



## During These Challenging Times

Our community's physicians and healthcare workers are navigating the challenges of the COVID-19 outbreak with courage and compassion. They are facing unprecedented circumstances in their work & home environments and are being tasked with exceptional demands.

Founded by local physicians, the Nevada Physician Wellness Coalition (NPWC) works to provide resources to physicians & their families to address burnout and to prevent suicide. We want to remind you that our resources are in full force to support those who are working so hard during this difficult time.

NPWC's Physician & Family Resource Line provides free and confidential information and links to resources for physicians, medical students, and their families.

The Physician & Family Resource Line...

- Operated by licensed psychologists with expertise in physician stress
- [Monday through Friday, 9 am - 5 pm](#)
- Calls returned within 24 hours [775-404-3307](tel:775-404-3307)

The Physician & Family Resource Line serves non-urgent, non-crisis calls. If you or someone you know is in crisis, please call: Crisis Call Number: [1-800-273-8255](tel:1-800-273-8255) NV Suicide Hotline: [1-800-992-5757](tel:1-800-992-5757)

### ABOUT NPWC

NPWC is volunteer physician led non-profit organization. It is operated independent of any health system, physician employer, licensing body, or organized medicine body. NPWC offers a range of programs including community and workplace education programs, seminars, and the Physician & Family Resource Line. For more information, contact: [info@nevadaphysicianwellnesscoalition.com](mailto:info@nevadaphysicianwellnesscoalition.com), or visit: [www.nevadaphysicianwellnesscoalition.com](http://www.nevadaphysicianwellnesscoalition.com).



### **COVID-19 CMS News Alert**

Here is a summary of recent Centers for Medicare & Medicaid Services (CMS) actions taken in response to coronavirus disease 2019 (COVID-19), as part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, click here <http://www.coronavirus.gov/>. For information specific to CMS, please visit the [CMS News Room](#) and [Current Emergencies Website](#). CMS updates these resources on an ongoing basis throughout the day; the information below is current as of May 5, 2020 at 10:30 a.m. ET.

#### **Health Affairs Blog: What CMS's Response to COVID-19 Means for Front Line Clinicians**

Health Affairs recently featured a blog post about what the recent CMS policy changes, including an unprecedented number of health system waivers and flexibilities, mean for health care professionals on the front lines. The blog was written by Michael J. Lipp, MD, Chief Medical Officer for the CMS Center for Medicare & Medicaid Innovation, and Shari M. Ling, MD, Deputy Chief Medical Officer of CMS and Medical Officer for the CMS Center for Clinical Standards and Quality.

#### **Health Affairs Blog**

##### **CMS Gives States Additional Flexibility to Address Coronavirus Pandemic**

CMS has approved over 145 requests for state relief in response to the COVID-19 pandemic, including recent approvals for Kansas, Maryland, Minnesota, Missouri, Nebraska, Rhode Island, and Wyoming. These approvals help to ensure that states have the tools they need to combat COVID-19 through a wide variety of waivers, amendments, and Medicaid state plan flexibilities, including for programs that care for the elderly and people with disabilities. CMS developed a [toolkit](#) to expedite the application and review of each request and has approved these requests in record time. These approved flexibilities support President Trump's commitment to a COVID-19 response that is locally executed, state managed, and federally supported.

##### **Section 1135 Waivers**

##### **Section 1115(a) Waivers**

##### **1915(c) Waiver Appendix K Amendments**

##### **Medicaid State Plan Amendments**

##### **CHIP State Plan Amendments**

## **Stay Informed on COVID-19**

**Optum is providing support and resources to help physicians stay up to date on coronavirus disease 2019 (COVID-19).**

**[Learn more](#)**

Testing availability for the novel Coronavirus (COVID-19) is of urgent concern for healthcare providers and delivery networks. COVID-19 testing is imperative in aiding healthcare providers to identify infected patients more quickly. BioReference Laboratories is pleased to serve as a valuable resource for providers in the TIPAAA network to ensure at-risk patients have access to quality testing.

