

Exhibit C



STATE OF TENNESSEE
OFFICE OF ATTORNEY GENERAL AND REPORTER

IN THE MATTER OF:

The investigation of)
VANDERBILT UNIVERSITY MEDICAL)
CLINIC FOR TRANSGENDER)
HEALTH and affiliated entities or)
providers) CIVIL INVESTIGATIVE DEMAND
)

IN LITIGATION OR CONTEMPLATED LITIGATION PURSUANT TO
TENN. CODE ANN. §§ 71-5-181 TO -185

TO: VUMC Center for Transgender Health
7060-B Highway 70 South
Nashville, TN

This Civil Investigative Demand (“CID”) is to investigate possible violations of the Tennessee Medicaid False Claims Act, Tenn. Code Ann. §§ 71-5-181 to -185. Pursuant to Tenn. Code Ann. § 8-6-401, there is reasonable cause to indicate the State of Tennessee will be a party litigant.

This CID is issued pursuant to Tenn. Code Ann. §§ 8-6-401 to -408 and is subject to enforcement and possible sanctions upon failure to comply. In accordance with Tenn. Code Ann. § 8-6-407, all testimony or materials obtained by the Attorney General pursuant to this CID are confidential and shall not be publicly divulged by the Office of the Attorney General and Reporter except in the discharge of the duties of the office or in legal proceedings in which the state is a party.

Disclosure of protected health information under this CID is permitted in response to

legitimate law enforcement inquiry pursuant to 45 C.F.R §§ 164.103 and 164.512(f).

PLEASE TAKE NOTICE that you are hereby commanded to produce all documents requested in Attachment B to this CID at the offices of the State of Tennessee Attorney General and Reporter, John Sevier Building, 500 Dr. Martin L. King, Jr. Blvd. North, Nashville, TN 37243, or any other place designated by the Attorney General and Reporter, no later than fifteen calendar days after receipt of this CID.

This CID should include the following attachments:


CID Attachment A: Instructions and Definitions

CID Attachment B: Requested Documents

CID Attachment C: Certification and Verification Affidavit

If this CID is missing any of the above listed attachments, or if you have any questions regarding the scope, meaning or intent of this CID, please contact Tony Hullender at (423) 634-6025.

ISSUED BY Jonathan Skrmetti, Attorney General and Reporter for the State of Tennessee, in Nashville, Tennessee, on this, the 14 day of March, 2023.



JONATHAN SKRMETTI
Attorney General and Reporter



IN THE MATTER OF:

**The investigation of)
VANDERBILT UNIVERSITY MEDICAL)
CLINIC FOR TRANSGENDER HEALTH) CIVIL INVESTIGATIVE DEMAND
and affiliated entities or providers)**

**DESIGNATION OF REPRESENTATIVES
FOR THE PURPOSE OF ISSUING OR SERVING
A CIVIL INVESTIGATIVE DEMAND**

I, Jonathan Skrmetti, Attorney General and Reporter for the State of Tennessee, hereby designate Tony Hullender as my authorized agent and representative for the purpose of giving oath, taking testimony under oath, inspecting, and copying documents, and otherwise performing whatever acts are necessary and proper concerning:

IN THE MATTER OF: The investigation of Vanderbilt University Medical Clinic for Transgender Health

Further, I designate Marian Schmidt, Tristina Craft, and any law enforcement officer as agent(s) for the purpose of serving whatever demands are necessary in this investigation.

This, the 14 day of March, 2023.


JONATHAN SKRMETTI
Attorney General and Reporter



IN THE MATTER OF:

The investigation of)
VANDERBILY UNIVERSITY MEDICAL)
CLINIC FOR TRANSGENDER HEALTH) CIVIL INVESTIGATIVE DEMAND
and affiliated entities or providers)

CID ATTACHMENT A

INSTRUCTIONS AND DEFINITIONS FOR THE PRODUCTION OF DOCUMENTS

All documents must be provided in compliance with the following:

1. All responses to this CID shall be sent or delivered by hand-delivery, a nationally recognized delivery service, or in a mutually agreeable electronic format to:

Tony Hullender (423) 634-6025
Senior Assistant Attorney General
Civil Medicaid Fraud
Office of Tennessee Attorney General
100 Martin Luther King Blvd.
Chattanooga, TN 37402

Responses to this CID are not complete or valid without the return of the Certification and Verification Affidavit (CID Attachment C), executed under oath in the presence of a notary.

