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Cybersecurity – Change Healthcare Changes Healthcare

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Regional Eye Associates

Financial Disclosure

- I have the following financial interests or relationships to disclose:
  - DORC, LLC: Lecture Fees/Speakers Bureau
  - Alcon Laboratories, Inc.: Lecture Fees/Speakers Bureau
  - Evolve Medical Education, LLC: Lecture Fees/Speakers Bureau
  - iVeena Delivery Systems Inc.: Equity/Stock Holder - Private Corp

The good old days

CC
HPI
ROS

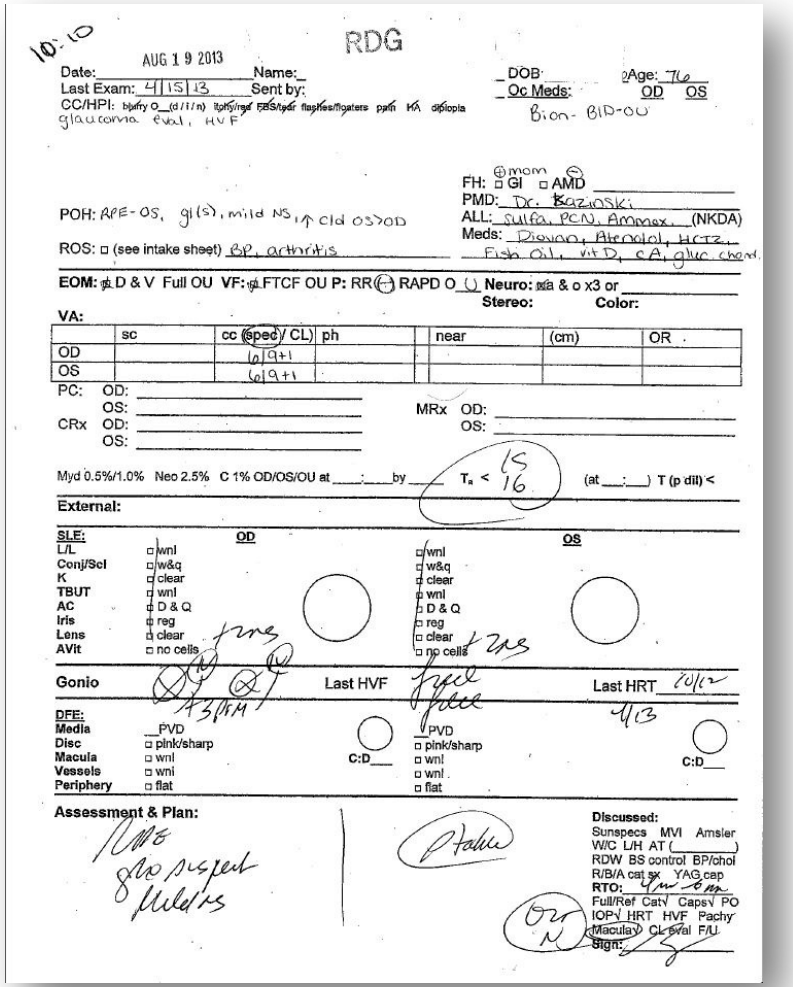
VA
IOP

Anterior Segment

Testing

Posterior Segment

A/P



RDG

Date: AUG 19 2013 Name: DOB: Age: 76
Last Exam: 4/15/13 Sent by: Oc Meds: OD OS
CC/HPI: blurry O (d/t/n) floats/hist FES/tear flashes/floaters pain HA diplopia
glaucoma eval, HVF
Bion- BID-OU

POH: RPE-OS, gl(s), mild NS, ↑ cld OS>OD
FH: ⊕mom ⊖ GI AMD
PMD: Dr. Kazinski
ALL: Sulfa, PCN, Ammox. (NKDA)
Meds: Diovan, Atenolol, HCTZ, Fish Oil, vit D, cA, gluc chond
ROS: (see intake sheet) BP, arthritis

EOM: D & V Full OU VF: FTCF OU P: RR RAPD O Neuro: a & o x3 or
Stereo: Color:

VA:

	sc	cc (sphere/ CL)	ph	near	(cm)	OR
OD		6/9+1				
OS		6/9+1				

PC: OD:
OS:
CRx OD:
OS:
MRx OD:
OS:

Myd 0.5%/1.0% Neo 2.5% C 1% OD/OS/OU at ___:___ by ___ T_a < 15/16 (at ___:___) T (p dil) <

External:

SLE:	OD	OS
L/L	wnl	wnl
Conj/Scl	w&q	w&q
K	clear	clear
TBUT	wnl	wnl
AC	D & Q	D & Q
Iris	reg	reg
Lens	clear	clear
AVit	no cells	no cells

Gonio Last HVF Last HRT 10/12 4/13

DFE:	OD	OS
Media	PVD	PVD
Disc	pink/sharp	pink/sharp
Macula	wnl	wnl
Vessels	wnl	wnl
Periphery	flat	flat
	C:D___	C:D___

Assessment & Plan:

Discussed:
Sunspecs MVI Amsler
W/C L/H AT ( )
RDW BS control BP/chol
R/B/A cat sx YAG cap
RTO:
Full/Ref CatV Caps√ PO
IOP√ HRT HVF Pachy
Macular CL eval F/U
Sign:

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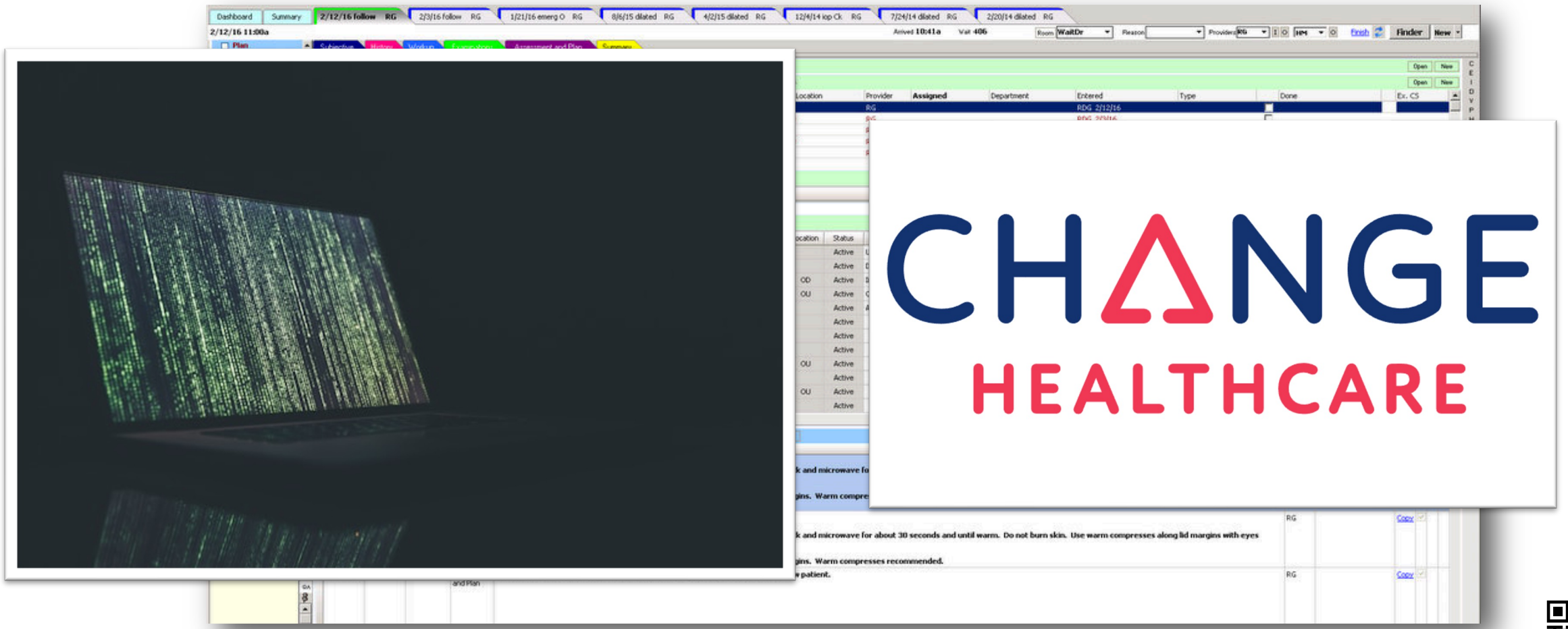
EMR 2024