BioReference has worked diligently to ramp up PCR testing capacity and is prepared to accept specimens from TIPAAA providers to get quality testing to patients who need it most.

BioReference is aware of some difficulty in obtaining the necessary supplies for COVID-19 testing. Alternate specimen collection is available. Please click the following links for more information.

## [Specimen Collection](#)

## [Provider Info PCR Testing](#)

## [Patient Info](#)

## [Provider Info Serology](#)

## [FAQ](#)

### **ANTIBODY TESTING FOR COVID-19**

BioReference offers a semi-quantitative immunoassay which measures SARS-CoV-2 specific IgG antibody levels, correlating with the patient's immune response after COVID-19 infection. Based on early evidence, IgG is expected to be elevated in the majority of patients by 14 days after the onset of symptoms. The timeline for IgG elevation in asymptomatic patients is still being studied.

Antibody tests play a critical role in the fight against COVID-19 by assessing the levels of immune response in populations and individuals. A significant number of asymptomatic or mildly symptomatic COVID-19 patients will not be diagnosed with molecular testing. Antibody blood testing from BioReference can assist healthcare professionals and public authorities make decisions about people returning to work and easing social distancing and shelter-in-place measures.

Antibody tests offered by BioReference are performed on high-volume instruments and have been verified for sensitivity and specificity. They have been approved by appropriate state Departments of Health and registered with the FDA.

For detailed information on test ordering, specimen collection or any other service issues, [please visit](#) or call 833-684-0508.

# Coronavirus Fuels Explosive Growth In Telehealth — And Concern About Fraud

Fred Schulte, Kaiser Health News April 22, 2020

On March 17, Medicare chief Seema Verma stepped to the podium at a White House coronavirus [briefing](#) and unveiled a “historic action” to promote virtual medical care, or telehealth.

Verma temporarily lifted a variety of federal restrictions on the use of the service, which had been limited to rural areas. She praised telehealth, saying it could handle routine care for an older patient with diabetes without risking a visit to a medical office. She said a Medicare recipient with mild flu-like symptoms could receive advice from a doctor at home “instead of leaving the house and sitting in a waiting room full of other vulnerable people.”

But the Trump administration’s action also raised concerns that it could inadvertently unleash a wave of billing fraud and abuse and risk patient safety — especially if officials yield to industry pressure to make many of the emergency policy changes permanent.

“There are unscrupulous providers out there, and they have much greater reach with telehealth,” said Mike Cohen, an operations officer with the Health and Human Services Inspector General’s Office, which investigates health care fraud. “Just a few can do a whole lot of damage.”

Telehealth — or telemedicine, as it’s also known — covers a broad range of services via video, telephone or email. In early March, the Centers for Medicare & Medicaid Services approved dozens of new billing codes to allow medical professionals to bill for these services. That means patients can consult with doctors about everything from flu symptoms or a backache to a psychiatry visit.

Federal officials also allowed telemedicine providers to waive patient deductibles and copayments during the coronavirus emergency. Under normal conditions, these actions can be construed as a kickback because they discourage patients from complaining about charges or can lead to overuse of medical services. Such tactics normally can lead to civil or criminal penalties.

Cohen said anti-fraud “guardrails have been removed under this epidemic. The concern is that things will never go back to what they were. ... There will be a lot of pressure on CMS to make at least some of these changes permanent.”

Officials worry that some telemedicine companies may take advantage of Medicare patients they contact at their homes. Some of the largest recent Medicare fraud cases have implicated this sort of marketing, often for bogus genetic testing, or prescribing unnecessary pain creams or delivering unwanted medical equipment. In some cases, the companies have employed telemarketers to call thousands of people on Medicare and offer them a free service in order to obtain their patient ID numbers, which can be used to bill the government.

These fraudulent activities can become massive because phone rooms operating anywhere in the world can target thousands of patients and Medicare may have difficulty differentiating improper bills from those submitted by a legitimate telehealth operation.

