

**AFFIDAVIT OF
VALERIE ROSE**

Comes now the affiant, after being duly sworn and cautioned states as follows:

1. I have been a nurse since 1985. I worked at TriHealth, Bethesda North in a medical/surgical clinical setting from 1985 until 1999. I was a primary care and a charge nurse. I also worked in the float pool occasionally covering TCU and ICU.
2. From 1988 to 1999, I performed quality review audits for JCAHO standards for TriHealth.
3. I left nursing/work from 1999 to 2004 to focus on raising my children.
4. I currently hold a Kentucky and Ohio nursing license.
5. From 2004-2007, I worked at Bottom Line Systems in auditing medical bills. Their largest client was St. Elizabeth Medical Center.
6. I became certified in medical auditing by AAMAS, American Association of Medical Audit Specialists.
7. In 2007, I became a Revenue Enhancement Analyst at St. Elizabeth Medical Center. They later changed the title to Revenue Integrity Analyst.
8. I have worked at St. Elizabeth in the same department from 2007 to present.
9. I use my nursing background to compare medical records to patients bills. I review billed charges and back them up with the documentation to justify payor reimbursement.
10. My supervisor is Ed Fritz, Direct of Chargemaster. His supervisor is Bill Banks, VP of Managed Care.
11. I am the only person at St Elizabeth who performs what are called charge/defense audits, which are audits with insurance companies where I defend our charges by providing documentation that services were performed.
12. In May of 2019, I began independently writing down and documenting everything that I do.
13. I have given all which I have written down to Deters Law.
14. One of my duties is to review all of the deaths at St. Elizabeth. I've questioned whether we are really losing patients to Covid.
15. I "fell" for Covid until June of 2020. That is when I started questioning truth about Covid.

16. When Covid first came upon us, I volunteered and helped at our Ft. Thomas location. I worked with the Infectious Disease Response Team in support of isolation gear. Not nursing.
17. I worked two to three 12-hour night shifts per week from the end of March until the beginning of June 2020 at Ft. Thomas, and still kept up on much of my work in auditing.
18. None of us working with IDRT contracted Covid.
19. During Covid in early 2020, St Elizabeth began requiring workers to take their PTO or paid time off because they weren't busy, other than at Ft Thomas.
20. I asked myself, if this is such a pandemic, why is Edgewood empty and why are we having workers take off and taking PTO?
21. From March to June, we had to follow all of the guidelines: full isolation, PAPR suits... everything. Then in June 2020 and since, it all changed. Workers could choose what isolation protocol they were going to follow.
22. I reluctantly took the flu shot in the fall of 2020. A few weeks later, I got COVID.
23. When I was diagnosed with COVID, my doctor said to just treat the symptoms.
24. I knew what to do: I knew to take Vitamin D3, C, and B complex; Aspirin; Zinc and hydroxychloroquine. I recovered.
25. I have not seen one case of Flu A or B since March of 2020.
26. I believe COVID is simply a flu.
27. There is actually a COVID Patent, dated July 23rd 2014.
28. In February of 2021, I reviewed the clinical trials for the Moderna and Pfizer Vaccines. Those trials state these are experimental vaccines. The clinical trials will continue until January of 2023. These vaccines will not prevent the transmission of COVID. It will not prevent you from contracting COVID. It "may" lessen your symptoms of COVID. If you've had COVID, you are not recommended to take it because there is an increased risk of suffering severe side effects. The vaccine package inserts are blank.
29. The trials also stated the vaccine is not recommended in pregnancy and in use of children. Based on these faces and my research, I changed my mind on the vaccine and I do not want to take the vaccine.

30. I've been watching how we are treating our patients with COVID at St. Elizabeth. Our total death rate is no higher this year, than it was last year, or the year before.
31. Vaccinated patients are dying of COVID.
32. The percentages between vaccinated and unvaccinated is not what the news is reporting. In fact, there is not much difference.
33. I worked with date of death work queue from September 12th through the 16th of 2021. There were 18 patients who died; 8 of those died of COVID; 6 of them were non-vaccinated, 2 were vaccinated. All had underlying medical conditions.
34. There was a young girl who died. She was in her 30's. She weighed over 300 pounds and was not in good health.
35. I am seeing a lot of elderly people die of COVID. We do not check patient's vitamin D levels. There is not a vitamin D level on any of these patients. This is shocking to me because we know COVID is linked to a decreased vitamin D level.
36. After the mandate on August 8, 2020, I started seeing a lot more COVID tests being done.
37. I'm the only nurse auditor. We have another nurse who doesn't do the audit piece that I do. She works billing edits and supplies.
38. On April 15, 2021, we met with Mike Yadav. A lady had called and said that she had "delivered a baby at St. Elizabeth, and my bill was like over \$30,000. I was there one or two nights, and I don't understand why my bill charges are so high".
39. I looked at this patient's bill and there was a charge for "all-inclusive". It's approximately \$28,000.00. I couldn't figure this out as this was new to me.
40. We sent an email to Bill Banks, and said "Do you know what this all-inclusive charge is?"
41. He replied, "Yes. This is part of our all-inclusive billing. If you need training, come see us."
42. Not long after we were in the office in mid-April, I had a meeting with Mike Yadav. His title is System Director Revenue Cycle Operations.