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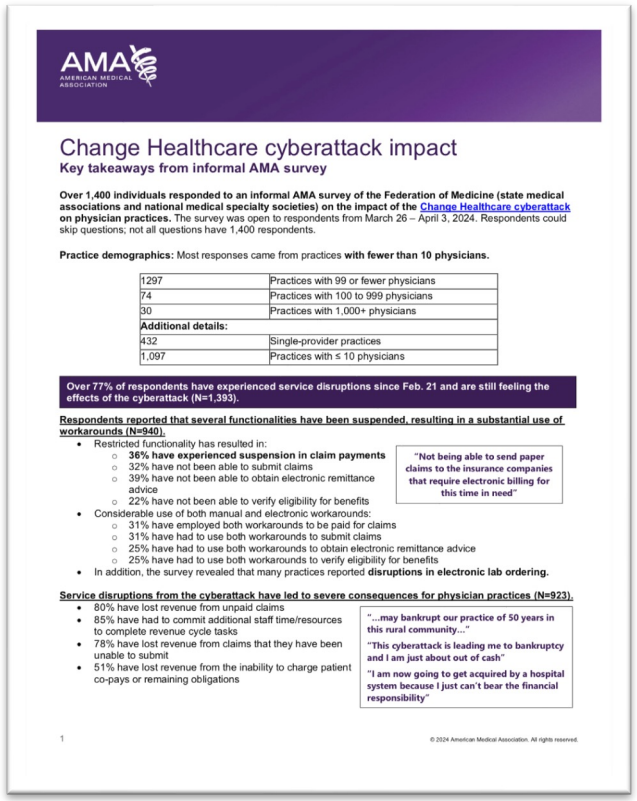
CHANGE HEALTHCARE



AMA AMERICAN MEDICAL ASSOCIATION

Change Healthcare cyberattack impact

Key takeaways from informal AMA survey

Over 1,400 individuals responded to an informal AMA survey of the Federation of Medicine (state medical associations and national medical specialty societies) on the impact of the Change Healthcare cyberattack on physician practices. The survey was open to respondents from March 26 – April 3, 2024. Respondents could skip questions; not all questions have 1,400 respondents.

Practice demographics: Most responses came from practices **with fewer than 10 physicians.**

1297	Practices with 99 or fewer physicians
74	Practices with 100 to 999 physicians
30	Practices with 1,000+ physicians
Additional details:	
432	Single-provider practices
1,097	Practices with ≤ 10 physicians

Over 77% of respondents have experienced service disruptions since Feb. 21 and are still feeling the effects of the cyberattack (N=1,393).

Respondents reported that several functionalities have been suspended, resulting in a substantial use of workarounds (N=940).

- Restricted functionality has resulted in:
  - **36% have experienced suspension in claim payments**
  - 32% have not been able to submit claims
  - 39% have not been able to obtain electronic remittance advice
  - 22% have not been able to verify eligibility for benefits
- Considerable use of both manual and electronic workarounds:
  - 31% have employed both workarounds to be paid for claims
  - 31% have had to use both workarounds to submit claims
  - 25% have had to use both workarounds to obtain electronic remittance advice
  - 25% have had to use both workarounds to verify eligibility for benefits
- In addition, the survey revealed that many practices reported **disruptions in electronic lab ordering.**

"Not being able to send paper claims to the insurance companies that require electronic billing for this time in need"

Service disruptions from the cyberattack have led to severe consequences for physician practices (N=923).

- 80% have lost revenue from unpaid claims
- 85% have had to commit additional staff time/resources to complete revenue cycle tasks
- 78% have lost revenue from claims that they have been unable to submit
- 51% have lost revenue from the inability to charge patient co-pays or remaining obligations

"...may bankrupt our practice of 50 years in this rural community..."

