



Deficit Reduction Act of 2005, False Claims Act, and Similar Laws Policy

PURPOSE

In conformance with the Deficit Reduction Act of 2005 (the “DRA”), Life Care Centers of America, Inc. (“Life Care” or the “Company”) requires compliance with all laws applicable to its business, including insistence on compliance with all applicable federal and state laws dealing with false claims and false statements. Life Care strives to prevent, detect, and eliminate fraud, waste, and abuse in all government-funded programs from which it receives payments, such as the Medicare and Medicaid programs.

SCOPE

This policy applies to all facilities and offices owned and/or managed by Life Care, as well as all Life Care associates, management, contractors, and agents.

POLICY

Life Care’s existing policies and procedures for detecting, preventing, and reporting fraud, waste, and abuse are found more completely in the Code of Conduct (the “Code”).

Laws Relating to False Claims Recovery

The following explains tools available to federal and state agencies, as well as to Life Care and its associates, to fight fraud, waste, and abuse in the administration of federal and state health programs and the role these tools play in preventing and detecting fraud, waste, and abuse in federal and state health-care programs.

Specifically, the information will summarize the following:

- The Federal False Claims Act;
- The federal administrative remedies for false claims and statements;
- The federal whistleblower laws; and
- State laws regarding false claims, false statements, and whistleblower protection.



The Federal False Claims Act, 31 U.S.C. § 3729-3733

Initially passed during the Civil War to fight fraud in military purchasing, the Federal False Claims Act (the “FCA”) is now a broad federal statute that prohibits fraud in any federally funded contract or program, including Medicare and Medicaid. The FCA established liability for any person who knowingly presents, or causes to be presented, a false or fraudulent claim to the U.S. government for payment.

The term “knowingly” means that the person either had actual knowledge the claim was false, deliberately acted in ignorance of the truth or falsity of the claim or acted in reckless disregard of the claim’s truth or falsity. Knowledge refers to the individual’s knowledge and subjective beliefs—not what an objectively reasonable person may have known or believed. The term “claim” includes any request or demand for money that is submitted to the U.S. government or its contractors.

False claims for health-care providers can take a variety of forms. Examples include falsifying billing records, double billing for items or services, overcharging for items or service, billing for services never performed or items never delivered, billing for delivering less than promised, and charging for one thing while providing another.

The Federal Administrative Remedies for False Claims and Statements

The penalties for violating the FCA are severe. Violators may be subjected to a civil penalty ranging from \$10,957 to \$21,916 for each false claim submitted (as adjusted from time to time for inflation). In addition, the violator can be required to pay three times the amount of damages sustained by the government for each false claim, which is typically the amount the government paid for each false claim. In addition, the Office of Inspector General (the “OIG”), the agency within the U.S. Department of Health and Human Services charged with investigating fraud and abuse, may seek exclusion of a convicted health-care provider or supplier from further participation in any federal health-care program. A violator can also be held liable to the government for costs associated with any civil action that seeks to recover penalties or damages. There are also criminal consequences under federal law for intentional participation in the submission of a false claim.



Federal Whistleblower Provisions

Any person may bring an action under this law on behalf of the government (called a “qui tam relator” or “whistleblower” suit) in federal court. The case is initiated by causing a copy of the complaint and all available relevant evidence to be served on the federal government. The case will remain sealed for at least 60 days and will not be served on the defendant so the government can investigate the complaint. The government may obtain additional time for good cause. The government, on its own initiative, may also initiate a case under the FCA.

After the 60-day period (or any extensions) has expired, the government may pursue the matter in its own name or decline to proceed. If the government declines to proceed, the person bringing the action has the right to conduct the action on his or her own in federal court.

If the government proceeds with the case, the qui tam whistleblower bringing the action will receive between 15 and 25 percent of any proceeds, depending on the contributions of the individual to the success of the case. If the government declines to pursue the case and the whistleblower chooses to pursue the matter legally, the whistleblower will be entitled to between 25 and 30 percent of the proceeds of the case, plus reasonable expenses, attorney’s fees, and costs awarded against the defendant.

Any case must be brought within 6 years of the filing of the false claim.

Antidiscrimination/Anti-retaliation

According to the Code and the provisions of this law, anyone initiating a complaint or reporting a violation may not be discriminated against or retaliated against or harassed in any manner by his or her employer. The employee is authorized under the FCA to initiate court proceedings to be made whole for any job-related losses resulting from any such discrimination or retaliation, including reinstatement, back pay, and other appropriate compensation.



Program Fraud Civil Remedies Act

The Program Fraud Civil Remedies Act (the “PFCRA”) creates administrative remedies for making false claims separate from, and in addition to, the judicial or court remedy for false claims provided by the FCA.

The PFCRA is similar to the FCA in many respects but is somewhat broader and more detailed, with differing penalties. It deals with submission of improper “claims” or “written statements” to a federal agency.

Specifically, a person violates this act if they know, or have reason to know, they are submitting a claim that is:

- False, fictitious, or fraudulent;
- Includes, or is supported by, a written statement that is false, fictitious, or fraudulent;
- Includes, or is supported by, a written statement that omits a material fact, or the statement is false, fictitious, or fraudulent as a result of the omission, and the person submitting the statement has a duty to include the omitted facts; or
- For payment for property or services not provided as claimed.

A violation of this prohibition carries a \$5,000 civil penalty for each such wrongfully filed claim. In addition, an assessment of two times the amount of the claim may be made, unless the claim has not actually been paid.

A person also violates this act if they submit a written statement that they know or should know:



- Asserts a material fact which is false, fictitious, or fraudulent; or
- Omits a material fact and is false, fictitious, or fraudulent as a result of the omission. In this situation, there must be a duty to include the fact, and the statement submitted contains a certification of the accuracy or truthfulness of the statement.

A violation of the prohibition for submitting an improper statement carries a civil penalty of up to \$5,000.

State Laws Relating to False Claims Recovery and Whistleblowers

Many states have enacted statutes directed at prosecuting Medicaid fraud. Life Care currently operates in 26 states, and any false claims and whistleblower laws in those states will govern the company's operations in these states. Many of them are based on the provisions of the federal laws outlined above, and a portion of the DRA has established a procedure to encourage states to adopt such laws if they do not currently have them, or to model their law's minimum requirements after the federal law. Recent guidance from the OIG outlines the elements these state laws must contain. See Federal Register, Vol. 71, No. 161, pages 48552-48554.

Further information regarding the details of the current applicable state laws in the states that Life Care operates is included as an attachment at the end of this policy.

Procedures

Life Care's existing procedures for detecting and preventing fraud, waste and abuse are found more completely in the Code, particularly in the provisions related to Life Care conducting business with the government. Associates should observe this policy and report any departure from it, as set forth herein.

As with the Code, the Chief Compliance Officer is responsible for administration of Life Care's Compliance and Ethics Program, including this policy. As part of its commitment to ethical and legal conduct, Life Care expects its associates to bring information regarding violations of the Code to the attention of their immediate supervisor, another supervisor



in their chain of command, or the Compliance department. Associates who have questions regarding the applicability or interpretation of this policy or who desire to report fraud, false claims, waste, abuse, or a violation of the Code should discuss the matter with their supervisor or another supervisor in their chain of command or contact Life Care's Compliance department by calling 1-877-423-8305 (toll-free with no caller ID) or via the internet at <http://www.lcca.ethicspoint.com/>.

Written correspondence relating to the Code or this policy may also be sent to Life Care Centers of America, 3001 Keith St. NW, Cleveland, TN 37312, and should be marked ***Confidential: To be opened by the Chief Compliance Officer.*** Reports, whether verbal or written, shall remain confidential to the extent permitted by law and Life Care's policies, and to the extent that it is possible and practical. If an associate makes any report, they will be given the opportunity to receive information related to the outcome of any investigation conducted by the Compliance department.



Term	Definition
Centers for Medicare and Medicaid Services (“CMS”)	The Federal agency responsible for administering Medicare, Medicaid, SCHIP (State Children’s Health Insurance), HIPAA (Health Insurance Portability and Accountability Act), CLIA (Clinical Laboratory Improvement Amendments), and several other health related programs
The Code	Life Care’s Code of Conduct
Deficit Reduction Act of 2005 (“DRA”)	A federal statute that requires employers to establish certain policies and to provide their employees, agents, and contractors with information regarding federal and state false claims laws and related statutes, the penalties for wrongdoing under these laws, and the protections for whistleblowers who report violations of these provisions
False Claims Act (“FCA”)	A federal statute that prohibits fraud in any federally funded contract or program, including Medicare and Medicaid
Office of Inspector General (“OIG”)	The agency within the Department of Health and Human Services charged with investigating fraud and abuse
Program Fraud Civil Remedies Act (“PFCRA”)	A federal statute that creates administrative remedies for making false claims separate from, and in addition to, the judicial or court remedy for false claims provided by the False Claims Act
Qui tam relator suit	An action under law brought by a person on behalf of the government
Whistleblower	A person who brings an action under law on behalf of the government

Miscellaneous

Code of Conduct



Revision History

04/28/2011	10/10/2014	11/30/2016	01/09/2020	12/30/2022	02/09/2026
12/12/2012	06/26/2015	03/01/2018	01/07/2021	01/05/2024	
02/25/2014	09/30/2015	12/31/2018	01/07/2022	02/04/2025	



