



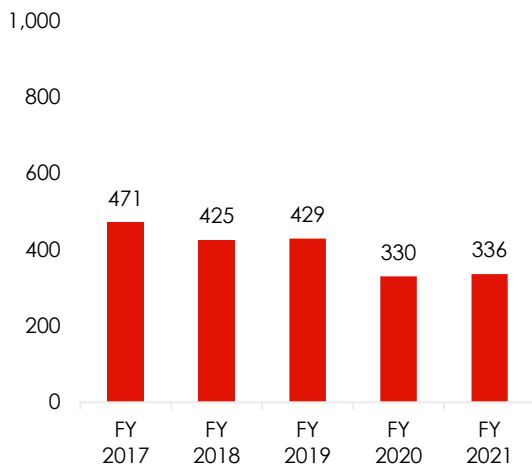
Quick Facts

— Health Care Fraud Offenses —

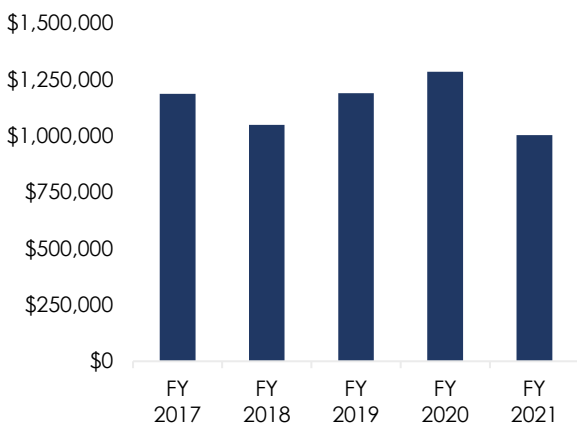
Fiscal Year 2021

- ▶ IN FY 2021, 57,287 CASES WERE REPORTED TO THE U.S. SENTENCING COMMISSION.
- ▶ 4,235 OF THESE INVOLVED THEFT, PROPERTY DESTRUCTION, AND FRAUD.
- ▶ 8.0% OF THEFT, PROPERTY DESTRUCTION, AND FRAUD OFFENSES INVOLVED HEALTH CARE FRAUD.^{1, 2, 3}
- ▶ HEALTH CARE FRAUD HAS DECREASED BY 28.7% SINCE FY 2017.

Number of Health Care Fraud Offenders



Median Loss for Health Care Fraud Offenses



Offender and Offense Characteristics

- 65.8% of health care fraud offenders were men.
- 53.4% were White, 18.8% were Black, 18.5% were Hispanic, and 9.3% were Other races.
- Their average age was 50 years.
- 92.3% were United States citizens.
- 92.0% had little or no prior criminal history (Criminal History Category I).
- The median loss for these offenses was \$1,002,407;⁴
 - ◆ 18.8% involved loss amounts of \$150,000 or less;
 - ◆ 17.3% involved loss amounts greater than \$9,500,000.
- Sentences were increased for:
 - ◆ the number of victims or the extent of harm to victims (21.7%);⁵
 - ◆ conviction of a federal health care offense involving a government health care program and a loss or more than \$1 million (36.0%);
 - ◆ using sophisticated means to execute or conceal the offense (16.7%);
 - ◆ using an unauthorized means of identification (9.2%);
 - ◆ a leadership or supervisory role in the offense (26.8%);
 - ◆ abusing a public position of trust or using a special skill (30.7%);
 - ◆ obstructing or impeding the administration of justice (5.1%).
- Sentences were decreased for:
 - ◆ minor or minimal participation in the offense (5.4%).
- The top five districts for health care fraud offenders were:
 - ◆ Northern District of Alabama (31);
 - ◆ Southern District of Florida (30);
 - ◆ Northern District of Texas (22);
 - ◆ Southern District of Texas (21);
 - ◆ Central District of California (17).

Punishment

- The average sentence for health care fraud offenders was 30 months.
- 73.5% were sentenced to prison.
- 3.9% were convicted of an offense carrying a mandatory minimum penalty; of those offenders, 30.8% were relieved of that penalty.