"This cyberattack is leading me to bankruptcy and I am just about out of cash"

"I am now going to get acquired by a hospital system because I just can't bear the financial responsibility"

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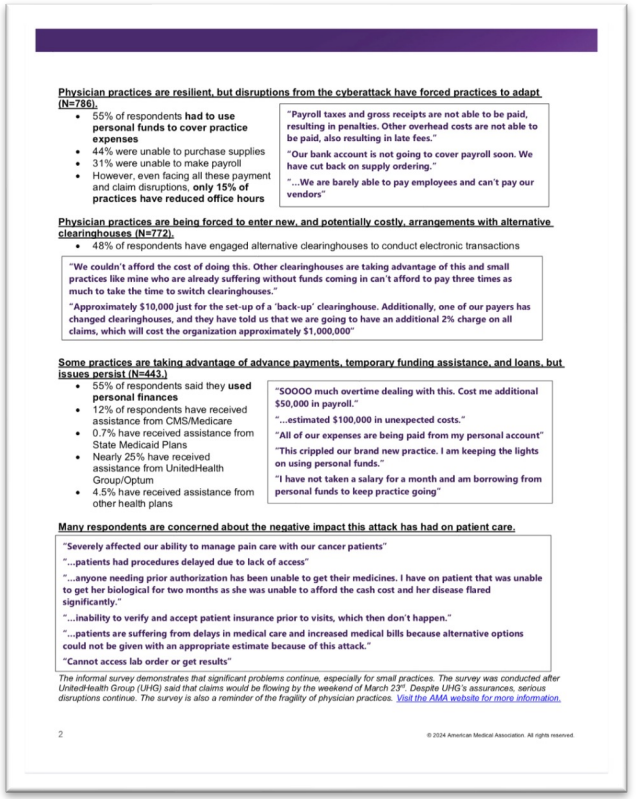
"SOOOO much overtime dealing with this. Cost me additional $50,000 in payroll."

"...estimated $100,000 in unexpected costs."

"All of our expenses are being paid from my personal account"

"This crippled our brand new practice. I am keeping the lights on using personal funds."

"I have not taken a salary for a month and am borrowing from personal funds to keep practice going"



Physician practices are resilient, but disruptions from the cyberattack have forced practices to adapt (N=786).

- 55% of respondents **had to use personal funds to cover practice expenses**
- 44% were unable to purchase supplies
- 31% were unable to make payroll
- However, even facing all these payment and claim disruptions, **only 15% of practices have reduced office hours**

"Payroll taxes and gross receipts are not able to be paid, resulting in penalties. Other overhead costs are not able to be paid, also resulting in late fees."

"Our bank account is not going to cover payroll soon. We have cut back on supply ordering."

"...We are barely able to pay employees and can't pay our vendors"

Physician practices are being forced to enter new, and potentially costly, arrangements with alternative clearinghouses (N=772).

- 48% of respondents have engaged alternative clearinghouses to conduct electronic transactions

"We couldn't afford the cost of doing this. Other clearinghouses are taking advantage of this and small practices like mine who are already suffering without funds coming in can't afford to pay three times as much to take the time to switch clearinghouses."

"Approximately $10,000 just for the set-up of a 'back-up' clearinghouse. Additionally, one of our payers has changed clearinghouses, and they have told us that we are going to have an additional 2% charge on all claims, which will cost the organization approximately $1,000,000"

Some practices are taking advantage of advance payments, temporary funding assistance, and loans, but issues persist (N=443.)

- 55% of respondents said they **used personal finances**
- 12% of respondents have received assistance from CMS/Medicare
- 0.7% have received assistance from State Medicaid Plans
- Nearly 25% have received assistance from UnitedHealth Group/Optum
- 4.5% have received assistance from other health plans

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Many respondents are concerned about the negative impact this attack has had on patient care.

"Severely affected our ability to manage pain care with our cancer patients"

"...patients had procedures delayed due to lack of access"

"...anyone needing prior authorization has been unable to get their medicines. I have on patient that was unable to get her biological for two months as she was unable to afford the cash cost and her disease flared significantly."