State	State Law Summaries
Arizona	Arizona does not have a False Claims Act to parallel the federal FCA but does have several statutes which prohibit false claims submitted to state programs and insurers. Under Arizona law, a person may not, among other things, present or cause to be presented to the state or its contractor the following: (1) a claim for a medical or other item or service that the person knows or has reason to know was not provided as claimed; and (2) a claim for a medical or other item or service that the person knows or has reason to know is false or fraudulent. A violation of this law may result in a civil penalty up to \$2,000 per false claim and two times the amount claimed for each item or service as well as suspension or termination from the Medicaid program. Arizona law also prohibits persons from using any false writing or document knowing such writing or document contains any false, fictitious or fraudulent statement in any matter related to the business conducted by any department or agency of the state or any political subdivision thereof. Violators are guilty of a class 5 felony. Additionally, Arizona law prohibits knowingly presenting or causing to be presented written statements to or by an insurer that contain untrue statements of material fact or fail to state a material fact with respect to claims for payment or benefits. Violators are guilty of a class 6 felony and the attorney general may seek an injunction, restitution, the state's costs to pursue reimbursement, and a civil penalty of up to \$5,000 per violation. There is no statute of limitations for actions brought by the State of Arizona. Currently, unlike the federal False Claims Act, Arizona law only permits the state government, and not private citizens or employees, to file civil lawsuits to recover monetary damages. There are no provisions for a private citizen to share a percentage of any monetary recoveries. However, the Arizona laws require all contractors, subcontracted providers of care, and non-contracting providers to notify the Arizona Health Care Cost Containment System Administration director of any suspected cases of fraud and abuse. Similar to Federal law, various Arizona laws, including Arizona's public and private sector whistleblower laws, prohibit public and private employers from retaliating against any employee who discloses, in good faith, a violation of state law to their supervisor or a state agency. Legal Citations: Ariz. Rev. Stat. Ann. § 12-510; Ariz. Rev. Stat. Ann. § 13-2311; Ariz. Rev. Stat. § 20-463; Ariz. Rev. Stat. Ann. §§ 23-1501 to 23-1502; Ariz. Rev. Stat. Ann. §§ 36-2901 to 36-2930.06; Ariz. Rev. Stat. Ann. §§ 36-2931 to 36-2960; Ariz. Rev. Stat. Ann. §§ 38-531 to 38-532.



State	State Law Summaries
Colorado	Colorado has adopted a Medicaid anti-fraud statute that is intended to prevent the submission of false and fraudulent claims to the Colorado Medicaid program. The statute makes it, among other things, unlawful for any person to knowingly make or cause to be made a false record or statement material to a false or fraudulent claim, present or cause to be presented to the state department a false claim for payment or approval, or present or cause to be presented false cost document required by the medical assistance program that the person knows contains a false material statement. Violations of the Colorado anti-fraud statute are civil offenses and are punishable by significant monetary penalties of not less than \$5,500 and no more than \$11,000, plus three times the amount of damages sustained by the state because of the person's actions. In addition, offering a false instrument for recording is punishable as a class-2 misdemeanor, and fraudulent acts as a petty offense. In the State of Colorado, all actions for fraud, misrepresentation, concealment, or deceit must be brought within 3 years after the cause of action accrues. A civil action for false Medicaid claims brought by either the attorney general or a private person acting as relator, must be brought within the later of (i) 6 years from when the violation occurred or (ii) 3 years after the violation was discovered by the relevant agency, but no more than 10 years after the violation was committed. The above Medicaid anti-fraud statute contains <i>qui tam</i> or relator provisions, which allow a person to bring an action on behalf of the state and recover at least 15 percent but no more than 25 percent of the proceeds of the action or settlement, if the Attorney General intervenes. If the Attorney General does not intervene, then the whistleblower bringing the action or settling the claim may be entitled to 25 to 30 percent of the proceeds, as well as reasonable expenses and attorney's fees. Additionally, if the court finds the action to be based primarily on information or disclosures other than the information provided by the relator, the relator may recover no more than 10 percent of the proceeds. The Medicaid Anti-Fraud Statute also contains whistleblower provisions that provide a remedy for persons retaliated against for reporting an employer's false claims.



State	State Law Summaries
Colorado (cont.)	In 2022, Colorado enacted the Colorado False Claims Act, which is largely based on the federal FCA but not identical. The statute makes it, among other things, unlawful for any person to knowingly make or cause to be made a false record or statement material to a false or fraudulent claim or present or cause to be presented to the state department a false claim for payment or approval. It is important to note that the CFCA excludes from the definition of “claim” any requests or demands for payment from an individual under certain provisions of Colorado’s Medical Assistance Act. That being said, given the recent adoption of the CFCA and current uncertainty in its application, it remains to be seen whether persons may be liable under both the CFCA and state Medicaid anti-fraud statute for fraud in connection with the Colorado Medicaid program, and this may broaden exposure to other types of healthcare industry related fraud allegations. The CFCA authorizes substantial penalties between \$11,800 and \$23,600 per violation, plus three times the amount of damages suffered by the state; provides broader retaliation protection measures than the federal act; allows <i>qui tam</i> suits by private individuals; and incentivizes the Colorado Attorney General’s Office to investigate and prosecute CFCA claims. Legal Citations: Colo. Rev. Stat. §§ 24-31-1201 – 1211; Colo. Rev. Stat. §§ 25.5-4-303.5 – 310; Colo. Rev. Stat. § 13-80-101; Colo. Rev. Stat. § 18-5-114; Colo. Rev. Stat. § 26-1-127.



State	State Law Summaries
Florida	The Florida FCA is intended to deter persons from knowingly causing or assisting in causing the state government to pay claims that are false or fraudulent, and to provide remedies for obtaining treble damages and civil penalties for the state government when money is obtained from the state government by reason of a false or fraudulent claim. Florida's FCA is similar to the federal FCA. Actions and conduct that trigger penalties under the Florida FCA are the same as those that trigger penalties under the federal FCA. These include: knowingly submitting a false claim for payment; making or using a false record or statement to get a claim paid; conspiring to make a false claim or get one paid; or making or using a false record to avoid repayments to the government. The Florida FCA provides for treble damages, which the court may reduce under specific extenuating circumstances, and imposes a civil penalty of not less than \$5,500 but not more than \$11,000 per claim. A civil action under this act may not be brought more than 6 years after the date on which the violation occurred or more than 3 years after the violation was discovered by the relevant department, but no more than 10 years after the violation was committed, whichever occurs last. The Florida FCA has a whistleblower or qui tam provision identical to the federal FCA. The whistleblower may recover between 15 to 25 percent of the award if the government intervenes and between 25 and 30 percent if the government does not intervene. If the court finds that the action is based primarily on information other than that provided by the whistleblower, the court may award no more than 10 percent of the proceeds to the whistleblower. The Florida FCA also has a whistleblower protection provision that prohibits employers from retaliating against employees who report their employer's potentially false claims or who assist with an FCA action. Legal Citations: Fla. Stat. §§ 68.081 - 68.092.



State	State Law Summaries
Georgia	Georgia’s FCA is part of the State’s Medicaid laws. Georgia’s FCA, called the “State False Medicaid Claims Act,” is similar to the federal FCA. The Georgia FCA applies only to claims submitted to the State Medicaid Program. The actions and events that trigger penalties under the Georgia FCA are similar to those that trigger penalties under the federal FCA. Specifically, these include: knowingly submitting a false claim for payment; making or using a false record or statement to get a claim paid; conspiring to make a false claim or get one paid; or making or using a false record to avoid repayments to the government. An FCA claim must be brought within 6 years from when the violation occurred, or 4 years after the date when facts material to the right of civil action are known or reasonably should have been known by the state official charged with the responsibility to act in the circumstances, whichever occurs last, but not more than 10 years after the violation was committed. Penalties include treble damages (actual loss to state multiplied by three times) and penalties are consistent with those under the federal False Claims Act, 31 U.S.C. 3729(a), adjusted for inflation, and as further amended by the federal Civil Penalties Inflation Adjustment. The Georgia FCA also has a whistleblower or qui tam provision nearly identical to the federal FCA. A whistleblower may recover up to 25 percent of the proceeds if the Attorney General proceeds with a civil action, or up to 30 percent of the proceeds if the Attorney General does not proceed with a civil action. A whistleblower is also protected from an employer retaliating against an employee who reports their employer’s potentially false claims or who assists to bring an FCA action, however, civil action under Georgia’s False Medicaid Claims Code may not be brought more than 3 years after the date when the discrimination occurred. Legal Citations: O.C.G.A. §§ 49-4-168 – 168.6.



State	State Law Summaries
Hawaii	Hawaii's FCA is nearly identical to the federal FCA with actions and conduct that trigger penalties that are substantially similar to those that trigger penalties under the federal FCA. Specifically, these include, among other things: knowingly submitting a false claim for payment; making or using a false record or statement to get a claim paid; conspiring to make a false claim or get one paid; or making or using a false record to avoid repayments to the government. However, under the Hawaii FCA, a person or entity may also be liable if he or she: is a beneficiary of an inadvertent submission of a false claim to the state who subsequently discovers that the claim is false and fails to disclose the false claim to the state within a reasonable time after discovery of the false claim. Additionally, the Hawaii FCA does not apply to any false claim of less than \$500. Hawaii also has parallel provisions related to false claims to the counties. Civil penalties under the law are between \$11,463 and \$22,927 per false claim paid to the state plus treble damages, provided that for 2020, and annually thereafter, the minimum and maximum penalty to the state shall be the same as the minimum and maximum civil monetary penalties authorized for the Federal False Claims Act, adjusted for cost-of-living adjustments and for the same effective dates. Civil penalties to the county include treble damages and between \$5,500 to \$11,000 per false claim. A civil suit must be brought within 6 years after the violation is discovered or should have been discovered, but no more than 10 years after the violation was committed. Hawaii's FCA also has a whistleblower or <i>qui tam</i> provision nearly identical to the federal FCA. For actions related to false claims against the state, whistleblowers may recover up to 30 percent of the state's recovery, depending on whether the state intervenes in the action. For actions related to false claims against a county, whistleblowers may recover at least 15 percent but not more than 25 percent of the proceeds of the action or settlement of the claim. Hawaii's FCA contains provisions that prohibit employers from retaliating against employees who report their employer's potentially false claims or who assist to bring an FCA action. A whistleblower may bring a civil action for appropriate injunctive relief, or actual damages, or both within 3 years after the violation occurred. Damages include reinstatement with the same seniority status, two times back pay plus interest, and special damages including litigation costs and attorney's fees.



