

Health Care Fraud and Abuse Control Annual Report

KEY FACTS AND FIGURES

The following highlights summarize the enforcement results and program impact of the Health Care Fraud and Abuse Control (HCFAC) initiative during Fiscal Year (FY) 2025.

\$6.9B+

Civil settlements & judgments

Civil health care fraud settlements and judgments under the False Claims Act in FY 2025.

\$3.20

ROI per dollar expended

Return on investment for the HCFAC program over FY 2023–2025: \$3.20 returned for every \$1.00 spent.

741+

New criminal investigations opened

The Department of Justice opened more than 741 new criminal health care fraud investigations in FY 2025.

382+

Criminal cases with charges filed

Federal prosecutors filed criminal charges in over 382 cases involving at least 601 defendants.

448+

Defendants convicted

More than 448 defendants were convicted of health care fraud-related crimes during FY 2025.

356+

Operational disruptions

FBI investigative efforts disrupted over 356 criminal fraud organizations and dismantled 79+ enterprises.

622

Criminal actions

HHS-OIG investigations resulted in 622 criminal actions and 861 civil actions, including false claims, unjust-enrichment, and civil monetary penalty settlements.

2,837

Exclusions

HHS-OIG excluded 2,837 individuals and entities from participation in Medicare, Medicaid, and other federal health care programs.

The criminal case and defendant figures reflect cases and convictions reported by participating United States Attorney's Offices and may not include matters handled exclusively by the Criminal Division's Fraud Section. Figures may also vary because of differences in reporting methodologies.

