

June 1, 2023



Dear Valued KVH Patient:

In 2020, when the COVID pandemic took over the world, individuals and healthcare professionals were told, and in many cases required, to perform a COVID test before medical treatments, patient transfers, and discharges to group settings. We were told that insurance companies were required to cover these tests. As of May 25, 2023, according to the [Medicare.gov website](https://www.medicare.gov), Medicare Part B (Medical Insurance) covers FDA-authorized COVID-19 diagnostic tests. The site goes on to say "you pay nothing for a diagnostic test when your doctor or health care provider orders it and you get it done by a laboratory". However, in reality, this appears to not be the case. Now, two and one-half years later and after the Emergency declaration has ended, Medicare appears to be changing the rules, despite commitments to the public saying otherwise.

In late 2022, I became aware that Medicare began *revisiting* their previous insurance payments for the BioFire COVID-19 tests during the 2020-2022 timeframe and was considering pulling back payments they made to facilities. Recently, we began to see them implement this policy of automatically deducting payments from patient accounts. As a result, negative balances have begun to appear on patient accounts and bills are being triggered and mailed out.

The BioFire 22 target testing panel was used in the Emergency Department and for other urgent or emergent situations. The BioFire 22 target test panel was the only test available to the hospital that could produce accurate results regarding whether a patient was positive or negative for the COVID-19 virus within 60 minutes. Knowing whether a patient was COVID-19 positive was critical information that the admitting physicians and staff had to know in order to safely care for the patient and to protect hospital physicians and staff. If patients needed to be transferred to another hospital, the accepting hospital required COVID-19 tests before they would accept the patient.

On November 21, 2022 Kittitas Valley Healthcare (KVH) submitted a formal appeal to Medicare with regard to this change in reimbursement. To date, despite regulations requiring a timely review and response, Medicare has neither responded to nor changed policies, for these denials.

We apologize that our patients are caught in the middle of this frustrating and unfair practice and are committed to making sure our patients do not face financial liability as a result. **Let me be clear. You will NOT be responsible for any balance due for a COVID-19 BioFire 22 tests performed with the doctor's order.** If you are one of the over 1600 patients impacted by these Medicare roll-backs and receive a balance-due invoice for an old COVID-19 test, please reach out to us at 509.933.8657 and we will remove the balance. In the meantime, we at KVH will continue the fight to be paid for services performed in our health system.

We thank you for your patience and understanding as we work through this appeal. If you would like to learn more about the Medicare Appeal process go to <https://www.medicare.gov/claims-appeals/how-do-i-file-an-appeal>.

Sincerely,

A handwritten signature in blue ink that reads 'Scott Olander'.

Scott Olander, CFO
Kittitas Valley Healthcare