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State	State Law Summaries
Hawaii (cont.)	Legal Citations: HAW. REV. STAT. §§ 661-21 – 661-31; HAW. REV. STAT. §§ 378-61 – 378-69; HAW. REV. STAT. §§ 46-171 – 46-181.



State	State Law Summaries
Idaho	Similar to the federal FCA, the Idaho Public Assistance Law and associated regulations impose liability on any person who, with intent to defraud or deceive, makes, or causes to be made, or assists in the preparation of any false statement, representation, or omission of a material fact in any claim or application for any payment, regardless of amount, from the Medicaid Agency, knowing the same to be false. These Idaho laws prohibit, among other things: (1) knowingly obtaining, or attempting to obtain, or aiding or abetting any person in obtaining, by means of a willfully false statement or representation, material omission, or fraudulent devices, public assistance, relief or federal-aid assistance not entitled, or in an amount greater than that justly entitled; and (2) knowingly, with intent to defraud another, by means of a false statement or representation or by deliberate concealment of any material fact, or any other fraudulent scheme or device: (a) presenting or causing to present for allowance or payment any false or fraudulent claim for furnishing services or supplies; or (b) attempting to obtain or to obtain authorization for furnishing services or supplies; or (c) attempting to obtain or to obtain compensation from public funds greater than that to which he is legally entitled for services or supplies furnished or purportedly furnished. A violation of these Idaho laws may result in a civil penalty of \$1,000 for each false claim, plus three times the amount by which any figure is falsely overstated, restitution to the state of falsely claimed amounts, and suspension or termination from the Medicaid program. In addition, any person who violates these laws commits a felony punishable by imprisonment for 1 to 20 years and a fine not to exceed \$10,000. In Idaho, the statute of limitations for an action for relief on the ground of fraud or mistake is 3 years. The cause of action in such case does not accrue until the discovery, by the aggrieved party, of the facts constituting the fraud or mistake. These Idaho laws do not contain qui tam or relator provisions. However, similar to the federal FCA, the Idaho Protection of Public Employees Act prohibits retaliating or discriminating against or harassing state employees who report a violation of state law or who cooperate in any investigation of waste of public funds, property or labor, or a violation of a law or regulation. An employee may bring a civil action



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State	State Law Summaries
Idaho (cont.)	for appropriate injunctive relief or actual damages, or both, within 180 days after the violation. Idaho law does not contain similar protections for non-governmental employees. Legal Citations: Idaho Code Ann. §§ 56-226 – 56-227B; Idaho Code Ann. § 56-209h; Idaho Code Ann. §§ 18-2401 – 18-2421; Idaho Code Ann. §§ 6-2101 – 6-2109; Idaho Code Ann. § 5-218.



State	State Law Summaries
Indiana	Indiana has an FCA with actions and conduct that trigger penalties that are substantially similar to those that trigger penalties under the federal FCA. Specifically, the Indiana FCA prohibits, among other things: knowingly submitting a false claim for payment; making or using a false record or statement to get a claim paid; conspiring to make a false claim or get one paid; or making or using a false record to avoid repayments to the government. The Indiana FCA applies to false claims involving the state or any agency of state government but does not apply to a political subdivision. The minimum civil penalty is \$5,000 per claim with up to treble damages. A person who violates the Indiana FCA is also liable to the state for the costs of the action. A civil lawsuit under the Indiana FCA may be brought within 6 years after the date the violation was discovered or not later than 3 years after the date when facts material to the cause of action are discovered or reasonably should have been discovered by a state officer or employee who is responsible for addressing the false claim, but no more than 10 years after the violation was committed. The person who initially filed the complaint is entitled to the following amounts if the state prevails: (1) 15 percent and not more than 25 percent of the proceeds of the action or settlement, plus reasonable attorney's fees and an amount to cover the expenses and costs of bringing the action if the Attorney General intervenes;(2) 25 percent and not more than 30 percent of the proceeds of the action or settlement, plus reasonable attorney's fees and an amount to cover the expenses and costs of bringing the action if the Attorney General does not intervene; or (3) not more than 10 percent of the proceeds, plus reasonable attorney's fees and amount to cover the expenses and costs of bringing the action if the Attorney General intervenes and the court finds that the evidence used to prosecute the action consisted primarily of information contained in a transcript, news media report, or public report, hearing, audit, or investigation. The Indiana FCA has a whistleblower or qui tam provision nearly identical to the federal FCA and it also has whistleblower protection provisions similar to the federal FCA provisions, which prohibit employers from retaliating against employees who report their employer's potentially false claims and offer substantial penalties against those employers that do. Indiana also has a state Medicaid False Claims and Whistleblower Protection Act,



which prohibits among other things (1) knowingly presenting or causing a false or fraudulent claim; (2) knowingly making or using a false record that is material to a false or fraudulent claim; (3) knowingly not returning an overpayment; (4) or conspiring to submit a false claim or withhold an overpayment. Civil penalties include a minimum penalty of \$5,500 and maximum penalty of \$11,000, and for up to three times the amount of damages sustained by the state. Additionally, an individual who violates these provisions is liable to the state for the costs of a civil action brought to recover a penalty or damages. The Act contains similar qui tam provisions and also prohibits employment retaliation for reporting of false claims. Relief from employment retaliation includes reinstatement, two times the amount of back pay, interest on the back pay, and compensation for special damages which may include costs and expenses of litigation and reasonable attorney's fees.

Legal Citations: Ind. Code §§ 5-11-5.5-1 to 5-11-5.5-18; Ind. Code §§ 5-11-5.7-1 to 5-11-5.7-18.



State	State Law Summaries
Kansas	Kansas' Medicaid Fraud Control Act makes it unlawful, among other things, for a person to submit false and fraudulent claims to the Kansas Medicaid program. Violation of the Act is a criminal offense punishable by substantial fines and imprisonment. Additionally, violators of the Act may be liable for payment of full restitution to the state plus interest and all reasonable expenses. Violators may also be barred from Medicaid participation. The Act does not contain an explicit statute of limitations; however, general actions for fraud have a 2-year statute of limitations. The Kansas Medicaid fraud laws do not contain qui tam or relator provisions. However, by statute, Kansas public employees are protected in their right to report violations of state or federal law to any person or agency. The Supreme Court of Kansas has held that the termination of an employee of a private medical facility in retaliation for reporting infractions of the Medicaid laws is an actionable tort. Kansas also has a state False Claims Act, which prohibits, among other things, knowingly presenting a false claim for payment or approval to the State of Kansas or conspiring to make a false claim or to get one paid. Civil penalties range from \$1,000 to \$11,000 for each violation, plus treble damages. The Act does not provide a private cause of action. The statute of limitations is 6 years after the violation occurs or no more than 3 years after the violation was discovered or reasonably should have been discovered, but in no event more than 10 years after the date on which the violation was committed, whichever is last. The Act also prohibits employment retaliation for reporting under the False Claims Act. Legal Citations: Kan. Stat. Ann. §§ 21-5925 – 21-5940; Kan. Stat. Ann. §§ 75-7501 - 75-7511; Kan. Stat. Ann. §§ 75-725 – 75-727; Kan. Stat. Ann. § 60-513; Kan. Stat. Ann. § 75- 2973; Palmer v. Brown, 242 Kan. 893, 752 P.2d 685 (Kan. 1988).



State	State Law Summaries
Kentucky	Kentucky's prohibition on medical assistance fraud makes it unlawful, among other things, for a person to submit false and fraudulent claims to the Kentucky Medical Assistance Program. The statute also makes it unlawful for any person to present false information regarding an institution or facility so that it may be licensed or recertified as a Medical Assistance Program provider. A violation of these Kentucky laws may result in civil monetary penalties of \$500 for each false claim, plus three times the amount unlawfully received, including interest, payment of the government's expenses to pursue reimbursement, and exclusion from the Medical Assistance Program, and/or loss of an individual's professional license for up to 5 years. In addition, a corporation who violates these laws commits a crime punishable by a fine not to exceed \$20,000 or double the amount of the corporation's gain from the offense, whichever is greater. An individual who violates these laws commits a crime punishable by imprisonment for up to 10 years and a fine not less than \$1,000 and not greater than \$10,000 or double the amount of the individual's gain from the offense, whichever is greater. Kentucky's Control of Fraud and Abuse laws contain no explicit statute of limitations but does provide a 90-day window to combine related fraudulent payments into one violation for purposes of calculating penalties. Currently, the Kentucky fraud control provisions do not contain qui tam or relator provisions. Additionally, there are no provisions for a private citizen to share a percentage of any monetary recoveries. However, like federal law, Kentucky's Control of Fraud and Abuse law prohibits employers from retaliating or discriminating against any person because of their good faith participation in a false claims disclosure. These laws also provide for certain monetary awards and equitable relief to the prevailing plaintiff including compensation for lost wages, the cost of the lawsuit and reasonable attorney's fees. Agents/employees of health care facilities are required to report patient quality of care or safety concerns or health care facility/service's safety. The health care facility is prohibited from subjecting the reporting agent/employee to reprisal. Legal Citations: Ky. Rev. Stat. §§ 205.8451 – 205.8483; Ky. Rev. Stat. § 534.030; Ky. Rev. Stat. § 534.050; Ky. Rev. Stat. §§ 61.101 – 61.103; Ky. Rev. Stat. § 532.060; Ky. Rev. Stat. § 216B.165.