"...inability to verify and accept patient insurance prior to visits, which then don't happen."

"...patients are suffering from delays in medical care and increased medical bills because alternative options could not be given with an appropriate estimate because of this attack."

"Cannot access lab order or get results"

The informal survey demonstrates that significant problems continue, especially for small practices. The survey was conducted after UnitedHealth Group (UHG) said that claims would be flowing by the weekend of March 23rd. Despite UHG's assurances, serious disruptions continue. The survey is also a reminder of the fragility of physician practices. Visit the AMA website for more information.

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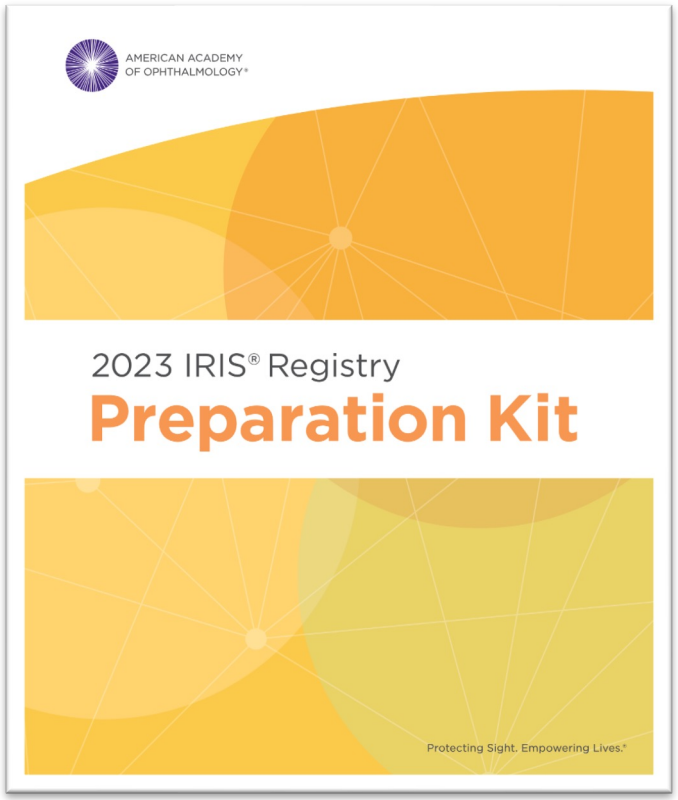
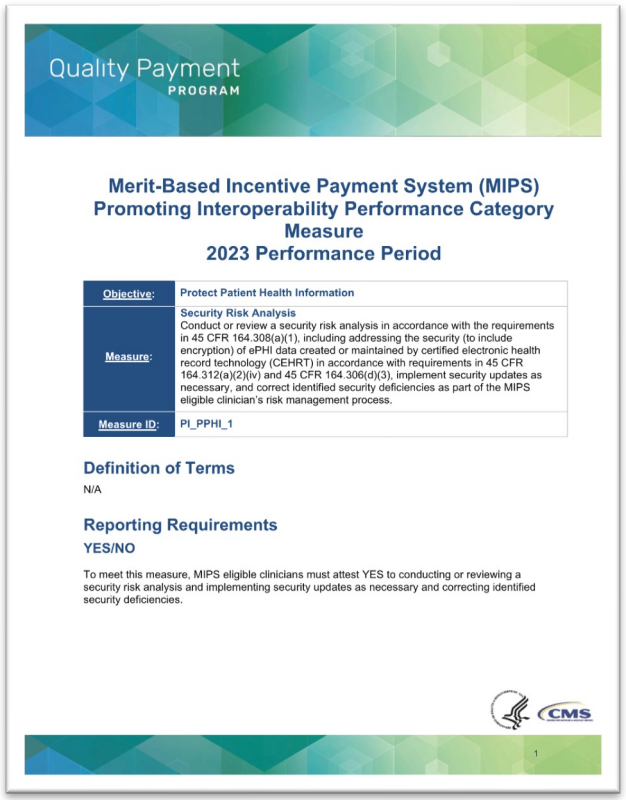
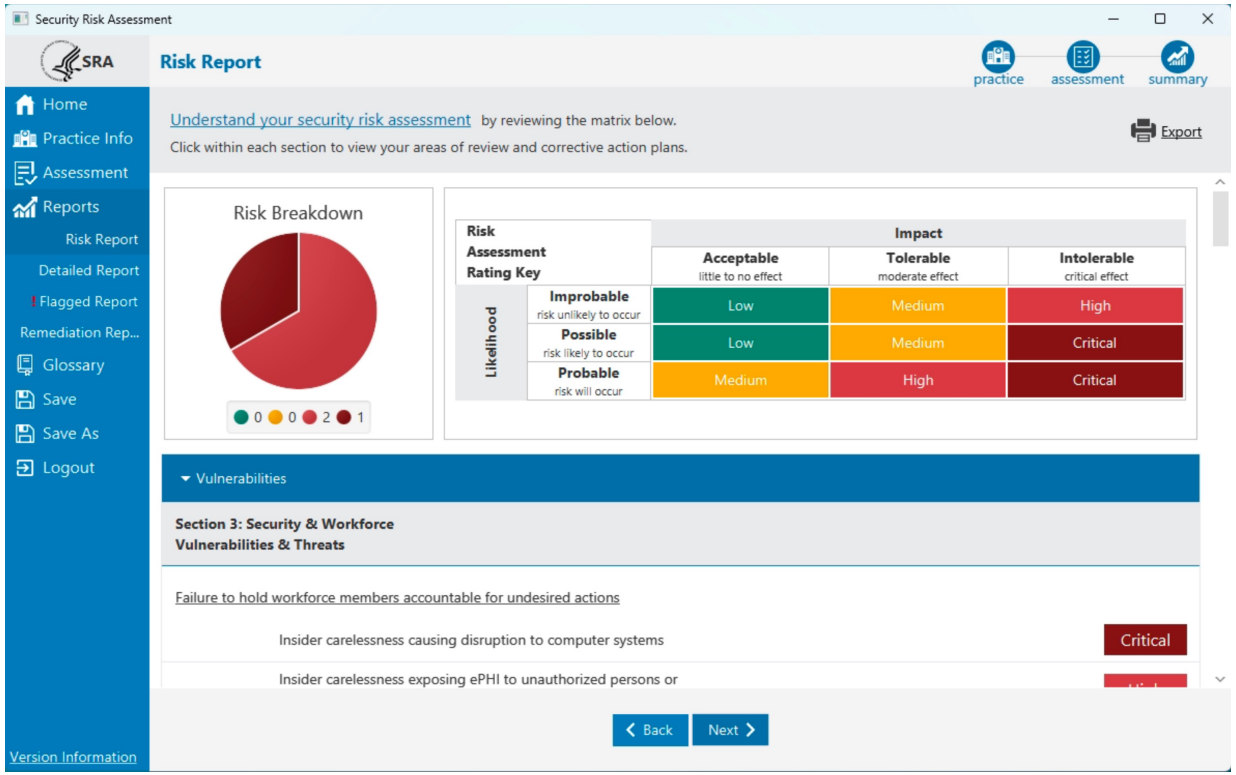
IRIS, MIPS, & Security Analysis





