

EXHIBIT “K”
to Third Amended Complaint

U.S. ex rel. Williams v. Health Management Associates, Inc., Tenet Healthcare Corporation and Hispanic Medical Management d/b/a Clinica de la Mama, et al.

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APPENDIX K

Attestation of Compliance
Section 6032 of the Federal Deficit Reduction Act (DRA)

Covered Entity: Spalding Regional Medical Center
Address: 1001 S. 8th Street Gwinnett GA 30224
Provider: [Redacted] FEIN [Redacted]

Compliance Period: Calendar Year beginning January 1, ____.

I hereby attest that, as a condition for the above-identified Covered Entity to receive payments under the Georgia Medicaid/PeachCare for Kids Program, I have read Section 6032 of the Deficit Reduction Act of 2005 (the Act) and confirm that:

- The Covered Entity's written policies and procedures contain detailed information about the Federal laws identified in Section 6032(A) and about Georgia's laws imposing civil or criminal penalties for false claims and statements, and about whistleblower protections under such laws as found in the State False Medicaid Claims Act, Article 7B of Chapter 4 of Title 49 of the Official Code of Georgia; and
- The Covered Entity's written policies and procedures also contain detailed information regarding its own policies and procedures to detect and prevent fraud, waste and abuse in Federal health care programs, including the Medicare and Medicaid Programs; and
- The Covered Entity provides copies of its written policies to its employees (including management), and to any of its contractors and agents that perform billing or coding functions for the Covered Entity, or that furnish or authorize the furnishing of Medicaid health care items or services on behalf of the Covered Entity, or that are involved in monitoring of health care provided by the Covered Entity; and
- The Covered Entity's written policies and procedures are included in any employee handbook maintained by the Covered Entity.

I also confirm that the Covered Entity includes the Georgia Medicaid/PeachCare for Kids provider(s) identified on Attachment A.

I possess all necessary powers and authority to execute and make the representations contained in the Attestation of Compliance on behalf of the Covered Entity and any Georgia Medicaid/PeachCare for Kids provider identified on Attachment A.

Tamara Jison / CFO
Signature _____ Date 12/20/12
Print or Type Name and Title

Part 1

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