State	State Law Summaries
Massachusetts	Massachusetts has a state FCA that is similar to the federal FCA with actions and conduct that trigger penalties that are substantially similar to those that trigger penalties under the federal FCA. Specifically, these include: knowingly submitting a false claim for payment; making or using a false record or statement to get a claim paid; conspiring to make a false claim or get one paid; or making or using a false record to avoid repayments to the government. In addition to the above, under the Massachusetts FCA, a person or entity may also be liable if he or she is a beneficiary of an inadvertent submission of a false claim to the state, subsequently discovers that the claim is false, and fails to disclose the false claim to the state or political subdivision within 60 days after discovery of the false claim or the date any corresponding cost report is due, if applicable. A person or entity with an ownership or investment interest in such beneficiaries of inadvertent submissions may also be liable where they know about the violation and fail to disclose it within 60 days of discovery. Further, a corporation may be liable to the state for any of the above listed acts committed by its agent if the agent acted with apparent authority. This is true regardless of whether the agent acted, in whole or in part, to benefit the corporation or regardless of whether the corporation adopted the agent's claims or action. However, the Massachusetts FCA does not apply to claims, records or statements made or presented to establish, limit, reduce, or evade liability for the payment of tax to the Commonwealth, or any other governmental entity. Civil penalties of between \$5,500 and \$11,000 per claim may be imposed with up to treble damages, plus reasonable expenses. A civil lawsuit under the Massachusetts FCA must be brought within the later of: (i) 6 years after the violation was committed, or (ii) 3 years after the date the violation was discovered, but no more than 10 years after the violation was committed. The Massachusetts FCA has a whistleblower or qui tam provision nearly identical to the federal FCA and it also has whistleblower protection provisions that are substantially similar to the federal FCA provisions. The whistleblower may recover between 15 to 25 percent of the award if the government intervenes; between 25 and 30 percent if the government does not intervene; or up to 10 percent of proceeds if the court finds the action is based primarily on disclosures of specific information other than that provided by the relator. Massachusetts' whistleblower provision prohibits employers from preventing an employee from



disclosing information about his or her employer's potentially false claims or retaliating against employees who report such potentially false claims.

Additionally, under Massachusetts's law, employers are prohibited from requiring as a condition of employment that any employee agree to accept or sign any agreement that limits or denies the employee's right to bring an action or provide information to a government or law enforcement agency.

Additionally, Massachusetts prohibitions on false claims make false claims to a state agency, as well as false claims which are payable through medical assistance, punishable by a fine up to \$10,000 and imprisonment up to five years.

Legal Citations: Mass. Gen. Laws ch. 12, §§ 5 – 5O; Mass. Gen. Laws ch. 266, § 67B; Mass. Gen. Laws ch. 118E, § 40; Mass. Gen. Laws ch. 175H, § 1 – 8.



State	State Law Summaries
Michigan	The Michigan FCA, also referred to as the “Medicaid False Claim Act,” applies only to claims and statements made to the Michigan Medicaid Program. This law contains many of the same provisions as the federal FCA with actions and conduct that trigger it that are similar to those that trigger the federal FCA. Specifically, these include, among other things: knowingly submitting a false claim for payment; making or using a false record or statement to get a claim paid; or concealing or failing to disclose a claim for payment. Because the Michigan law focuses on claims made to the Medicaid program, there are additional provisions addressing the veracity of claims and statements regarding rights to Medicaid benefits. Additionally, it is a violation to knowingly make or induce false statements with respect to the conditions of operation in order to obtain certification or recertification as a hospital, skilled nursing facility, intermediate care facility, or home health agency. It is also a violation of the Michigan Medicaid FCA to conspire with a physician to falsely represent the medical necessity of the services for which a claim is made. Violators of the Michigan Medicaid FCA are potentially subject to both criminal and civil penalties. Under Michigan Medicaid FCA criminal penalties, anyone who agrees to or conspires to defraud the state with a false claim is guilty of a felony, punishable by imprisonment for 10 years or less, or a fine of \$50,000 or less, or both. Further, anyone who knowingly makes or induces false statements of material fact with respect to the conditions of operations of a health care facility, as described above, is guilty of a felony, punishable by imprisonment for 4 years or less, or a fine of \$30,000 or less, or both. Conspiring to falsely represent the medical necessity of the services for which a claim is made is a felony punishable by imprisonment for 4 years or less, or a fine of not more than \$50,000 or less, or both. Civil penalties under the Michigan Medicaid FCA range from a fine of \$5,000 to \$10,000 for each claim plus triple the amount of damages suffered by the state as a result of the person’s conduct. A civil lawsuit under the Michigan Medicaid FCA must be brought within the later of: (i) 6 years after the violation, or (ii) 3 years after the date the violation was discovered, but not more than 10 years after the



State	State Law Summaries
Michigan (cont.)	violation was committed. The Michigan Medicaid FCA also has a qui tam whistleblower provision permitting a person to bring a suit on behalf of the government that is similar to the federal FCA qui tam provisions. The provision permits the whistleblower to receive up to 25 percent of the award if the government intervenes or up to 30 percent of the award if the government does not intervene. The Michigan Medicaid FCA also contains whistleblower protections that are substantially similar to the federal FCA provisions. An employer who demotes, suspends, threatens, harasses, or discriminates against an employee for participating in the furtherance of this act is liable for all of the following: (1) reinstatement; (2) two times the amount of lost back pay; (3) interest on the back pay; (4) compensation for any special damages; and (5) and other relief necessary to make the employee whole. This prohibition does not apply to an employment action against an employee who the court finds brought a frivolous claim, or participated, planned, or initiated the conduct upon which the action is brought. Legal Citations: Mich. Comp. Laws Serv. §§ 400.601 – 400.615; Mich. Comp. Laws Serv. § 15.361 – 15.369; Mich. Comp. Laws Serv. § 752.1001 – 752.1011.



State	State Law Summaries
Missouri	The Missouri FCA is referred to as the “Health Care Payment Fraud and Abuse” statute and applies to claims and statements made to any health care payer. A health care payer is defined as a “medical assistance program [e.g. Missouri HealthNet] or any person reviewing, adjusting, approving or otherwise handling claims for health care on behalf of or in connection with a medical assistance program.” Missouri’s health care payment fraud law contains similar provisions to the federal FCA and the actions and conduct that trigger the Missouri FCA are similar to those that trigger the federal FCA. Specifically, these include: • Knowingly presenting a claim for payment that falsely represents that the health care provided was medically necessary when it was in fact not necessary; • Knowingly concealing the occurrence of any event affecting an initial or continued right under a medical assistance program to have a health care payment made by a health care payer for providing health care; • Knowingly concealing or failing to disclose information to obtain health care payment in an amount greater than that which the health care provider is entitled or for payment to which the health care provider is not entitled; • Knowingly submitting a claim that falsely indicates that health care was provided if in fact health care of lesser value was provided. Note that Missouri’s definition of “knowing or knowingly” differs from the federal FCA’s definition. Missouri defines “knowing and knowingly” to include the term, “intentionally,” which means that a person, with respect to information, intended to act in violation of the law. Criminal penalties begin as Class A misdemeanor and move to Class E felonies for repeat offenders. If a person or entity is convicted, the matter will be referred to the Office of Inspector of the Department of Health and Human Services. The individual entity will also be subject to penalties provided for under the federal FCA. Civil penalties call for \$5,000 to \$10,000 per claim as well as up to three times the amount of the damage caused to the state.



State	State Law Summaries
Missouri (cont.)	Under the Missouri FCA, whistleblowers are entitled to 10 percent of the amount recovered by the State. In the summer of 2007, the Missouri legislature enacted whistleblower protection provisions that prohibit an entity from adopting or enforcing a rule, regulation or policy preventing or retaliating against employees who report their employer's potentially false claims. This prohibition does not apply to an employment action against an employee whom the court finds brought a frivolous claim or participated in the prohibited conduct. Legal Citations: MO. REV. STAT. §§ 191.900 – 191.914.



State	State Law Summaries
Nebraska	Under Nebraska's False Medicaid Claims Act, a person presents a false Medicaid claim if such person: (1) knowingly presents to an employee of the state, or causes to be presented, a false or fraudulent claim for payment or approval; (2) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim; (3) conspires to commit a violation of the False Medicaid Claims Act; (4) has possession, custody, or control of property or money used, or to be used, by the state and knowingly delivers, or causes to be delivered, less than all of the money or property; (5) is authorized to make or deliver a document certifying receipt of property used, or to be used, by the state and, intending to defraud the state, makes or delivers the receipt knowing that the information on the receipt is not true; (6) knowingly buys, or receives as a pledge of an obligation or debt, public property from any officer or employee of the state who may not lawfully sell or pledge such property; or (7) knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the state or knowingly conceals, avoids, or decreases an obligation to pay or transmit money or property to the state. A person presenting a false Medicaid claim is subject to civil liability of not more than \$10,000 and to damages in the amount of three times the amount of the false claim. If the state is the prevailing party, the defendant is liable for the state's costs and attorney's fees in addition to the above stated penalties and damages. Liability under this section is joint and several for any act committed by two or more persons. Under Nebraska's False Medicaid Claims Act, a civil suit for liability must be brought within 6 years after the claim is discovered or should have been discovered by exercise of reasonable diligence, and no more than 10 years after the violation was committed. The state has the burden to prove all essential elements of the cause of action, including damages, by a preponderance of the evidence. The Nebraska False Medicaid Claims Act does not contain qui tam or relator provisions. Additionally, there are no provisions for a private citizen to share a percentage of any monetary recoveries. Nebraska law does prohibit employers from discriminating against any employee of a health care facility who has initiated or participated in any proceeding authorized by the Health Care



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State	State Law Summaries
Nebraska (cont.)	Facility Licensure Act or who has presented a complaint or provided information to the facility administrator or the Department of Health and Human Services. The Nebraska Fair Employment Act also makes it unlawful to discriminate against any employee for opposing any practice or refusing to carry out any action unlawful under federal law or the laws of this state. This provision has been interpreted to apply to whistle blowing of the employer's unlawful acts. Legal Citations: Neb. Rev. Stat §§ 68-934 – 68-947; Neb. Rev. Stat § 71-445; Neb. Rev. Stat § 48-1114; Wolfe v. Becton Dickinson and Co., 662 N.W.2d 599 (2003).