Meaningful Use & Security Risk Assessment



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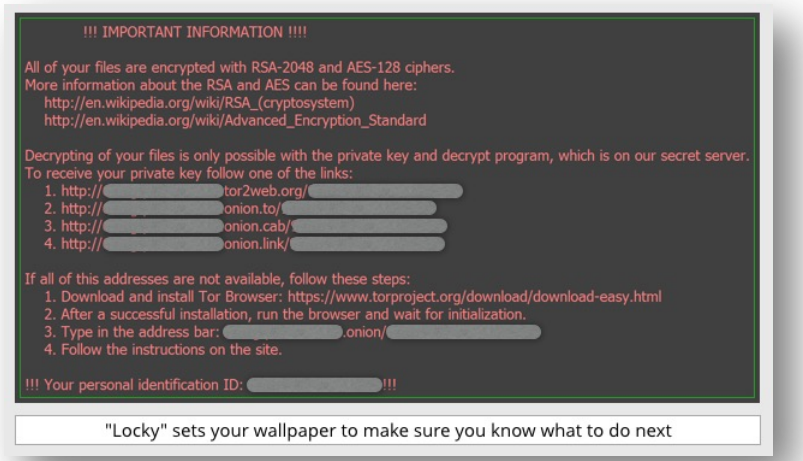
Security Risk Analysis