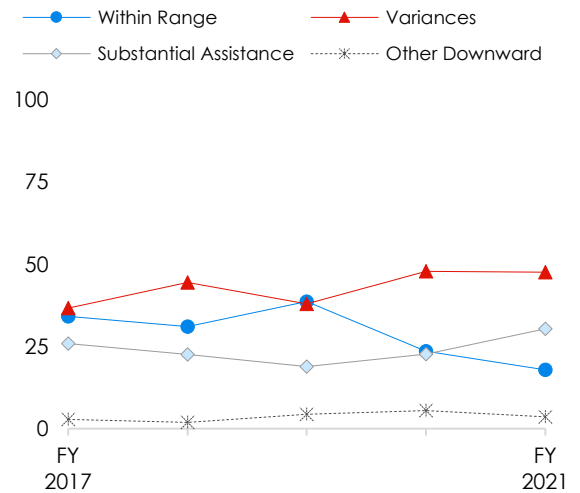


— Health Care Fraud Offenses —

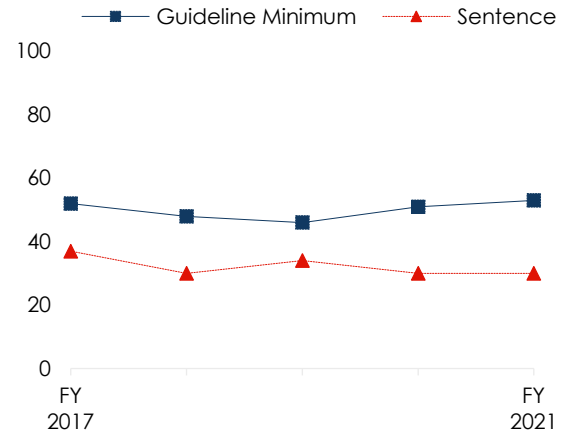
Sentences Relative to the Guideline Range

- Of the 52.4% of health care fraud offenders sentenced under the *Guidelines Manual*:
 - ◆ 34.1% were sentenced within the guideline range.
 - ◆ 58.0% received a substantial assistance departure.
 - ◇ Their average sentence reduction was 66.3%.
 - ◆ 6.8% received some other downward departure.
 - ◇ Their average sentence reduction was 66.5%.
- 47.6% received a variance; of those offenders:
 - ◆ All received a downward variance.
 - ◇ Their average sentence reduction was 56.6%.
- The average guideline minimum fluctuated while the average sentence imposed decreased over the past five years.
 - ◆ The average guideline minimum increased and decreased throughout the fiscal years. The average guideline minimum was 52 months in fiscal year 2017 and 53 months in fiscal year 2021.
 - ◆ The average sentence imposed decreased from 37 months in fiscal year 2017 to 30 months in fiscal year 2021.

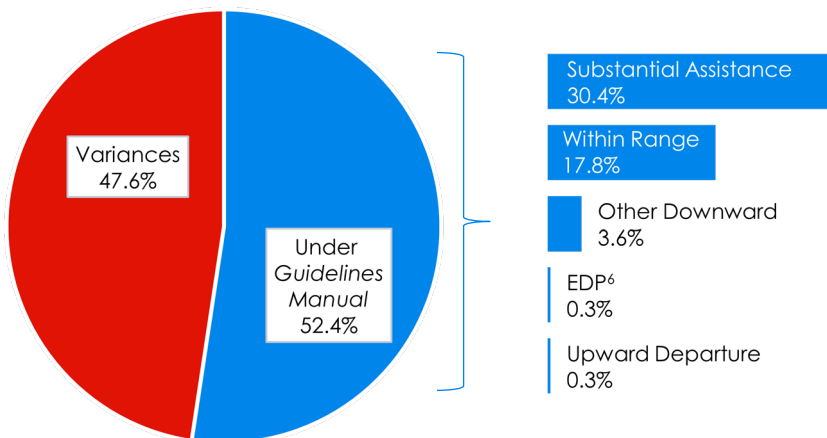
Sentence Relative to the Guideline Range (%)



Average Guideline Minimum and Average Sentence (months)



Sentence Imposed Relative to the Guideline Range FY 2021



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.ussc.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.

⁶ "Early Disposition Program (or EDP) departures" are departures where the government sought a sentence below the guideline range because the defendant participated in the government's Early Disposition Program, through which cases are resolved in an expedited manner. See USSG §5K3.1.