State	State Law Summaries
Nevada	Nevada has a state FCA that is similar to the federal FCA and applies to any claims and statements made to state or local governments. The actions and conduct that trigger penalties under the federal FCA are the same as those that trigger civil penalties under the Nevada FCA. Specifically, these include, among others: knowingly presenting or causing to be presented a false claim for payment or approval; making, using, or causing to be presented a false record or statement that is material to a false or fraudulent claim; conspiring to make a false claim or get one paid; making, using, or causing to be made or used, a false record to avoid repayments to the government; or knowingly concealing and improperly avoiding or decreasing an obligation to pay or transmit money to the state. Additionally, under the Nevada FCA, a person may also be liable if he or she is a beneficiary of an inadvertent submission of a false claim to the state, subsequently discovers that the claim is false, and fails to disclose the false claim to the state within a reasonable time after discovery of the false claim. Civil penalties of between \$5,500 to \$11,000 per claim, the costs of the civil action that brought damages, plus three times the amount of damages may apply. A civil suit under the Nevada FCA must be brought within the latter of 3 years after the violation is discovered by the state Attorney General or within 6 years after the violation occurs, but no more than 10 years after the fraudulent activity occurred. In an action pursuant to this Act, the standard of proof is a preponderance of the evidence. The Nevada FCA has a qui tam whistleblower provision permitting a person to bring a suit on behalf of the government that is similar to the federal FCA qui tam provisions. The whistleblower may recover between 15 to 25 percent of the award if the government intervenes and between 25 and 30 percent if the government does not intervene. The Nevada FCA also has a whistleblower protection provision that is similar to the federal FCA provisions, which prohibits employers from retaliating against employees who report their employers' potentially false claims. Legal Citations: Nev. Rev. Stat. Ann. §§ 357.010 – 357.250.



State	State Law Summaries
New Mexico	New Mexico has a state FCA statute called Fraud Against Taxpayers Act that is similar to federal FCA. The New Mexico FCA applies to any money or service provided or reimbursed by the state. Among other acts, the statute makes it a crime to: • Knowingly make, use, or cause to be made or used, a false, misleading, or fraudulent record or statement to obtain payment on a false or fraudulent claim; • Conspire to defraud the state by obtaining approval or payment on a false or fraudulent claim; • Conspire to make, use, or cause to be made or used, a false, misleading, or fraudulent record or statement to conceal, avoid, or decrease an obligation to transmit money or property to the state; or • Knowingly buy, or receive as a pledge of an obligation or debt, public property from any person that may not lawfully sell or pledge the property; or • Knowingly make, use, or cause to be made or used, a false, misleading, or fraudulent record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the state; or • Fail to disclose, within a reasonable time after discovery, the inadvertent submission of a false claim. • Knowingly present or cause to be presented, a false or fraudulent claim to the state for payment or approval; The penalty for violating New Mexico's FCA statute includes: three times the amount of damages sustained by the state; civil penalty of between \$5,000 and \$10,000 for each violation; costs of bringing the civil action; and other reasonable attorney fees, including the fees of the attorney general, state agency, or political subdivision counsel.



State	State Law Summaries
New Mexico (cont.)	There is no statute of limitation for bringing a civil action pursuant to the Fraud Against Taxpayers Act. New Mexico's FCA statute also has a qui tam provision that permits private individuals to bring civil actions on behalf of the state. The whistleblower may recover between 15 to 25 percent of the award if the government intervenes; between 25 and 30 percent if the government does not intervene; or up to 10 percent if that court finds the action was based primarily on disclosures of specific information not provided by the qui tam plaintiff Under New Mexico's FCA statute, an employer is prohibited from making any rules or policies that prevent an employee from disclosing information to the government or law enforcement agency in furtherance of a fraud against taxpayers' action. An employer is also prohibited from discharging, demoting, suspending, threatening, harassing, or denying promotion to, discriminating in any other manner against an employee for providing help to the government or law enforcement agency in furtherance of a fraud against taxpayers action. New Mexico has a Medicaid FCA that creates liability for anyone who: • Presents, or causes to be presented, a claim for payment under the Medicaid program that is false or fraudulent; • Presents, or causes to be presented, to the state a claim for payment under the Medicaid program knowing that the person receiving a Medicaid benefit or payment is not authorized or is not eligible for a benefit under the Medicaid program; • Knowingly uses, makes, or causes to be made or used a false record or statement to obtain a false or fraudulent claim under the Medicaid program; • Conspires to defraud the state by allowing a false or fraudulent claim to be paid under the Medicaid program, knowing the claim is false or fraudulent; • Knowingly makes or uses or causes to be made or used a false record to



State	State Law Summaries
New Mexico (cont.)	conceal, avoid, or decrease an obligation to repay or transmit money to the government; • Knowingly applies for and receives a benefit or payment on behalf of another person, except pursuant to a lawful assignment of benefits, under the Medicaid program and uses that benefit or payment for their own personal use; • Knowingly makes a false statement or misrepresentation of material fact concerning the conditions or operation of a health care facility in order that the facility may qualify for certification or recertification required by the Medicaid program; or • Knowingly makes a claim under the Medicaid program for a service or product that was not provided. A violation of the state Medicaid FCA may result in penalties of three times the amount of damages the state sustains because of the violation. Under the New Mexico Medicaid FCA, civil actions must be brought within 4 years after the alleged violation. The person bringing the action shall be required to prove all essential elements, including damages, by a preponderance of the evidence. Like the federal FCA, the New Mexico Medicaid FCA provides for a qui tam private right of action where a person may file suit on behalf of the government and can receive a share of any recovery (up to 25 percent if the government intervenes). If the government does not intervene, the qui tam plaintiff may receive a share of the recovery, up to 30 percent. If the court finds the action was based primarily on disclosures of specific information not provided by the qui tam plaintiff then the plaintiff may receive up to 10 percent of the proceeds. The New Mexico Medicaid FCA also has a whistleblower protection provision that prohibits employers from retaliating against employees who investigate, initiate, testify, or otherwise assist in a civil false claims act action. Legal Citations: N.M. Stat. Ann. §§ 44-9-1 - § 44-9-14; N.M. Stat. Ann. §§ 27-14-1 to



27-14-15, N.M. Stat. Ann. § 37-1-4.



State	State Law Summaries
North Carolina	North Carolina has a state FCA that is similar to the federal FCA. Under North Carolina FCA, liability exists for anyone who commits the following acts: • Knowingly presents or causes to be presented a false claim for payment or approval; Knowingly makes or uses, or causes to be made or used, a false record or statement material to a false claim; • Knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money to the state or improperly avoids or knowingly conceals such an obligation to pay the state; or • Conspires to present a false claim for payment or to use a false record that is material to a false claim or avoid an obligation to pay money to the state; or • Has possession, custody, or control of property or money used by the State and knowingly delivers or causes to be delivered less than all of that money or property; or • Intends to defraud the State, makes, or delivers receipt without completely knowing that the information on the receipt is true. The penalties for any of these offenses range from \$5,500 to \$11,000, as may be adjusted by Section 5 of the Federal Civil Penalties Inflation Adjustment Act of 1990, per violation, plus three times the damage caused. There is a private right of action and whistleblower protection under this statute, and the individual may recover up to 25 percent of any award if the state intervenes. If the state does not intervene, the whistleblower may recover up to 30 percent of the award. If the court finds the action was based primarily on disclosures of specific information not provided by the qui tam plaintiff then the plaintiff may receive up to 10 percent of the proceeds. Under North Carolina FCA, a civil action must be brought within the later of: (1) 6 years after the violation was committed, or (2) 3 years after the date the violation was discovered (but no more than 10 years after the violation was committed). North Carolina FCA also prohibits employers from retaliating against an employee by demoting, suspending, or harassing the employee if the employee provides any



