

# STATE PLANS FOR MEDICAL ASSISTANCE<sup>[3]</sup>



SEC. 1902. *[42 U.S.C. 1396a]* (a) A State plan for medical assistance must—

(68)<sup>[35]</sup> provide that any entity that receives or makes annual payments under the State plan of at least \$5,000,000, as a condition of receiving such payments, shall—

(A) establish written policies for all employees of the entity (including management), and of any contractor or agent of the entity, that provide detailed information about the False Claims Act established under sections 3729 through 3733 of title 31, United States Code, administrative remedies for false claims and statements established under chapter 38 of title 31, United States Code<sup>[36]</sup>, any State laws pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs(as defined in section [1128B\(f\)](#));