In September 2019, the Justice Department charged 35 people in connection with a telemedicine scheme that allegedly ripped off more than \$2.1 billion from Medicare, among the [largest](#) such frauds in U.S. history.

Cohen said investigators already are seeing “tons” of [fraud](#) cases linked directly to COVID-19, including using patient accounts to bill for “coronavirus emergency kits” that contain nothing but gloves and hand sanitizer or bogus testing kits. Once marketers obtain a patient’s billing numbers, they often tack on thousands of dollars in genetic tests that are of no value to the medical case, investigators said.

Other rollbacks in telehealth regulations could prove controversial and affect patient safety — from relaxing restrictions on opioid prescriptions via video to easing licensing requirements for doctors who practice across state lines.

In a statement to Kaiser Health News, CMS said it is “instructing its payment and audit contractors to review claims during this public health emergency based on all agency waivers and flexibilities that have been put into place. This includes claims for services furnished under the telehealth flexibilities.” CMS also said it would put “a strong emphasis” on program integrity and cost in considering whether to make any telehealth changes permanent.

The telemedicine industry argues that its operations are no more prone to billing abuses than any other branch of health care.

“A crisis always spawns fraudsters,” said Krista Drobac, executive director of the Alliance for Connected Care, which advocates for telehealth.

She said the alliance hopes “to show the value of telehealth” and help win wide acceptance of virtual visits to doctors. The group wants to see some of the regulatory changes made permanent in order to assure the industry’s viability once things return to normal.

Telehealth advocates also argue they have successfully stepped in to fill a void caused by many doctors temporarily shutting down their offices.

The coronavirus has “stopped [the medical] profession in its tracks, and we need to adapt to a new reality,” said Dr. Joseph Kvedar, a Harvard Medical School professor and president-elect of the American Telemedicine Association, a nonprofit that promotes access to the technology.

Kvedar said virtual visits at Partners HealthCare, where he is a senior adviser, have jumped from 1,600 virtual visits in February 2019 to 90,000 in March.

He said other health networks have reported similar spikes, in one case in New York City ramping up from zero to 5,500 visits in a single day. “There’s a lot more interest now that people have to stay home.”

Congress did much to speed acceptance of telehealth as part of the \$2 trillion stimulus package. The CARES Act awards \$200 million through the Federal Communications Commission to medical groups to help them install the technology and fund broadband installations. The groups also can apply for \$27 billion in a public health emergency fund.

In the March 17 briefing, Verma added that CMS wanted to give medical professionals relief from regulations that could take time away from treating patients.

“In an emergency, those on the front lines shouldn’t have to worry about federal rules and red tape hamstringing them when they need flexibility above all else. And we’re doing everything in our power to make sure that that doesn’t happen,” Verma said.

CMS also is allowing Medicare Advantage plans, which together treat more than 22 million Americans, to use telehealth to help set payment rates. On March 30, CMS said it

would [suspend](#) some efforts to recover hundreds of millions of dollars in overpayments made to the health plans.

Lindsey Copeland, federal policy director for the Medicare Rights Center, said her group agreed that telehealth could help ensure that people on Medicare would “not be forced to put themselves in harm’s way to obtain needed care.”

Copeland said making some of the telehealth changes permanent might make sense. But she said, “We urge caution in rushing such policymaking.”

By contrast, the industry sees itself as on a roll. InSight + Regroup, a national telepsychiatry company, noted that it “feels strongly about advocating to keep the telehealth-friendly regulations that were rapidly put into place in response to COVID-19.”

“Telehealth is going mainstream,” said company CEO Geoffrey Boyce. “It has been on the fringes for a number of years. We’re at the point now where there is no going back.”

His company also wants to reverse Medicare’s prohibition on doctors living outside the U.S. treating patients here using telehealth. Boyce said the company would use only doctors who trained and are certified in this country.