State	State Law Summaries
North Carolina (cont.)	type of assistance in an action filed against the employer for violation of North Carolina’s FCA statute. Such relief shall include reinstatement with the same seniority status, two times the amount of back pay plus interest, and compensation for any special damages, including litigation costs and reasonable attorney fees. A civil action under this section must be brought within three years of the date of the retaliation. North Carolina also has a FCA for Medicaid programs that is known as the “Medical Assistance Provider FCA.” It applies to claims made in connection with the North Carolina Medicaid Program. Actions and conduct that trigger penalties under the North Carolina FCA are substantially similar to those that trigger penalties under the federal FCA. Specifically, these include knowingly submitting, or causing to be submitted, a false or fraudulent claim for payment or making or using, or causing to be made or used, a false record or statement to get a claim paid. The North Carolina FCA contains an explicit statement that notes that the North Carolina law was intended to be interpreted and construed consistent with the federal FCA and any subsequent amendment to the federal FCA. Penalties for violating the North Carolina Medicaid Assistance FCA include fines of \$5,000 to \$10,000 per claim, plus three times the damage caused to the North Carolina Medical Assistance Program. If treble or double damages or civil penalties have been previously assessed against the provider for the same claims under the federal FCA, then the party will not be charged again for these damages. A civil lawsuit under the North Carolina Medical Assistance FCA must also be brought within the later of: (1) 6 years after the violation was committed, or (2) 3 years after the date the violation was discovered (but no more than 10 years after the violation was committed). The State shall be required to prove all essential elements, including damages, by the greater weight of the evidence. Although there are no qui tam provisions, the North Carolina Medical Assistance FCA has a whistleblower protection provision that prohibits employers from retaliating against employees who report their employers’ potentially false claims or who participate in bringing or assisting with a FCA action. Legal Citations: N.C. Gen. Stat. §§ 108A-70.10 to 70.16; N.C. Gen. Stat. Ann. § 1-605 <i>et. Seq.</i>



State	State Law Summaries
Ohio	Ohio does not have a specific state FCA, but it does have other laws that prohibit false statements and claims associated with health care items or services. Ohio's Medicaid fraud statutes prohibit a person from knowingly making or causing to be made a false or misleading statement or representation for use in obtaining reimbursement from the Ohio Medicaid Program. Further, Ohio's Medicaid fraud statutes prohibit anyone from doing either of the following for at least 6 years after a claim has been paid: (1) knowingly altering, falsifying, destroying, concealing, or removing any records that are necessary to disclose the nature of the services for which the claim was submitted, or for which reimbursement was received; and (2) knowingly altering, falsifying, destroying, concealing, or removing records that are necessary to disclose all income and expenditures upon which rates of reimbursements were based. In general, violation of Ohio's Medicaid fraud laws is a misdemeanor of the first degree. However, depending on the value of services and funds involved, it may rise to a felony of the third through fifth degree. Civil penalties include a payment of \$5,000 to \$10,000 for each falsification, three times the amount unlawfully received plus interest, payment of the government's expenses to pursue reimbursement, and exclusion from the Medicaid program. Ohio insurance statutes also prohibit anyone from purposely or knowingly facilitating fraud on an insurer by presenting or causing presentation, or assisting, aiding, or conspiring with another to present or cause presentation, to an insurer any written or oral statement that is part of or in support of an application for insurance, a claim for payment pursuant to a policy, or a claim for any other benefit pursuant to a policy, knowing that the statement or any part of it is false or deceptive. The penalty for committing insurance fraud ranges from misdemeanor in the first degree to felony of the fifth degree. The above Ohio laws do not contain qui tam or relator provisions. Additionally, there are no provisions for a private citizen to share a percentage of any monetary recoveries. Ohio law, like federal law, prohibits employers from retaliating, discriminating against, or harassing employees because of their lawful participation in a false



State	State Law Summaries
Ohio (cont.)	claims disclosure or their refusal to assist employers in violating laws such as the Ohio Medicaid fraud laws. These laws also provide for certain monetary awards and equitable relief to the prevailing plaintiff including compensation for lost wages and reinstatement to a former position. Ohio's whistleblower law requires an employee to notify their employer, both orally and in writing, of any suspected illegal activity, policy, or practice before disclosing it to the appropriate government agency. If the employer does not make a good faith effort to correct the asserted violation within 24 hours of receiving notice, the employee may file a written report of the violation with the county prosecuting attorney, law enforcement, any governmental entity that has regulatory authority over the employer or the inspector general. Legal Citations: Ohio Rev. Code § 2913.40; Ohio Rev. Code § 2913.47; Ohio Rev. Code §§ 4113.51 et seq.; Ohio Rev. Code § 5164.35



State	State Law Summaries
Oregon	Oregon does not have a state FCA but does have other laws that prohibit false statements associated with health care items or services. Under Oregon law, a person commits the crime of making a false claim for health care payment when the person: (1) knowingly makes or causes to be made a claim for health care payment that contains any false statement or false representation of a material fact in order to receive a health care payment; or (2) knowingly conceals from or fails to disclose to a health care payor the occurrence of any event or the existence of any information with the intent to obtain a health care payment to which the person is not entitled, or to obtain or retain a health care payment in an amount greater than that to which the person is or was entitled. Making a false claim for health care payment is a Class C felony punishable by up to 5 years in prison and a fine of up to \$125,000. Additionally, the court shall award a penalty equal to the greater of an amount between \$10,000 and \$50,000 per violation or two times the amount of damages. The court may mitigate damages pursuant to the federal FCA or the Civil Monetary Penalty Law. There is a 5-year statute of limitations from time of the claim. In no event may an action be brought more than 10 years after the violation occurred. Currently, these Oregon laws do not contain qui tam or relator provisions. Additionally, there are no provisions for a private citizen to share a percentage of any monetary recoveries. Like federal law, Oregon law includes whistle-blower protections. Various Oregon laws prohibit public employers and private health care employers from retaliating, discriminating or harassing employees because of their good faith disclosure of information about a violation of a law or rule or a violation that poses a risk to public or patient health, safety or welfare, or their refusal to assist employers in activity that the employee reasonably believes is in violation of a law or rule such as Oregon's False Claims for Health Care Payments law. Oregon law also prohibits employers (public or private) from discriminating against any employee who in good faith reports criminal activity or who cooperates with law enforcement in an investigation or at trial. These Oregon employee protection laws provide for both administrative and civil remedies, which may include monetary awards for actual damages and punitive



State	State Law Summaries
Oregon (cont.)	damages. The Oregon Hospital Anti-Retaliation Law requires any nursing staff to notify their employer in writing of any suspected illegal activity, policy, or practice before disclosing it to the appropriate government agency. This notice requirement does not apply to disclosures that the employee reasonably believes to be a crime or where the employee reasonably fears physical harm as a result of the disclosure or where an emergency exists. Legal Citations: Or. Rev. Stat. §§ 165.690 to 165.698; Or. Rev. Stat. §§ 165.990; Or. Rev. Stat. Ann. § 161.605; Or. Rev. Stat § 161.625; Or. Rev. Stat. §§ 659A.199 to 659A.224; Or. Rev. Stat. § 441.044; Or. Rev. Stat. §§ 441.111 to 441.275; Or. Rev. Stat. § 659A.230 to 659A.233; Or. Rev. Stat §§ 180.750 – 180.785.



State	State Law Summaries
Pennsylvania	Pennsylvania does not currently have a specific state FCA (although House Bill No. 1697 has passed the House of Pennsylvania in 2025 to provide for a state FCA). As of February 2026, state FCA legislation has not been passed, but Pennsylvania does have laws that prohibit false Medicaid claims. Under state law, it is unlawful for any person to knowingly or intentionally present for allowance or payment any false or fraudulent claim or cost report for furnishing services or merchandise under medical assistance, or to knowingly present for allowance or payment any claim or cost report for medically unnecessary services or merchandise under medical assistance, or to knowingly submit false information, for the purpose of obtaining greater compensation than that to which he is legally entitled for furnishing services or merchandise under medical assistance, or to knowingly submit false information for the purpose of obtaining authorization for furnishing services or merchandise under medical assistance. Pennsylvania's Medicaid FCA also prohibits any person from submitting a claim which duplicates services, supplies, or equipment for which the provider has already received or claimed reimbursement, or which misrepresents the description or cost or date of services provided, or to submit a claim for a service which was not rendered by the provider. A violation of these Pennsylvania laws may result in restitution of the excess benefits and payments, plus interest, and civil penalties, up to three times the amount of the excess benefits and payments, as well as suspension from the Medicaid program for 5 years. In addition, any person who violates these laws commits a felony of the third degree, punishable by imprisonment for up to 7 years and a maximum fine of \$15,000 for each violation. A second violation is classified as a second-degree felony, punishable by up to 10 years in prison and a \$25,000 fine. Information on any action taken against a person that violates these laws will also be forwarded to the Medicaid Fraud Control Unit of the Department of Justice and the appropriate licensing board. Currently, unlike the federal FCA, Pennsylvania law only permits the state government and not private citizens or employees to file civil lawsuits to recover monetary damages. Such civil lawsuits must be brought within 5 years of the date of the violation. There are no qui tam or relator provisions and there are no provisions allowing a private citizen to share a percentage of any monetary



State	State Law Summaries
Pennsylvania (cont.)	recoveries. Similar to Federal law, Pennsylvania’s Whistleblower Law prohibits state employers from discharging, threatening or otherwise discriminating against, or retaliating against state employees who report wrongdoing or waste. Pennsylvania law whistleblower protections apply only to employees of public bodies or of employers that receive money from a public body. Legal Citations: 62 P.S. §§ 1407, 1411; 43 P.S. §§ 1421 to 1428.



