



# QuickFacts

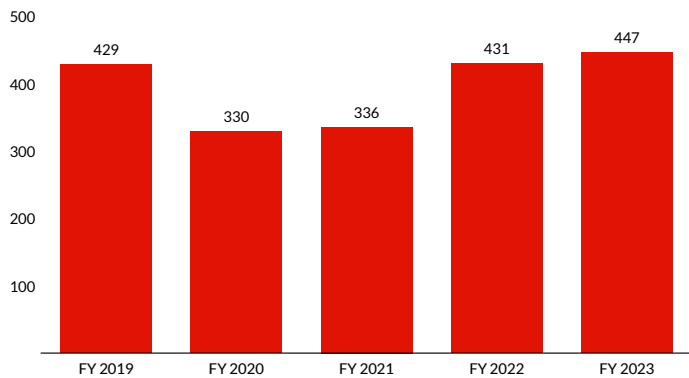
## Health Care Fraud

### Population Snapshot

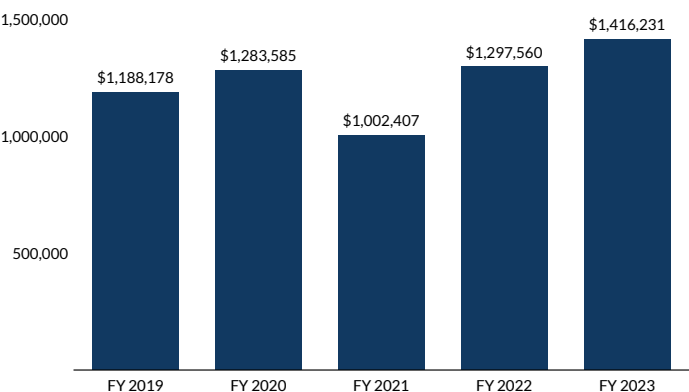
**64,124 cases were reported in FY23;**  
**4,855 involved Theft, Property Destruction,**  
**and Fraud.<sup>1,2,3</sup>**

**9.2% of such cases involved**  
**health care fraud, up**  
**4.2% since FY 2019.**

### Number of Health Care Fraud Offenses



### Median Loss Amounts



### Individual and Offense Characteristics

67.6% of individuals sentenced for health care fraud were men.  
 40.9% were White, 27.1% were Black, 23.7% were Hispanic, and 8.3% were Other races.

Their average age was 50 years.

89.9% were United States citizens.

89.5% had little or no prior criminal history (Criminal History Category I).

The median loss for these offenses was \$1,416,231;<sup>4</sup>

- 24.4% involved loss amounts of less than \$250,000;
- 4.7% involved loss amounts greater than \$9,500,000.

Sentences were increased for:

- the number of victims or the extent of harm to victims (19.2%);<sup>5</sup>
- conviction of a federal health care program and a loss of more than \$1 million (35.1%);
- using sophisticated means to execute or conceal the offense (17.2%);
- using an unauthorized means of identification (6.9%);
- a leadership or supervisory role in the offense (22.1%);
- abusing a public position of trust or using a special skill (26.6%);
- obstructing or impeding the administration of justice (4.9%).

Sentences were decreased for:

- Minor or minimal participation in the offense (5.8%).

The top five districts for health care fraud offenses were:

- Southern District of Florida (79);
- Southern District of New York (36);
- Northern District of Ohio (34);
- Central District of California (29);
- District of New Jersey (26, tie);
- Eastern District of Michigan (26, tie).

### Punishment

The average sentence for individuals sentenced for health care fraud offenses was 27 months.

73.6% were sentenced to prison.

2.2% were convicted of an offense carrying a mandatory minimum penalty; of those individuals, one was relieved of that penalty.



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## Health Care Fraud

### Sentences Relative to the Guideline Range

55.0% of individuals sentenced for health care fraud were sentenced under the *Guidelines Manual*; of those individuals:

- 35.4% were sentenced within the guideline range.
- 56.9% received a substantial assistance departure.
  - Their average sentence reduction was 69.5%.
- 6.1% received some other downward departure.
  - Their average sentence reduction was 67.1%.