There’s little doubt that the coronavirus crisis has brought telehealth to the forefront of medicine, something that years of lobbying in Washington couldn’t accomplish.

The Alliance for Connected Care, a group that advocates telehealth and whose more than three dozen members range from Amazon to the Michael J. Fox Foundation for Parkinson’s Research, spent more than \$1 million on lobbying from 2016 to 2019, according to the Center for Responsive Politics.

But now “the numbers of [virtual] visits are astounding,” said Drobac, the alliance’s executive director.

# CMS Issues New Rules for MIPS Reporting

We want to keep WPA members informed about new changes from CMS in regards to MIPS reporting during the COVID-19 outbreak.

According to the following information that we received from CMS, physicians who plan not to report for performance year 2019 will not be penalized and receive a neutral payment for Clinicians participating in Quality Reporting Programs in Response to COVID-19. Despite the tragic events that have caused this disruption, the administrative result for our WPA members is that those physicians who had been members of the ACO will now not be penalized for failing to report to the MIPS program for performance year 2019. CMS is still evaluating options for providing relief around participation and data submission for performance year 2020.

Centers for Medicare & Medicaid Services (CMS) announced unprecedented relief for the clinicians, providers, and facilities participating in Medicare quality reporting programs including the 1.2 million clinicians in the Quality Payment Program and on the front lines of America's fight against the 2019 Novel Coronavirus (COVID-19). Specifically, CMS announced it is granting exceptions from reporting requirements and extensions for clinicians and providers participating in Medicare quality reporting programs with respect to upcoming measure reporting and data submission for those programs.

Specifically, CMS is implementing additional extreme and uncontrollable circumstances policy exceptions and extensions for upcoming measure reporting and data submission deadlines for the following CMS programs.

Provider Programs	2019 Data Submission	2020 Data Submission
Quality Payment Program - Merit-based Incentive Payment System (MIPS)	Deadline extended from March 31, 2020 to April 30, 2020.	CMS is evaluating options for providing relief around participation and data submission for 2020.
	MIPS eligible clinicians who have not submitted any MIPS data by April 30, 2020 will qualify for the automatic extreme and uncontrollable circumstances policy and will receive a neutral payment adjustment for the 2021 MIPS payment year.	



## To Combat COVID-19 Doctors Get Free Access to Patient Medical Records

LAS VEGAS – HealthIE Nevada, our only statewide health information exchange (HIE) provides real-time access to patient medical records safely and securely to doctors.

To save lives and reduce the spread of COVID-19, HealthIE Nevada is now offering no-cost access to our HealthIE Chart provider portal which contains comprehensive medical records on nearly every Nevadan. The HIE collects medical records from acute care hospitals, emergency departments, urgent care sites, skilled nursing facilities, doctor offices, laboratories, imaging centers, and other healthcare organizations across the state. HealthIE Nevada’s connections to the State Public Health Lab, Southern Nevada Health District, Washoe County Health District, private labs, and the majority of diagnostic services provides COVID-19 and other test results.

In the case of COVID-19, the number of seriously ill patients the healthcare system can handle at the same time is determined by the efficiency of the healthcare system. Healthcare providers need rapid, reliable access to patient information. Failure to quickly find relevant patient information can lead to dangerous delays, costly rework, errors, and wasteful inefficiencies that a COVID-19 stressed healthcare system can ill afford.

“HealthIE Nevada is designed for precisely this type of public health challenge. We implore the healthcare community to allow us to assist you and overcome this challenge together,” said Michael Gagnon, HealthIE Nevada executive director.

Licensed providers can sign up or learn more at <https://healthienvada.org/>

### About HealthIE Nevada

HealthIE Nevada is a private, nonprofit, community-based health information exchange (HIE) dedicated to connecting healthcare organizations by managing the real time, secure, and accurate exchange of clinical information. HealthIE Nevada operates the only state-wide HIE available to the entire Nevada healthcare community. To learn more, visit [www.healthienvada.org](http://www.healthienvada.org), or follow HealthIE Nevada on [LinkedIn](#), [Facebook](#) and [Twitter](#).