State	State Law Summaries
Rhode Island	Rhode Island’s False Claims Act (“RIFCA”) is similar to the federal False Claims Act and prohibits any person or entity from submitting a false or fraudulent claim to the state of Rhode Island, including Rhode Island’s Medicaid program (see below). Under RIFCA, any person who (1) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval; (2) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim; (3) is authorized to make or deliver a document certifying receipt of property used, or to be used, by the state entity and, intending to defraud the state, makes or delivers the receipt without completely knowing that the information on the receipt is true; (4) knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the state, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to a government entity; (5) knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the state, who lawfully may not sell or pledge the property; or (6) conspires to commit one or more of the above-mentioned violations shall be liable to the State. A violation of RIFCA may result in treble damages plus a civil penalty equal to that set forth in the federal FCA (at least \$5,000 but no more than \$10,000 per claim, adjusted by inflation). The violator is also liable to the Attorney General for the costs of a civil action brought to recover damages. RIFCA also provides for actions by private persons acting as whistleblowers. The whistleblower may recover between 15 to 25 percent of the award if the government intervenes; between 25 and 30 percent if the government does not intervene; or up to 10 percent if the court finds the action was based primarily on specific disclosures other than information brought by the whistleblower A civil lawsuit under the RIFCA must also be brought within the later of: (1) 6 years after the violation was committed, or (2) 3 years after the date the violation was discovered (but no more than 10 years after the violation was committed). In addition to RIFCA, Rhode Island’s Medicaid program has a similar FCA statute known as the “Rhode Island Medical Assistance Fraud Law.” Under this statute, it is unlawful to intentionally: (1) present or cause to be presented for preauthorization or payment any materially false or fraudulent claim or cost report for services or merchandise; (2) present or cause to be presented for



State	State Law Summaries
Rhode Island (cont.)	preauthorization or payment any claim or cost report for medically unnecessary services or merchandise; (3) submit or cause to be submitted materially false or fraudulent information for the intentional purpose(s) of obtaining greater compensation than that to which the provider is legally entitled; (4) submit or cause to be submitted materially false information for the purpose of obtaining authorization for furnishing services or merchandise; and (5) submit or cause to be submitted any claim or cost report or other document which fails to make full disclosure of material information. Further, among other things, it also prohibits submission of duplicate claims or claims for services not actually rendered, claims that materially misrepresent the description, costs, or dates of services provided or the identity of the recipient or the provider. The statute of limitations is ten (10) years. A violation of these Rhode Island laws may result in restitution of the improper payment plus interest, a civil penalty of up to \$1,000 for each violation, damages equal to three times the amount of the excess charges, payment of the legal fees and costs of any civil suit, and suspension or permanent exclusion from the Medicaid program. In addition, any person who violates these laws may be guilty of crimes punishable by imprisonment for up to 10 years and a fine up to \$10,000, or both. Rhode Island's Medicaid Assistance fraud law allows civil lawsuits to recover monetary damages to be filed by persons, including the Rhode Island Medicaid program, who have been injured by any violation of these laws. Such persons may recover up to three times the amount of the injury from the person or healthcare provider inflicting the injury, including reasonable attorney's fees. Like Federal law, Rhode Island's Whistleblower's Protection Act prohibits employers from retaliating, discriminating against, or harassing employees because of their lawful participation in a false claims disclosure or their refusal to assist employers in violating laws such as the Rhode Island Medical Assistance Fraud Law. A civil action may be brought within three years of the alleged violation for injunctive relief or treble damages or both. Actual damages include certain monetary awards and equitable relief to the prevailing plaintiff including



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State	State Law Summaries
Rhode Island (cont.)	compensation for lost wages and reinstatement to a former position. Legal Citations: R.I. Gen. Laws §§ 9-1.1-1 to 9-1.1-9; R.I. Gen. Laws, §§ 40-8.2-1 to 40-8.2-23; R.I. Gen. Laws §§ 28-50-1 to 28-50-9.



State	State Law Summaries
South Carolina	South Carolina has not yet enacted a state FCA. However, Bill S 40 and Bill S 80, each proposing a version of a state FCA, were introduced in the 2025 – 2026 legislative session. South Carolina currently has a State Medicaid false claims statute which provides criminal, civil, and administrative penalties and sanctions for healthcare providers who knowingly and willfully make or cause to be made a false claim, statement, or representation of a material fact: (1) in an application or request for a benefit, payment, or reimbursement from a state or federal agency which administers or assists in the administration of the state’s medical assistance or Medicaid program; or (2) on a report, certificate, or similar document submitted to a state or federal agency which administers or assists in the administration of the state’s Medicaid program in order for a provider or a facility to qualify or remain qualified under the Medicaid program. It is also unlawful for a provider to knowingly and willfully conceal or fail to disclose any material fact, event, or transaction which affects payment or reimbursement under the state’s Medicaid plan. Each fact, event, or transaction concealed or not disclosed constitutes a separate offense. A violation of South Carolina’s false claims laws may result in three times the amount of the excess payments, and the court may impose a civil penalty of \$2,000 for each false claim. In addition, any person who violates these laws may be guilty of a Class A misdemeanor, punishable by imprisonment for up to 3 years and/or a fine up to \$1,000 for each offense. In addition, under South Carolina law, a person who knowingly causes to be presented a false claim for payment to an insurer, health maintenance organization in South Carolina, or to any person, or who knowingly assists, solicits, or conspires with another to present a false claim for payment is guilty of a felony if the amount is greater than \$10,000. Upon conviction, the person must be imprisoned not more than 10 years or fined not more than \$5,000, or both. If the claim is more than \$2,000, the person is guilty of a felony and may be fined at the discretion of the court or imprisoned not more than 5 years, or both. Currently, unlike the federal FCA, South Carolina law only permits the state government and not private citizens or employees to file civil lawsuits to recover monetary damages. There are no qui tam or relator provisions, but South Carolina’s whistleblower statute rewards government employees 25 percent of the



estimated net savings resulting from the first year of implementation of the employee's report, but not more than two thousand dollars, as determined by the Director of the Department of Administration, if the employee's report results in a saving of any public money from certain abuses. South Carolina's whistleblower law relates only to state employers and prohibits state employers from retaliating against any state employee who discloses a violation of any federal, state, or local law, rule, regulation, or ordinance. South Carolina law does not contain similar protections for non-governmental employees. A civil action must be brought within one year after the occurrence for reinstatement, lost wages, actual damages not to exceed \$15,000, and reasonable attorney fees.

Legal Citations: S.C. Code Ann. §§ 43-7-60 to 43-7-90; S.C. Code Ann. §§ 8-27-10 to 8-27-60; S.C. Code Ann. § 38-55-170.



State	State Law Summaries
Tennessee	Tennessee has a state FCA that is similar to the federal FCA. Actions and conduct that trigger penalties under the Tennessee FCA are the same as those that trigger penalties under the federal FCA. Specifically, these include: knowingly presenting or causing to be presented a false claim for payment; knowingly making or using a false record or statement to get a claim paid; conspiring to make a false claim or get one paid; or knowingly making or using a false record to avoid repayments to the government. However, under the Tennessee FCA, a person may also be liable if he or she is a beneficiary of an inadvertent submission of a false claim, subsequently discovers that the claim is false, and fails to disclose the false claim to the state within a reasonable time after discovery of the false claim. Additionally, the Tennessee FCA does not apply to: any claim of less than \$500 in value, unless the controversy relates to a violation under the Eligibility Verification for Entitlements Act relating to immigration and citizenship status; claims involving workers' compensation; or relating to tax laws administered by the Tennessee Department of Revenue. Claims under the Tennessee FCA must be brought within 3 years of discovery of the violation, but no later than 10 years after the conduct resulting in the violation occurred. Civil monetary penalties are between \$2,500 and \$10,000 for each false claim, plus up to three times the damages sustained by the state. Whistleblowers bringing claims are entitled to 25 to 33 percent of the state's recovery if the state intervenes. If the state does not intervene, the whistleblower is entitled to 35 to 50 percent of the proceeds. The Tennessee FCA contains whistleblower protection provisions that prohibit employers from retaliating against employees who report their employer's potentially false claims or who participate in bringing or assisting with a FCA action. An employer who retaliates against an employee is liable for all relief necessary to make the employee whole, including reinstatement, two times the amount of back pay plus interest, compensation for any special damages, reasonable attorneys' fees, and punitive damages, if applicable. In addition, Tennessee has a Tennessee Medicaid False Claims Act ("TMFCA"), which similarly mirrors the federal FCA. However, this statute only applies to false claims made to the Tennessee Medicaid Program, TennCare. Additionally, civil



State	State Law Summaries
Tennessee (cont.)	monetary penalties range between \$5,000 and \$25,000, adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1900, for each occurrence, plus up to treble damages. A civil lawsuit under the TMFCA must be brought within the later of: (1) 6 years after the violation was committed, or (2) 3 years after the date the violation was discovered (but no more than 10 years after the violation was committed). In any action brought under the TMFCA, the state shall be required to prove all essential elements, including damages, by a preponderance of the evidence. The whistleblower may recover between 15 to 25 percent of the award if the government intervenes and between 25 and 30 percent if the government does not intervene. The Tennessee Medicaid FCA contains whistleblower protection provisions that prohibit employers from retaliating against employees who report their employer's potentially false claims or who participate in bringing or assisting with an FCA action. Legal Citations: TENN. CODE ANN. §§ 4-18-101, et seq.; TENN. CODE ANN. §§ 71-5-181, et seq.