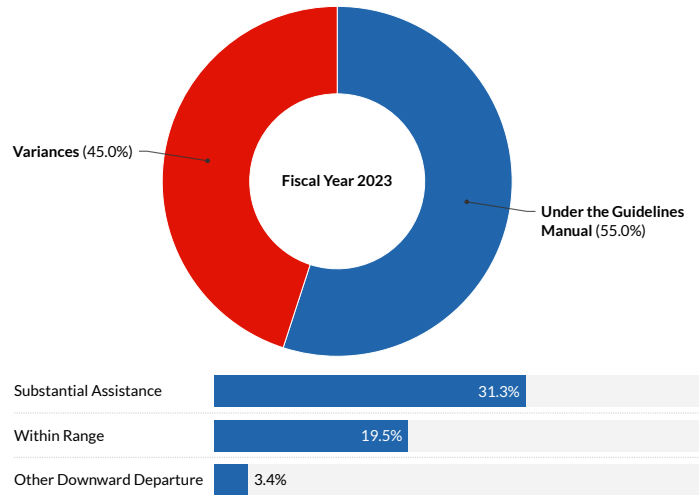
45.0% received a variance; of those individuals:

- 99.5% received a downward variance.
  - Their average sentence reduction was 54.5%.
- 0.5% received an upward variance.<sup>6</sup>

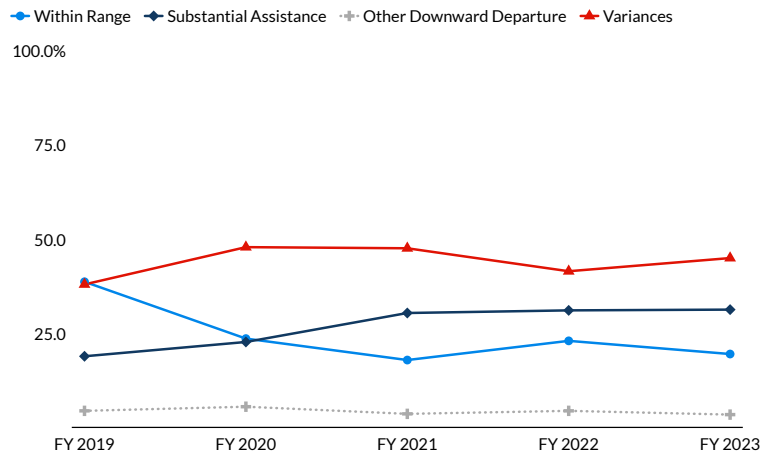
The average guideline minimum remained steady and average sentence imposed slightly decreased over the past five years.

- The average guideline minimum increased from 46 months in fiscal year 2019 to 48 months in fiscal year 2023.
- The average sentence imposed decreased from 34 months in fiscal year 2019 to 27 months fiscal year 2023.

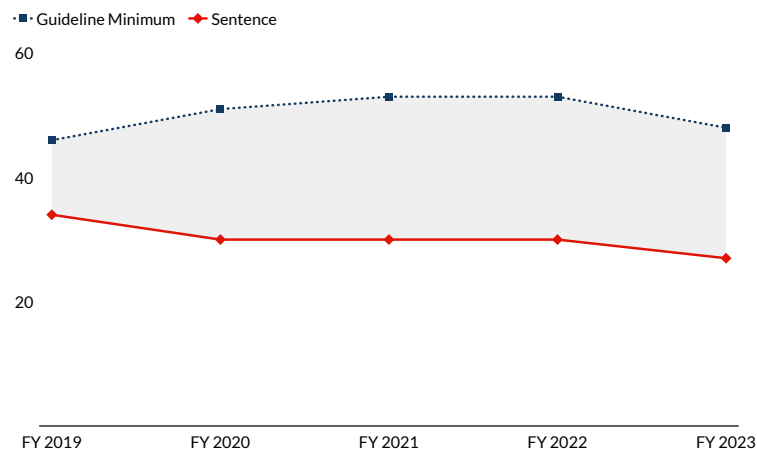
### Sentences Relative to the Guideline Range



### Sentences Relative to the Guideline Range



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



<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 individual 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/quickfacts](http://www.ussc.gov/research/quickfacts) for the Quick Facts on §2B1.1 individuals.

<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.

<sup>6</sup> The Commission does not report the average for categories with fewer than three cases.