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U.S. Small Business  
Administration

## NEWS RELEASE

### PRESS OFFICE

# With \$349 Billion in Emergency Small Business Capital Cleared, SBA and Treasury Begin Unprecedented Public-Private Mobilization Effort to Distribute Funds

WASHINGTON – Following President Trump’s signing of the historic Coronavirus Aid, Relief, and Economic Security (CARES) Act, SBA Administrator [Jovita Carranza](#) and Treasury Secretary [Steven T. Mnuchin](#) today announced that the SBA and Treasury Department have initiated a robust mobilization effort of banks and other lending institutions to provide small businesses with the capital they need.

The CARES Act establishes a new \$349 billion Paycheck Protection Program. The Program will provide much-needed relief to millions of small businesses so they can sustain their businesses and keep their workers employed. “This unprecedented public-private partnership is going to assist small businesses with accessing capital quickly. Our goal is to position lenders as the single point-of-contact for small businesses – the application, loan processing and disbursement of funds will all be administered at the community level,” said Administrator Carranza. “Speed is the operative word; applications for the emergency capital can begin as early as this week, with lenders using their own systems and processes to make these loans. We remain committed to supporting our nation’s more than 30 million small businesses and their employees, so that they can continue to be the fuel for our nation’s economic engine.”

“This legislation provides small business job retention loans to provide eight weeks of payroll and certain overhead to keep workers employed,” said Secretary Mnuchin. “Treasury and the Small Business Administration expect to have this program up and running by April 3rd so that businesses can go to a participating SBA 7(a) lender, bank, or credit union, apply for a loan, and be approved on the same day. The loans will be forgiven as long as the funds are used to keep employees on the payroll and for certain other expenses.” The new loan program will help small businesses with their payroll and other business operating expenses. It will provide critical capital to businesses without collateral requirements, personal guarantees, or SBA fees – all with a 100% guarantee from SBA. All loan payments will be deferred for six months. Most importantly, the SBA will forgive the portion of the loan proceeds that are used to cover the first eight weeks of payroll costs, rent, utilities, and mortgage interest.

**The Paycheck Protection Program is specifically designed to help small businesses keep their workforce employed. Visit [SBA.gov/Coronavirus](https://www.sba.gov/coronavirus) for more information on the Paycheck Protection Program.**

- The new loan program will be available retroactive from Feb. 15, 2020, so employers can rehire their recently laid-off employees through June 30, 2020.

### **Loan Terms & Conditions**

- Eligible businesses: All businesses, including non-profits, Veterans organizations, Tribal concerns, sole proprietorships, self-employed individuals, and independent contractors, with 500 or fewer employees, or no greater than the number of employees set by the SBA as the size standard for certain industries
- Maximum loan amount up to \$10 million
- Loan forgiveness if proceeds used for payroll costs and other designated business operating expenses in the 8 weeks following the date of loan origination (due to likely high subscription, it is anticipated that not more than 25% of the forgiven amount may be for non-payroll costs)
- All loans under this program will have the following identical features:
  - Interest rate of 0.5%
  - Maturity of 2 years
  - First payment deferred for six months
  - 100% guarantee by SBA
  - No collateral
  - No personal guarantees
  - No borrower or lender fees payable to SBA

SBA's announcement comes on the heels of a series of steps taken by the Agency since the President's Emergency Declaration to expeditiously provide capital to financially distressed businesses affected by the Coronavirus (COVID-19) pandemic. Since March 17, SBA has taken the following steps:

- [Declared all states and territories eligible for Economic Injury Disaster Loan](#) assistance
- 1-year deferment on Economic Injury Disaster Loans provided due to COVID-19
- [Automatic deferment of previous disaster loans for homeowners and businesses through 2020](#)
- Waiver of garnishments through 2020

Visit [SBA.gov/Coronavirus](https://www.sba.gov/coronavirus) for more information on SBA's assistance to small businesses.