- Pearl #1 – Define Scope of Security Risk Analysis
- Pearl #2 – Gather data
- Pearl #3 – Identify potential threats
- Pearl #4 – Assess Existing Security Measures
- Pearl #5 – Determine Likelihood of Threat Occurrence
- Pearl #6 – Determine the Level of Risk
- Pearl #7 – Identify and Document Improved Security Measures

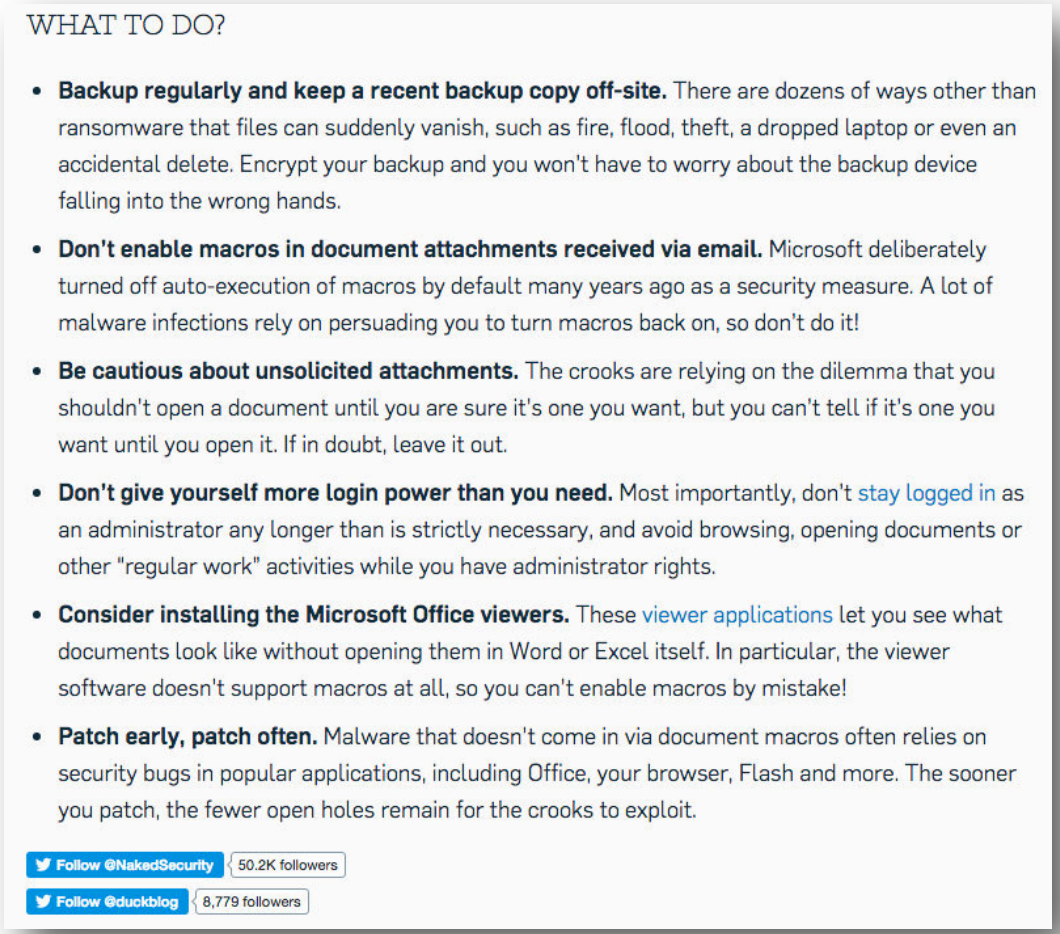
Hollywood Presbyterian Medical Center

wikipedia (Junkyardsparkle)



Sophos.com screenshot - for **identification and critical commentary** relating to the website in question)

“Locky” cryptolocker ransomware



WHAT TO DO?

