



# Quick Facts

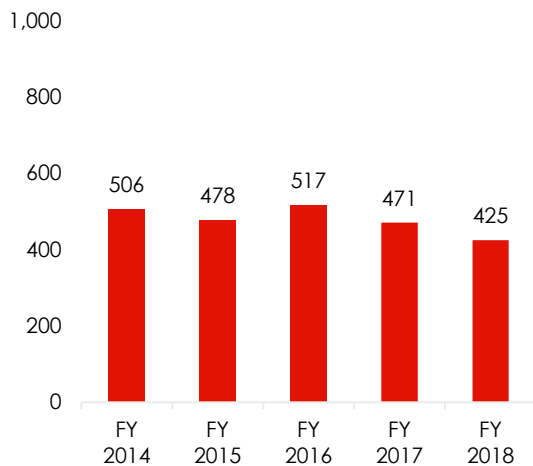
## — Health Care Fraud Offenses —



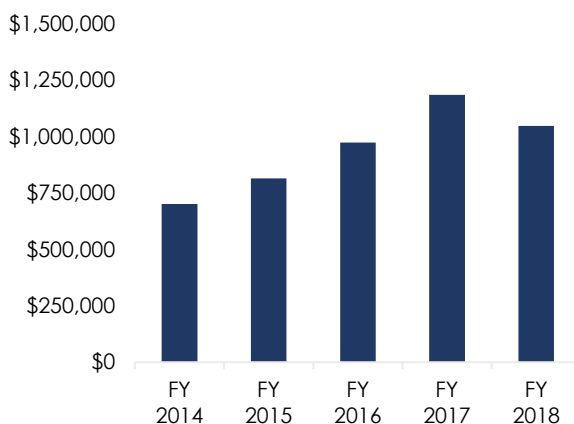
### Fiscal Year 2018

- ▶ IN FY 2018, 69,425 CASES WERE REPORTED TO THE U.S. SENTENCING COMMISSION.
- ▶ 5,948 OF THESE INVOLVED THEFT, PROPERTY DESTRUCTION, AND FRAUD.<sup>1,2</sup>
- ▶ 7.3% OF THEFT, PROPERTY DESTRUCTION, AND FRAUD OFFENSES INVOLVED HEALTH CARE FRAUD.<sup>2,3</sup>
- ▶ 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.<sup>4</sup>
  - ♦ 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%);<sup>5</sup>
  - ♦ 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.



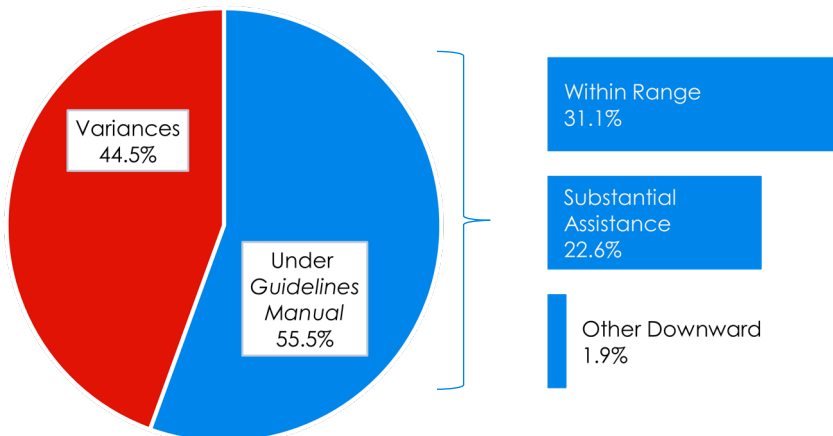
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## — Health Care Fraud Offenses —

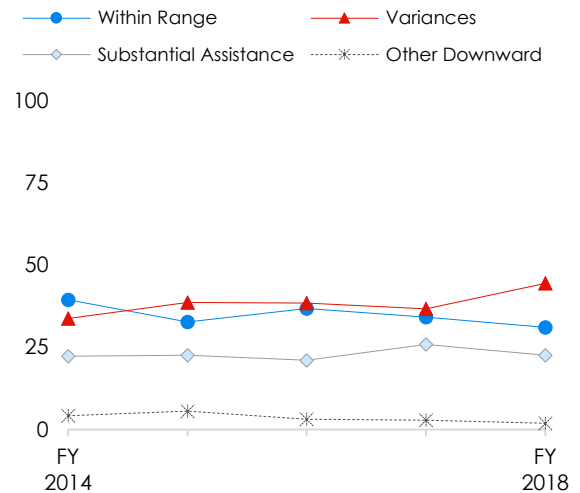
### Sentences Relative to the Guideline Range

- 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.

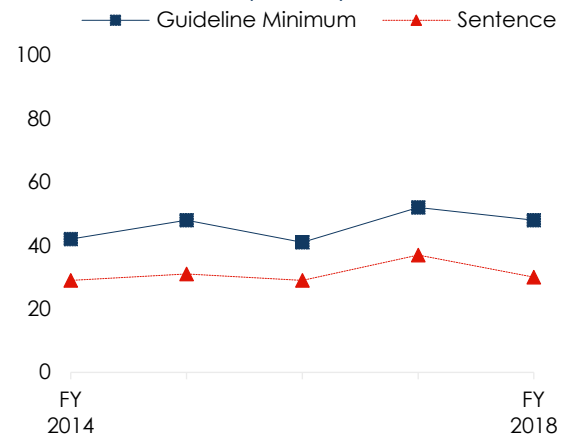
### Sentence Imposed Relative to the Guideline Range FY 2018



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



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



<sup>1</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.ussc.gov/research/quick-facts](http://www.ussc.gov/research/quick-facts) for the Quick Facts on §2B1.1 offenders.

<sup>2</sup> Cases with incomplete sentencing information were excluded from the analysis.

<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 and Victims Table were amended effective November 1, 2015.

<sup>5</sup> The Sophisticated Means adjustment was amended effective November 1, 2015.