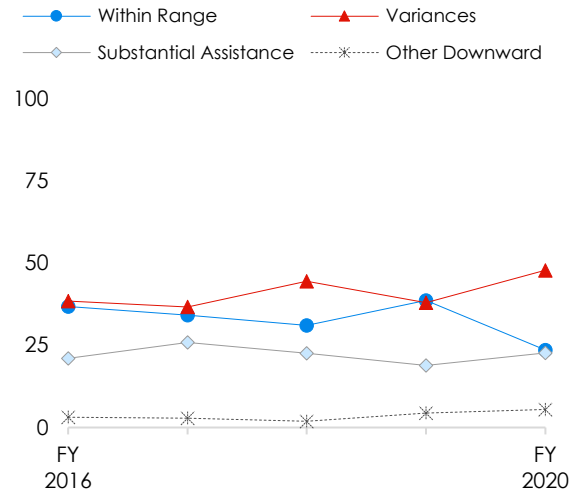


— Health Care Fraud Offenses —

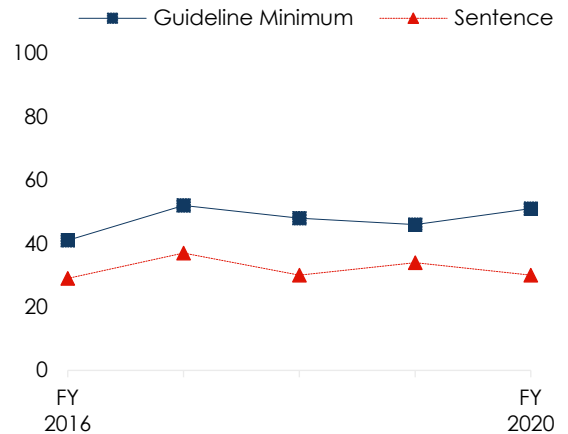
**Sentences Relative to the Guideline Range**

- 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.

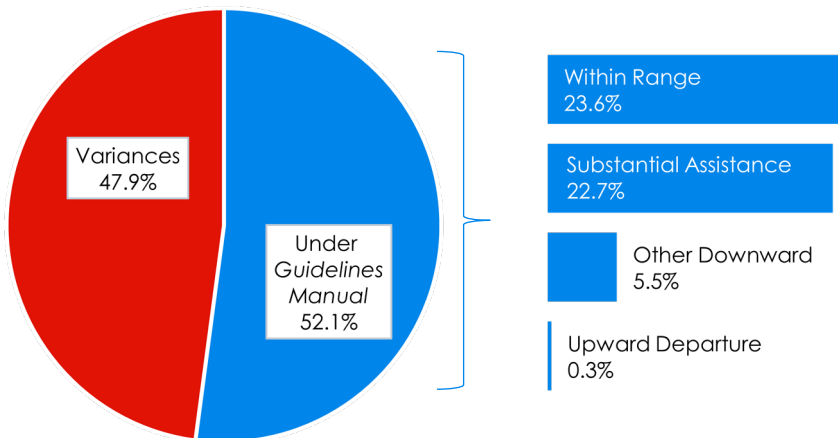
**Sentence Relative to the Guideline Range (%)**



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



**Sentence Imposed Relative to the Guideline Range FY 2020**



<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.uscc.gov/research/quick-facts](http://www.uscc.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.