43. Mike Yadav came over and explained the “all-inclusive billing.” He said, this is what we’re doing. It started back in March with some payors. We were getting ready to go-live with Anthem in June/July 2021.
44. We strive to minimize audits. Audits are a lot of work. We try to limit funds from being recouped unnecessarily. It takes a lot of time to pull the documentation to support our charges being removed in itemized bill and defense audits. The volume is high.
45. To offset the post payment audit volume, Bill Banks implemented what we refer to as SLIP billing (single line inpatient billing). All the charges on the account are rolled into a single line on the UB. This helps prevent single line charges from being removed/denied by the payor. Currently this is referred to as “all-inclusive” billing.
46. St. Elizabeth wants the maximum DRG payment. DRG is a diagnosis related grouper. Payments are based on the DRG billed. They have set rates. Whatever the maximal DRG reimbursement is for that grouper (DRG), St. Elizabeth wants our charges to match that so we can get the maximum reimbursement.
47. St. Elizabeth is adding a one-line charge on the itemized bill (TX inquiry) called an “all-inclusive” rate in addition to the “true” charges posted to that account.
48. It’s a variable charge that gets calculated and added automatically by the system. It will add or remove charges to get them to match the maximal reimbursement for the DRG on the account.
49. It’s fraud.
50. We’re reporting this charge only on commercial payors. This is a red flag for me because you can’t do that. You cannot pick and choose what to bill. We’re to bill everyone on the same. It’s called uniform billing guidelines.
51. On one account, we added \$32,944.40 in all-inclusive charges to get to \$43,567.53 for DRG 177.
52. On another account, we billed \$33,233.99. We added \$28,559.08 to get to the maximum reimbursement for DRG 794.
53. These are false charges.
54. As Mike was explaining the all-inclusive billing, I couldn’t help but to think of our patients. For young mothers, young couples, people who are getting on their feet - If we’re making their billed charges

increase from \$7,000 to \$30,000 in order to get to the maximum DRG, what if their insurance plan pays 80/20, and now they're responsible for 20 percent of that \$30,000.

55. I asked Mike this question, and he said, "Well, yeah they will be responsible for that, but it's not that much money." I remember thinking and did not say it out loud, you're sitting here making probably six figures. Who knows how much money you make. Another \$1,000, \$2,000 on a co-pay isn't a big deal for you.... But when you have a young couple with a new baby and you've got the mother's account and the baby's account to pay for a co-pay, that's a lot of money! \$500 can make or break a budget for a new couple. This is not fair.
56. Then Mike said, "It's going to help the patients whose bills were over the maximal amount because we're removing charges. Their bills will be less." I asked, "Mike, is this really right?" And he said, "Yes, it's right. It's okay. The payors screw us, so we're going to screw them." (Mike Yadav).
57. What this all means is St. Elizabeth's bill totals to the insurance companies are falsely altered. We are not reporting the true accrued charge for that encounter.
58. It just didn't sit well with me. I lost my respect for my job that day. This happened April 15, 2021.
59. Then I asked: "So, what happens with patient satisfaction?" Because they're (patients) are getting these bills and they're seeing this big charge that they cannot associate what the \$12,000 was for. And I told him "if you're going to do this, the patients can't be billed for this. They cannot be liable."
60. When I left that day, I noticed my director, Ed Fritz, was working with someone in IT. They were talking about how to not show the "all inclusive" charge amount on the bill that went out to the patient. They were trying to figure out how to suppress that.
61. That was my Director Ed Fritz, and I really think he's just kind of caught in the middle. Because I have worked for him for years.
62. Ed Fritz hired me in 2007. I've known him for a long time. I could tell that day on April 15, 2021, that he was extremely uncomfortable.
63. We weren't supposed to bill for the COVID vaccines.
64. We are not billing for the medication, but we are billing for the administration.

