

**EXHIBIT “N”
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.

GEORGIA MEDICAL ASSISTANCE PROGRAMSTATEMENT OF PARTICIPATION¹

The undersigned is legally qualified to render the medical or remedial care or services authorized to be reimbursed under the category of participation provided for in the Georgia State Plan for Medical Assistance and identified on the computerized label attached and made a part of this instrument. The Department of Medical Assistance of the State of Georgia (hereinafter "Department") is charged with the administration of the Georgia State Plan for Medical Assistance in accordance with the requirements of the Title XIX of the Social Security Act of 1935, as amended, and Ga. Laws 1977, P. 384, et seq. The Georgia State Plan for Medical Assistance makes available reimbursement for certain covered services rendered by a qualified participant to an eligible recipient, in accordance with the following:

(1) The undersigned hereby does elect to participate in the portion(s) of the Georgia Medical Assistance Program as indicated on the computerized label attached and made a part of this instrument, for such claim forms as he may decide to submit for those certain covered services rendered between July 1, 1978 and June 30, 1979 to eligible Medicaid recipients. For such claims, the undersigned agrees to keep and make available to the Department such records and information necessary to comply with provisions of 42 U.S.C.A. 1396 (a) (27) as implemented through the provisions of the Georgia State Plan for Medical Assistance.

(2) In consideration for any services the undersigned elects to render pursuant to this Statement of Participation, the Department shall reimburse for such claims, and in such amounts, as meet the provisions of the Georgia State Plan for Medical Assistance, and attachments thereto, as implemented by the reimbursement policies and procedures of the Georgia Medical Assistance Program, adopted by the Board of Medical Assistance, as published in the appropriate Department's Policy and Procedures Manual, and in effect on the date the service is rendered.

(3) The Department shall make no reimbursement for any claim, or portion thereof, for which federal financial participation is not available.

(4) Notwithstanding any other provision hereof, in the event that either of the sources of reimbursement for medical assistance, appropriations from the General Assembly of the State of Georgia or the Congress of the United States of America, no longer exist, or in the event that the sum of all obligations of the Department incurred pursuant to this Statement of Participation and all other Statements of Participation entered into pursuant to the Georgia State Plan for Medical Assistance equals or exceeds the balance existing on the date this Statement of Participation is accepted, of such sources available from appropriations to the Department for "Medical Assistance Benefits" for the fiscal year in which this contract is effective less One Hundred Dollars (\$100.00), then this Statement of Participation shall immediately terminate without further obligation of the Department as of that moment. The certification by the Commissioner of the Department of the occurrence of either of the events stated above shall be conclusive.

¹This Statement of Participation establishes the means and terms of reimbursement between the Department and the undersigned. This Statement does not prescribe the conduct of any medical practice.

(5) The Department will attempt to provide the undersigned with ten (10) days' notice of the possible occurrence of events described in the preceding paragraph.

(6) Changes in the Georgia State Plan for Medical Assistance relating to participation in or, the manner or amount of reimbursement to participants which are determined to be material by the Commissioner of the Department must be adopted by the Board of Medical Assistance in accordance with the Rules Of Department Of Medical Assistance. The undersigned will be given written notice of any material changes adopted by the Board. Notice will include the effective date of the change and the authority by which the change is made.

(7) Unless earlier terminated, this Statement of Participation shall automatically terminate on June 30, 1979 provided, however, that the Department shall have annually the option to extend the term of the contract for any additional fiscal year if the Department exercises its option during the term of this contract, but in no event earlier than sixty (60) days prior to the beginning of the next fiscal year. The Department shall exercise its option by written notice to the undersigned.

(8) In the event the undersigned elects to discontinue any further participation in the Medical Assistance Program, he agrees to give ten (10) days' written notice to the Department of such election to discontinue participation.

(9) The complete text, as now or hereafter amended, of the Department's Policy and Procedures Manuals relating to the categories of service shown on the attached label are hereby incorporated by reference into this instrument. Otherwise, this Statement of Participation embodies the whole agreement between the Department and the participant. There are no promises, terms, conditions, or other obligations other than those contained herein, and this Statement of Participation shall supersede all previous communications, representations, or agreements, either verbal or written, between the Department and the participant.

(10) The provisions of Georgia Code Annotated §§89-913 thru 918, pertaining to conflict of interest, have not been and will not be violated under this Statement of Participation.

THIS 7 DAY OF 7 1978

SIGNATURE

DEPARTMENT OF MEDICAL ASSISTANCE

BY: David B. [Signature]
COMMISSIONER

DATE: 5-11-78