2. The terms of this CID, including any deadlines, may not be modified except by express written agreement by the Senior Assistant Attorney General named in Instruction #1. Additionally, any questions regarding these forms, the scope of any request, any instruction or any definition shall be directed to the same Deputy Attorney General.
3. If any document requested was previously in your possession, custody, or control but is no longer in your possession, custody, or control, or no longer exists, state for each such document:
 - (a) the type of document;

- (b) whether it is missing, lost, has been destroyed or has been transferred to the possession, custody, or control of other persons;
 - (c) the circumstances surrounding and the authorization for, the disposition described in the (b) above;
 - (d) the dates or approximate date of the disposition described in (b) above;
 - (e) the identity of all persons having knowledge of the circumstances described in (c) above; and
 - (f) the identity of all persons having knowledge of the document's contents
4. With respect to each document produced, identify the person producing the document.
 5. If you withhold any document on claim of privilege or other protection recognized by applicable law, you must provide a privilege log describing the documents in detail and stating the privilege, the basis of the privilege, and identify the documents to which the privilege attaches. Failure to provide an appropriate log will be deemed a waiver of the claimed privilege or protection. All documents withheld on claim of privilege or other protection remain subject to the preservation obligations described in paragraph 9 below.
 6. All uses of the conjunctive should be interpreted as including the disjunctive and vice versa in order to bring within the scope of this CID any information or documents that might otherwise be construed as outside of its scope.
 7. Words in the singular should be read to include the plural and vice versa.
 8. Each document request contemplates production of the entire document without abbreviation, deletion, or redaction.
 9. If you have a document retention or destruction program, you are asked to suspend it immediately. Regardless of whether you have a document retention or destruction program, you should take precautions to ensure that relevant information, in both hard copy and electronic form, is not destroyed or altered, whether by operation of routine document retention or destruction policies or otherwise. These measures should be applied to and include information that is processed and stored electronically, including active data, archival data, and backup data; to the extent data available in these forms is responsive to this CID.
 10. Copies may be submitted in lieu of originals as long as the person and/or entity named in this CID indicates that the documents are copies, the location of the originals, and the reason for the substitution of copies. All originals must be retained as set forth in the Certification and Verification Affidavit. Additionally, you must sign the Certification and Verification Affidavit, agreeing that the documents are authentic for the purposes of Tennessee law.
 11. The Confidential Attachment to this CID contains individually identifiable health information known as Protected Health Information ("PHI"), the disclosure of which is governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), Pub. L. 104-191,

and the HIPAA Privacy Rule, 45 CFR §§ 160 and 164. The PHI contained in the Confidential Attachment shall be handled as required by the HIPAA Privacy Rule, shall only be used for purposes of this CID, and may only be disclosed to VUMC's counsel, and their respective employees and support personnel.

12. "Vanderbilt University Medical Clinic for Transgender Health" or "VUMC" refers to Vanderbilt University Medical Center and its Clinic for Transgender Health and its Vanderbilt Pediatric & Adolescent Transgender Health division, as well as any affiliated entity, or any entity sharing ownership and/or management with VUMC, or any affiliated entities or entities otherwise providing medical care or healthcare services to TennCare patients.
13. "Document" or "Documents" means any written, printed, typed, electronically produced or graphic matter of any kind or nature however produced or reproduced, currently in your possession, custody, or control, including any writings, drawings, graphs, charts, photographs, sound recordings, images, phono-records, and other data and data compilations stored in any medium from which information can be obtained either directly or, if necessary, after translation into a reasonably usable form.
14. "Identify" with respect to an individual means to state that person's full name and position, and with respect to a company or entity to state the company's or entity's correct legal name and address.
15. "Relating" or "relating to" means to make a statement about, discuss, describe, reflect, identify, deal with, consist of, establish, comprise, list, or in any way pertain, in whole or in part, to the subject.
16. "Relevant time period" means **January 1, 2015, through the present.**
17. "TennCare" means the Bureau of TennCare and all TennCare Managed Care Organizations including, but not limited to, AmeriGroup, AmeriChoice, BlueCare, United Healthcare, and TennCare Select.
18. "You" and "your" includes VUMC and all parent and subsidiary entities and includes all of each entity's officers, managers, employees, agents, board members, and other representative, including individuals or groups acting on each individual and entity's behalf.

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CID ATTACHMENT B

REQUESTED DOCUMENTS

1. Produce all employment contracts; compensation agreements and Curriculum Vitae for all physicians who rendered services at the Vanderbilt University Medical Center (“VUMC”) Center for Transgender Health during the relevant time period.
2. Produce all Internal Revenue Service Forms, including but not limited to W-2 and 1099 tax forms issued by VUMC between 1/1/2015 through the date of production, to all physicians who rendered services at the VUMC Center For Transgender Health during the relevant period. This shall include any 1099 forms issued to physician groups that VUMC and VUMC Center For Transgender Health providers are affiliated with.
3. Produce all Internal Revenue Service Forms, including but not limited to W-2 and 1099 tax forms issued by VUMC between 1/1/16 through the date of production, to all physicians who rendered services on behalf of VUMC Center For Transgender Health patients who received gender affirming therapy during the relevant time period. This shall include any 1099 forms issued to physician groups that VUMC and VUMC Center For Transgender Health providers are affiliated with.
4. Produce all documents—including emails and training materials—which explain guidelines, policy and procedures, coverage limitations, and recommendations on the submission of claims to TennCare or commercial insurance carriers by VUMC Center for Transgender Health providers or VUMC providers treating VUMC Center for Transgender Health patients for all services related to transgender health, including but not limited to:
 - a. Laboratory testing
 - b. Hormone Therapy
 - c. Supprelin Implants
 - d. Leuprolide Acetate injections

