

THE MEDICAID FALSE CLAIM ACT (EXCERPT)
Act 72 of 1977

400.602 Definitions.

Sec. 2. As used in this act:

- (a) "Benefit" means the receipt of money, goods, or anything of pecuniary value.
- (b) "Claim" means any attempt to cause the department of community health to pay out sums of money under the social welfare act.
- (c) "Deceptive" means making a claim or causing a claim to be made under the social welfare act that contains a statement of fact or that fails to reveal a fact, which statement or failure leads the department to believe the represented or suggested state of affair to be other than it actually is.
- (d) "False" means wholly or partially untrue or deceptive.
- (e) "Health facility or agency" means a health facility or agency, as defined in section 20106 of the public health code, 1978 PA 368, MCL 333.20106.
- (f) "Knowing" and "knowingly" means that a person is in possession of facts under which he or she is aware or should be aware of the nature of his or her conduct and that his or her conduct is substantially certain to cause the payment of a medicaid benefit. Knowing or knowingly includes acting in deliberate ignorance of the truth or falsity of facts or acting in reckless disregard of the truth or falsity of facts. Proof of specific intent to defraud is not required.
- (g) "Medicaid benefit" means a benefit paid or payable under a program for medical assistance for the medically indigent in accordance with the social welfare act.
- (h) "Person" means an individual, corporation, association, partnership, or other legal entity.
- (i) "Social welfare act" means the social welfare act, 1939 PA 280, MCL 400.1 to 400.119b.

History: 1977, Act 72, Imd. Eff. July 27, 1977;—Am. 1984, Act 333, Imd. Eff. Dec. 26, 1984;—Am. 2008, Act 421, Imd. Eff. Jan. 6, 2009.