

I pray for Justice to all under these new amendments and that they are made Retroactive.

Thank you so much for your consideration in this matter.

Date: - 02/10/2015

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FYI  
cc: Hon Gov. NIKKI R. Haley

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HON. Judge Patti Saris,  
The Commission's Chair  
U S S C  
# 2-500 , S Columbus CIR NE  
Washington , DC 20002-8002  
United States

date :- 2/10/2015

RE : Economic Fraud sentencing amendments

Request to add a special rule about how to determine the "Actual Loss amount" and the sentence level for securities Fraud, Bank Fraud, Health Care Fraud, and Tax Fraud

Dear Hon. Sir,

I am glad the USSC met on Jan. 9th , 2015 and is willing to review and hear the public comments regarding Economic Fraud Sentencing guidelines this year.

In Health Care Fraud cases, the "Intended Loss and Actual Loss" calculation is erroneous and incorrect. Most of the time no legitimate "Actual Loss calculation" is done by prosecution, probation officers and the U. S. Dist. Court. Rather, a lump sum amount is used.

I am requesting to add a special rule about how to determine the "Actual Loss" and sentence level for health care fraud cases. The "Actual Loss calculation" can be done very easily and accurately because most of the electronic billing records are available in health care fraud cases. In health care fraud, most medical providers sign a contract with Medicare, Medicaid and many other private medical insurance companies such as BCBS, UHC, and Aetna. In the medical industry, providers know that whatever is charged to the patient for medical services on the given date of service is never paid in full, but always paid as per the agreed and signed contract rate.

For example, a new patient Mr. " X " comes to see a doctor on Jan. 1st, 2015. The doctor may charge this patient somewhere between \$ 150.00 to \$ 500.00 depending on the level and complexity of medical care given to that patient. The medical insurance company may pay the doctor between \$ 75.00 to \$ 250.00 depending on the different insurance company and depending on which state they are located in. The practice of varying rates among insurance providers from state to state creates confusion and is tragic.

Why does the Affordable Care Act of 2010 focus more on Intended loss, rather than Actual Loss? Intended loss will never be equal to Actual loss. Medical Providers should not be responsible and not be charged with intended loss for the purposes of federal sentencing guidelines.

Under the False claim Act 31 USC 3730, in civil matters, medical providers are allowed to offset any overpayments, for any reasonable wrong doing, with the insurance company. It is stated under our agreed and signed contract agreements.

Many corporate companies are allowed to pay fines and restitutions to the government and these corporate companies are not punished with any prison time. Similarly, if medical providers, small businesses and individual persons are able to pay back the fines and restitution, than that medical provider or small business should be considered for the minimum prison time or probation.

In other federal crimes, such as drug crimes, drug offenders are minimally liable to pay fines and restitution. These drug offenders are getting reduced sentencing under the recent drug minus two amendments 782. In addition, they also get one year early release under re-entry rehab programs such as "RDAP". I have heard that drug offenders don't pay any restitution because they don't have any victims, but I believe that they do have victims.

Economic Fraud offenders are punished very harshly with time and money in the form of fines and restitution. Economic offenders aren't given any sentence reductions under any rehabilitation programs.

I believe there is an unfair discrepancy and disparity among different Federal and State crimes in the USA.

KSL  
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