- e. Mastectomies
 - f. Hysterectomies
 - g. Orchiectomies
 - h. Tracheal Surgery
 - i. Cystourethroscopy
 - j. Vaginoplasty
 - k. Rhinoplasty
 - l. Speech Pathology
5. Produce the names of any and all individuals who were referred to the VUMC Center for Transgender Health for health care services during the relevant time period, but who did not receive hormone therapy or other transgender health services from the VUMC Center for Transgender Health, other than an initial office visit.
 6. Produce all documents—including emails sent and received by VUMC Center for Transgender Health—which contain information relating to an insufficient mental health diagnosis for services related to transgender health and gender affirming therapy.
 7. Produce any and all survey submissions received via Vanderbilt Mini Pro Gender Affirming Surgery (VMP-G) link by VUMC Department of Plastic Surgery from patients who were evaluated for or underwent gender affirming surgery.
 8. Produce all documents—including emails and training materials—relating to the VUMC Trans Buddy program, from January 1, 2014, to present.
 9. Produce all employment contracts, compensation agreements, and Curriculum Vitae of any person who served as a volunteer in the Trans Buddy program from January 1, 2014, to present.
 10. Produce all communications to and from the e-mail address lgbtq.health@vumc.org from January 1, 2014, to present.
 11. Produce all communications between Dr. Melissa Ciperski and anyone working in the VUMC billing department regarding or related to the billing of transgender health services during the relevant time period.
 12. Produce all communications between Dr. Melissa Ciperski and anyone working at Centerstone regarding or related to a potential gender dysphoria diagnosis of a person receiving mental health treatment at Centerstone during the relevant time period.
 13. Produce all communications between Dr. Shayne S. Taylor and anyone working in the VUMC billing department regarding or related to the billing of transgender health services during the relevant time period.



14. Produce all communications and anyone working at related to a potential gender person receiving mental health during the relevant time

between Dr. Shayne S. Taylor Centerstone regarding or dysphoria diagnosis of a treatment at Centerstone period.

15. Produce a list of all individuals who were employed by VUMC and whose primary location of employment was the VUMC Center for Transgender Health during the relevant time period. For everyone, include their dates of employment.

16. Produce a list of all providers—including their respective departments—who received referrals to evaluate and/or provide care to VUMC Transgender Health patients for gender affirmation care, including but not limited to:

- a. OBGYN
- b. Urology
- c. Plastic Surgery
- d. Mental Health Services
- e. Speech Therapy

17. Provide any documents related to medical record abstraction data, *i.e.* DRG, ICD 10 diagnosis codes, etc., for each facility claim submission, including any physician or other staff communications regarding an appropriate code selection for services rendered to each patient listed in the Confidential Attachment to the CID dated November 2, 2022.

18. Provide any and all documentation related to any claim denials or requests for reconsiderations for payments made on behalf of VUMC for each patient listed in the Confidential Attachment to the CID dated November 2, 2022.



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CID ATTACHMENT C

**CERTIFICATION AND VERIFICATION AFFIDAVIT
OF THE DESIGNATED RESPONSIBLE PERSON**

State of _____
County of _____

I, _____, being first duly sworn upon oath, depose
and say as follows:

- 1) I am the person responsible for the supervision and/or the preparation and assembly of the documents, together with any and all appendices and attachments thereto, sought by the Tennessee Attorney General and Reporter in this Civil Investigative Demand (“CID”). These documents, appendices and attachments were prepared and assembled in accordance with the instructions and definitions contained in Attachment A, appended to the CID.
- 2) If the responses include copies of documents, attachments, and appendices in lieu of originals, the documents submitted are true and exact copies. Any such copies are authentic for purposes of Tennessee law. If the responses do include copies, I hereby agree to retain the originals under my care, custody, and control. I will not destroy or alter the originals without the express written consent of the Attorney General or his appointed designee.
- 3) I understand that my obligation to provide information pursuant to the above-referenced CID is continuing in nature and I shall forthwith notify the Attorney General, in writing, of any representations that have been made or that might have been made in accordance with the CID which require updating, correction, or modification, and will provide the Attorney General with any documents that I discover, create, or gain possession of that are responsive to this CID.

4) I hereby certify, upon personal knowledge and **under penalty of perjury pursuant to Tenn.Code Ann. §§ 39-16-702 and 39-16-703**, that the responses to this CID have been completed with true and accurate information and that the responses are in no way misleading or calculated to withhold information that is available to me and that is requested.

Affiant's Signature: _____

Sworn and subscribed before me this _____ day of _____, 2023.

Notary Public

My Commission expires: _____

To be completed by Affiant:
Name: _____
Title: _____
Address: _____ _____ _____
Telephone Number: _____
Facsimile Number: _____



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RETURN

I affirmatively state that I have served the preceding Civil Investigative Demand by

_____ upon:

TO: _____

on this, the ____ day of _____, 2023.

Name: _____

Title: _____