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CONTACT: Elizabeth Lane Johnson
elizabeth.lane@ag.tn.gov

**TENNESSEE ATTORNEY GENERAL'S OFFICE PROVIDES STATEMENT
REGARDING VUMC INVESTIGATION**

Nashville- In the summer of 2022, the Attorney General's Office learned that a VUMC doctor publicly described her manipulation of medical billing codes to evade coverage limitations on gender-related treatment. That information provided predication for an investigation into potential violation of the Tennessee Medicaid False Claims Act (TMFCA) and the Tennessee False Claims Act (TFCA). The Office formally opened its investigation into VUMC and certain related providers last September.

This Office is charged with enforcing the TMFCA and TFCA. The Attorney General investigates and litigates numerous medical billing fraud cases every year. The Office's Civil Medicaid Fraud Unit regularly works with various state and federal authorities to investigate potential fraud and enforce these statutes. This is standard practice not just in Tennessee but nationwide. The Civil Medicaid Fraud Unit regularly recovers millions of dollars a year from providers who defrauded state funds.

To enforce the TMFCA and TFCA, the Attorney General is authorized to issue civil investigative demands (CIDs), which may require sworn testimony and document production, including patient medical records. This is the same legal tool regularly employed in consumer protection investigations of other types of corporate misconduct. Every TMFCA investigation necessarily requires reviewing patient medical records in conjunction with medical billing claims. The Office is legally bound to maintain the medical records in the strictest confidence, which it does.

VUMC started producing medical records more than six months ago. This Office has kept the investigation confidential for almost a year and was surprised by VUMC's decision to notify patients. The Attorney General has no desire to turn a run-of-the-mill fraud investigation into a media circus.

The plaintiffs in the *L. W. v. Skrmetti* case used their own legal discovery tools to obtain this Office's communications with VUMC. In response to that discovery request this Office was obligated to produce the CIDs sent to VUMC, but did *not* provide any patient information or records.

We understand patients are concerned that VUMC produced their records to this Office, especially when those patients received abrupt notice without any context. To reiterate, this investigation is directed solely at VUMC and related providers and *not* at patients or their families. The records have been and will continue to be held in the strictest confidence, as is our standard practice and required by law. This same process happens in dozens of billing fraud investigations every year.

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