State	State Law Summaries
Texas	Texas has a Medicaid FCA that is similar to the federal FCA. Actions and conduct that trigger penalties under the Texas FCA are substantially similar to those that trigger penalties under the federal FCA. Specifically, these include, among other things, knowingly submitting, or causing to be submitted, a false claim for payment; knowingly concealing or failing to disclose information that affects the right of payment; knowingly making or using, or causing to be made or used, a false record or statement to get a claim paid; conspiring to make a false claim or get one paid; or knowingly making or using or causing to be made or used a false record to avoid repayments to the government. However, under the Texas Medicaid FCA, a person or entity may also be liable if he or she knowingly presents, or cause to be presented, a claim for payment under the Medicaid program for a product or service that was furnished or rendered by an unlicensed provider or that has not been approved by a healthcare practitioner. The Texas Act differs from the federal FCA in that the civil penalty is greater under the Texas law for unlawful acts that result in injury to an elderly person, a disabled person, or someone younger than 18 years old. The Texas Medicaid Fraud Prevention Law provides for civil penalties of between \$5,500 to \$15,000 for each violation that results in an injury to a disabled person, an elderly person, or a person younger than 18 years old; or between \$5,500 to \$11,000 for each violation that did not result in such injury, plus damages of two times the amount of damage to the state. A civil lawsuit must be brought within the later of (1) 6 years from when the violation occurred or (2) 3 years after the violation was discovered or should have been discovered by the relevant agency, but no more than 10 years after the violation was committed. In addition, the law provides liability for administrative fees including court costs, reasonable attorney's fees, witness fees, and deposition fees. The Act contains <i>qui tam</i> whistleblower provisions permitting a person to bring a suit on behalf of the government that is very similar to the federal FCA <i>qui tam</i> provisions and also has a whistleblower protection provision that prohibits employers from retaliating against employees who report their employer's potentially false claims or who participate in bringing or assisting with a FCA action.



State	State Law Summaries
Texas (cont.)	Under the Texas Medicaid FCA, a whistleblower may be entitled to 15 to 25 percent of the state's recovery if the state intervenes. If the state does not intervene, a whistleblower may be entitled to 25 to 30 percent of the state's recovery. In addition to the Texas Medicaid FCA, Texas also has a provision under its Medicaid law related to false claims that allows the state agency responsible for administering the Medicaid program to recoup payments and issue penalties for fraudulent behavior. Under this provision, similar activities are prohibited; however, the penalties vary slightly. The provision provides for administrative penalties of: 1) the amount paid as a result of the violation, plus interest; 2) a penalty of up to twice the amount paid; and 3) not less than \$5,000 or more than \$15,000 for violations resulting in injury to a disabled person, elderly person, or person under 18 and not more than \$10,000 for all other violations. An individual cannot be liable for penalties under both sections for the same act. Texas further has a statute that criminalizes certain types of health care fraud, which includes certain varieties of false claims. Penalties for offenses under this law range from a Class C misdemeanor where the value at issue is less than \$100 up to a felony to the first degree where the value at issue is \$300,000 or more. Legal Citations: TEX. HUM. RES. CODE ANN. § 32.039; TEX. HUM. RES. CODE ANN. §§ 36.001 to 36.132; TEX. PENAL CODE § 35A.02



State	State Law Summaries
Virginia	Virginia's FCA, also known as the "Virginia Fraud Against Taxpayers Act," is similar to the federal FCA and prohibits the knowing submission of false or fraudulent claims to the state government. Actions and events that trigger penalties under the federal FCA are the same as those that trigger penalties under the Virginia FCA. Specifically, these include: knowingly submitting or causing to be submitted a false claim for payment; knowingly making or using or causing to be made or used a false record or statement to get a claim paid; conspiring to make a false claim or get one paid; or knowingly making or using or causing to be made or used a false record to avoid repayments to the government. The Commonwealth may impose penalties of between \$10,957 to \$21,916 per false claim, as adjusted under the Federal False Claims Act for inflation, plus treble damages. The Commonwealth may also recover reasonable attorney fees and costs. A civil lawsuit under the Virginia FCA must be brought within the later of (1) 6 years from when the violation occurred or (2) 3 years after the violation was discovered or should have been discovered by the relevant agency, but no more than 10 years after the violation was committed. Any action brought under the Virginia FCA shall be required to prove all essential elements of the cause of action, including damages, by a preponderance of the evidence. The Virginia FCA, like the federal FCA, provides for a <i>qui tam</i> private right of action where a person may file a suit on behalf of the government. The whistleblower may recover between 15 to 25 percent of the award if the government intervenes and between 25 and 30 percent if the government does not intervene. The Virginia FCA also has a whistleblower protection provision that prohibits employers from retaliating against employees who report their employer's potentially false claims or who assist with an FCA action. Legal Citations: VA. CODE ANN. §§ 8.01-216.1 to 8.01-216.19.



State	State Law Summaries
Washington	The Washington Medicaid Fraud FCA, like the federal FCA prohibits the knowing submission of false or fraudulent claims to the Medicaid program. Actions and events that trigger penalties under the federal FCA are the same as those that trigger penalties under the Washington Medicaid FCA. Specifically, these include: knowingly submitting or causing to be submitted a false claim for payment; knowingly making or using or causing to be made or used a false record or statement to get a claim paid; conspiring to make a false claim or get one paid; or knowingly making or using or causing to be made or used a false record to avoid repayments to the government. Violators are liable for a civil penalty of not less than \$10,957 to \$21,916 per false claim, as adjusted under the Federal False Claims Act for inflation, plus treble damages and the costs of the civil action The Washington Medicaid Fraud FCA provides for <i>qui tam</i> private rights of action under which a person may file a lawsuit on behalf of the government and share in the monetary recovery. Where the state proceeds with the action, the <i>qui tam</i> relator or whistleblower will receive at least fifteen percent but no more than twenty-five percent of the proceeds of the action or settlement of the claim, depending on his/her contribution to the prosecution of the action. Where the state does not proceed with the action, the relator shall receive not less than twenty-five percent and not more than thirty percent of the proceeds of the action. Whistleblowers are protected under the Washington FCA, which prohibits employers from discriminating or retaliating against an employee who reports alleged false claims or assists in an FCA action. There is no statute of limitations applicable to the Washington FCA. A civil action may be brought at any time, without limitation after the date on which the violation occurred. Other Washington state laws include provisions that create liability for false claims submitted to a broad range of health care payors, including Medicaid. Any person who knowingly makes a false claim or false representation related to a health care payment or conceals the occurrence of any event affecting the right to a health care payment may be guilty of a class C felony and subject to various sanctions, including disgorgement of funds plus interest, civil penalties in the amount of three times the excess payment, and/or a fine of \$25,000. These



State	State Law Summaries
Washington (cont.)	state laws also afford whistleblower protections to employees under certain circumstances. A civil action may not be brought more than two years after the date of retaliation. Washington common law recognizes actions against employers for wrongful discharge in violation of public policy. Additionally, the Washington State Department of Health's laws contain whistleblower protections for those that report fraud in connection with quality of care. Finally, there are a number of Washington laws that protect state and local employees from retaliation related to whistle blowing. Legal Citation: RCW § 74.66.005 <i>et seq.</i>; RCW § 74.09.230; RCW § 74.09.210; RCW § 48.80.010 <i>et seq.</i>; RCW § 43.70.075; <i>See generally</i> RCW § 49.60.010 <i>et seq.</i> (employment rights for reprisal and retaliation); RCW § 42.40.010; RCW § 42.41.010 <i>et seq.</i>



State	State Law Summaries
Wyoming	Under the Wyoming Medical Assistance and Services Act, it is illegal for a person to knowingly make a false statement or misrepresentation or knowingly fail to disclose a material fact in obtaining medical assistance. A person violating this law is guilty of a misdemeanor or punishable by imprisonment for not more than 6 months, a fine of not more than \$750, or both. Under the Wyoming Medicaid Fraud Control Act, a person shall not knowingly make or cause to be made a false or fraudulent claim, deliberately conceal a material fact, make or cause to be made a false statement or misrepresentation which will be used by another person, or execute a scheme or artifice to commit fraud in relation to the delivery of or payment for services or supplies under Medicaid. A violation of this Wyoming law may result in recovery of the overpayments, completion of an educational program regarding the proper submission of claims and appropriate utilization of services, referral to the Medicaid Fraud Control Unit for further investigation and action, and/or suspension or termination from the Medicaid program. In addition, any person who violates these laws commits a felony punishable by imprisonment for up to 10 years and/or a fine of up to \$10,000.00. In addition, like the FCA, under the Wyoming Medicaid False Claims Act it is a violation to knowingly make or cause to be made a false or fraudulent claim for payment; knowingly make or use or cause to be made or used a false record or statement material to a false or fraudulent claim; knowingly benefit from the submission of a false or fraudulent claim; or conspire to engage in any of the above. Civil remedies include penalties ranging from \$1,000 to \$10,000 per violation, treble damages, and costs of the civil action. A civil lawsuit under the Act must be brought within the later of (1) 6 years from when the violation occurred or (2) 3 years after the violation was discovered by the relevant agency, but no more than 7 years after the violation was committed.



State	State Law Summaries
Wyoming (cont.)	Currently, unlike the Federal FCA, Wyoming law only permits the state government and not private citizens or employees to file civil lawsuits to recover monetary damages. There are no qui tam or relator provisions and there are no provisions allowing a private citizen to share a percentage of any monetary recoveries. Like Federal law, Wyoming law provides certain whistleblower protections. The Wyoming Medicaid False Claims Act provides protections specifically for employees who in good faith participate in an action reported, filed, or investigated under the Act. An action by an employee must be brought no more than three years after the date of retaliation. Additionally, Wyoming law also provides protections for state employees who in good faith report fraud, waste or gross mismanagement in a state agency, a violation of state or federal law, or a condition or practice that threatens the health or safety of that employee or any other individual. Wyoming law also provides whistleblower protection for non-governmental employees, patients, or residents of licensed health care facilities who report a violation of any state or federal law or rule and regulation. Legal Citations: Wyo. Stat. Ann. § 42-4-111; Wyo. Stat. Ann. § 42-4-301 et seq.; Wyo. Stat. Ann. § 42-4-406; Wyo. Stat. Ann. § 42-10-105; Wyo. Stat Ann. § 9-11-101 et seq.; Wyo. Stat. Ann. § 35-2- 910(b).