65. When we asked Bill Banks why, he said “Our COVID money is running out, so what we’re doing is billing the commercial payers, not Medicare, not Medicaid, we are billing only the commercial payers the \$40 administration charge. The patient will never receive a bill”. To me, that is a red flag.
66. Because St. Elizabeth is not billing Medicare, not billing Medicaid, and not letting the patients know they are doing this. To me, that is a red flag.
67. We could lose our license if we’re caught with fraud with Medicare and Medicaid.
68. We are splitting the ER encounters off of the inpatient billing.
69. A patient should not get an ER bill separately from their inpatient stay. It is all one account.
70. When the vaccine mandate came out for us, overnight our COVID numbers went up from around 20 to 70. This was overnight.
71. My nurse friends in the ER are seeing side effects from the COVID vaccines that are not being reported as related to the vaccine. My friends told me the patients are excited to about having a COVID vaccine, that they tell you they have been vaccinated before you even ask.
72. They are seeing patients come in with heart arrhythmia’s, strokes, numbness, facial paralysis, etc. They’re being told it’s just neurological, it’s nothing to do with the vaccine.
73. In a recent Q&A panel, Dr. Savani stated any side effect that happens after 30 minutes of receiving the vaccine can’t be related. That is not true.
74. After the COVID mandate came out, I have noticed that we are COVID testing all patients.
75. It’s a law of averages.
76. The CDC recalled the PCR tests due to false positives.
77. We are putting diagnosis code Z20.822 on all of the claims where the patients have received the PCR test, whether or not they have had a known exposure. This is so St. Elizabeth can be reimbursed for this test. This is fraud because they do this regardless of whether there was a known exposure.
78. We do not charge for the medication, Regeneron. It was given to us from the government. We only charge for the infusion. That is fine. But, in my opinion, if you have an ER claim and you’re giving it there, it

should be billed with the ER claim. If you're giving it under observation, it should be billed with the observation charges. It should not be pulled off and reported separately.

79. Overpayments we received from payors on claims processed by their systems incorrectly are not being reimbursed until audited by the insurance company. For example, medication provided by a drug company we report on a claim with a 0.01 charge in order to bill for the infusion charge. We do not refund the money until it is found in an audit.
80. All COVID positive patients admitted to the hospital are being treated with Remdesivir.
81. Remdesivir is being recommended by the National Institute for Health, and it's Fauci's recommendation to use Remdesivir. Remdesivir was created in 2018 to treat Ebola. It was one of the drugs that was taken off of the clinical trials because it caused acute renal failure and death in patients that received it.
82. I called our pharmacy the other day. I asked the pharmacist questions about medications used to treat COVID. I asked, "Do we given Regeneron as an inpatient?", And the pharmacist said, "No, very rarely." He said "Mostly it is an outpatient treatment.", I said "Do we give ivermectin?" He said, "No, never, we don't have it.", I asked him, I said "Do we give hydroxychloroquine?" "No, never" is what he said. I asked "Do we given vitamin C?" "Yes, sometimes, I said "Do we give vitamin D?", "Sometimes.", "Do we give Zinc?" "sometimes", I said, "I've seen, my perspective on these patients that are treated for and dying of COVID, they've all received Remdesivir, Decadron and Lovenox/Heparin as their protocol for the COVID treatment." And he said, "yes. That is our protocol treatment.". This is their way of staying in staying in good terms with the government.
83. I believe St. Elizabeth Medical Center is motivated by money to have more COVID patients.
84. They make more money when a patient goes through their system treated for COVID.
85. They have said from day one that their goal was to have 70 percent of their employees vaccinated. And, my whole question has always been: There has to be a financial incentive for them to reach 70 percent. There is no reason for us to take this vax because it doesn't matter, it doesn't stop COVID. We have treated patients safely without vaccines.
86. Patient care is being harmed more by short staffing - not COVID.

87. Our ICU's are full, but they're not full of COVID patients. Out of 102 ICU beds, I think we had 88 occupied and of those 25 are covid patients. Our death rates during the COVID pandemic are no higher than death rates have been in the past several years.

88. I believed based upon my work they are focusing on Covid to scare the public to encourage the vaccination. We do not have the number of Covid patients that the media is reporting.

Further, Affiant Sayeth Naught.

Valerie A Rose RN BSN CMAS CCEA

VALERIE ROSE, RN BSN CMAS CCEA

NOTARY

Sworn to and subscribed before me, by Valerie Rose this 21 day of September 2021.

Loretta Little

Notary Public

My Comm Exp. 12-5-23

Kenton County

State of Kentucky

