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.¹ ²

7.3% of theft, property destruction, and fraud offenses involved health care fraud.² ³

Health care fraud has decreased by 16.0% since FY 2014.

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 $1,048,375.⁴

- 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 of more than $1 million (32.6%);
- using sophisticated means to execute or conceal the offense (20.2%);⁵
- 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.

For more Quick Facts, visit https://www.ussc.gov/research/quick-facts.
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 2018 to 30 months in fiscal year 2018.