### **About the U.S. Small Business Administration**

The U.S. Small Business Administration makes the American dream of business ownership a reality. As the resource and voice for small businesses backed by the strength of the federal government, the SBA empowers entrepreneurs and small business owners with the resources and support they need to start, grow or expand businesses, or recover from a declared disaster. It delivers services through an extensive network of SBA field partnerships with public and private organizations. To learn more, visit [www.sba.gov](https://www.sba.gov).

# WPA Announces Exclusive Program for its Members

## Sierra Wellness

We've got you covered.

Our Health Education and Disease Management teams provide support and resources to help you stay well.



Nutrition



Fitness and exercise



Weight loss



Diabetes



Asthma



Stop smoking



Classroom education



Online education



Telephonic education



Registered nurses



Registered dietitians



1:1 consultations

To find more resources, please call **702-877-5356** or toll-free at **1-800-720-7253** TTY **711**. Monday through Friday, 8 a.m. to 5 p.m. local time, or visit [myHPNonline.com](http://myHPNonline.com)

Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan o los documentos de su plan.



Health plan coverage provided by Health Plan of Nevada.  
Insurance coverage provided by Sierra Health and Life.



Actual Member  
Portal Shown Here

# Western Physicians' Alliance

## WPA Exclusive Member Portal: Register Today

Registration Link Below: Access to Education, Savings, Advisors and More.



## WPA Member Update - Benefits, Education and Featured Advisors

### Dear WPA Physicians and Practice Managers:

Welcome to the new WPA Exclusive Member Portal. We are excited to be able to offer our members a web based Education, Benefit and Advisor panel to help with your practice needs.

There is no charge to access the WPA Portal and you will have access 24/7. Some of the key features included are, Deep Discounts from vendors, Practice Management Solutions and a Complimentary Benefit Review, in which you can learn about the new benefits and cost savings now available to you as a member of WPA.

To help identify how the Portal can benefit your unique practice, you are encouraged to register below. Should you have any questions, please log in to view the instructional walk-through of the WPA member resource center.

And, to help you identify how the portal can benefit your unique practice, you are encouraged to sign up for your Complimentary Benefit Review, in which you can learn about the new benefits and cost savings now available to you as a member of WPA.

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## ***WPA Member Benefit and Education Portal: Register Today!***

We are pleased to announce the launch of our new and improved Exclusive Member Resource Center. As a member of WPA, you now have **24/7 access** to your online Benefit, Education and Advisor Portal.

**[Register now by clicking here!](#)**

## WPA Exclusive Member Portal: Virtual Tour

The image shows a tablet displaying the WPA Exclusive Member Portal dashboard. The dashboard is titled "Welcome to your Exclusive Member Dashboard" and features several key sections: "education center" with 2477 Live Presentations and Earn CME Credit Online; "online provider directories" including Provider Directory and Outpatient Services Directory; "meet your advisors" and "Today's Practice PANEL OF EXPERTS" for a personal advisory board; "search and discover your member exclusive benefits" with logos for Office Depot, Bank of America, and others; and "conferences & events" with a complimentary benefit review section. Callouts from the surrounding text point to these specific features on the tablet screen.

**WPA Education Center**

**Your Business Advisory Panel**

**Online Provider Directory**

**WPA IPA Member Exclusive Benefits**

**Upcoming Events**

**Online Reservation: Complimentary Benefit Review**

## Discover your new WPA Member Benefits!

Learn what Deep Discounts, Exclusive Services and more that you are already entitled to use in your practice! Our new benefit partners are fully vetted and endorsed to provide you, the WPA member, the best in service and the deepest savings available. From superior Financial Management and Billing Services to a Complimentary Medical Malpractice Premium Cost Comparison, we will discuss your immediate needs, and bring you the best in vendor savings to which you, as a current member, are already entitled.

### Register Today

& Schedule your Complimentary Benefit Review through the online portal.