- **Backup regularly and keep a recent backup copy off-site.** There are dozens of ways other than ransomware that files can suddenly vanish, such as fire, flood, theft, a dropped laptop or even an accidental delete. Encrypt your backup and you won't have to worry about the backup device falling into the wrong hands.
- **Don't enable macros in document attachments received via email.** Microsoft deliberately turned off auto-execution of macros by default many years ago as a security measure. A lot of malware infections rely on persuading you to turn macros back on, so don't do it!
- **Be cautious about unsolicited attachments.** The crooks are relying on the dilemma that you shouldn't open a document until you are sure it's one you want, but you can't tell if it's one you want until you open it. If in doubt, leave it out.
- **Don't give yourself more login power than you need.** Most importantly, don't stay logged in as an administrator any longer than is strictly necessary, and avoid browsing, opening documents or other "regular work" activities while you have administrator rights.
- **Consider installing the Microsoft Office viewers.** These viewer applications let you see what documents look like without opening them in Word or Excel itself. In particular, the viewer software doesn't support macros at all, so you can't enable macros by mistake!
- **Patch early, patch often.** Malware that doesn't come in via document macros often relies on security bugs in popular applications, including Office, your browser, Flash and more. The sooner you patch, the fewer open holes remain for the crooks to exploit.

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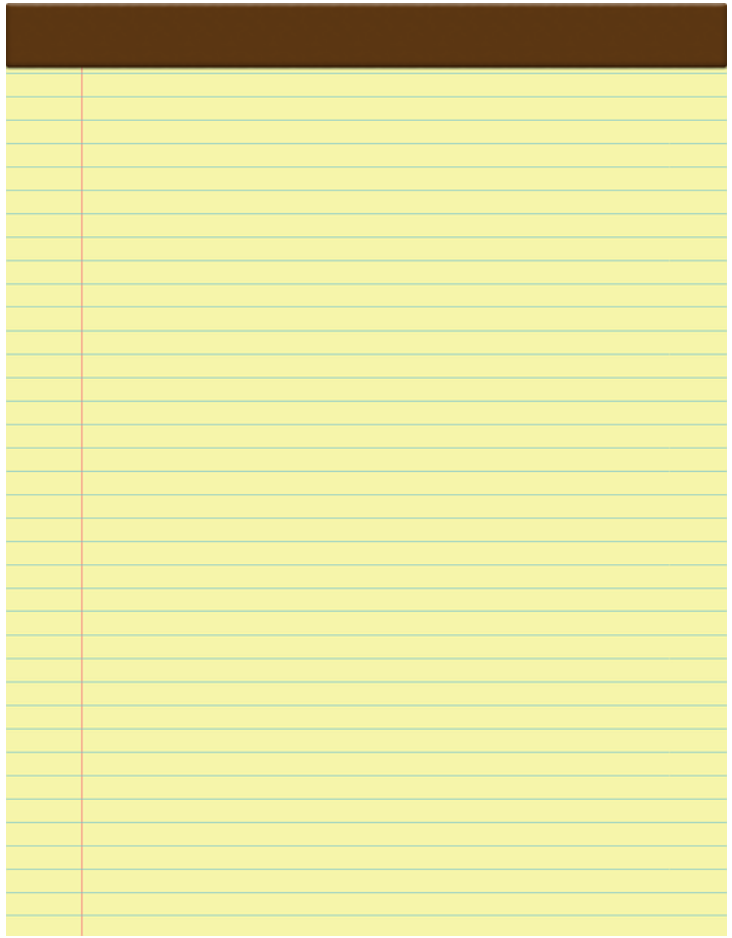
(Sophos.com screenshot - for **identification and critical commentary** relating to the website in question)

T. Boone Pickens Idea of Cybersecurity …



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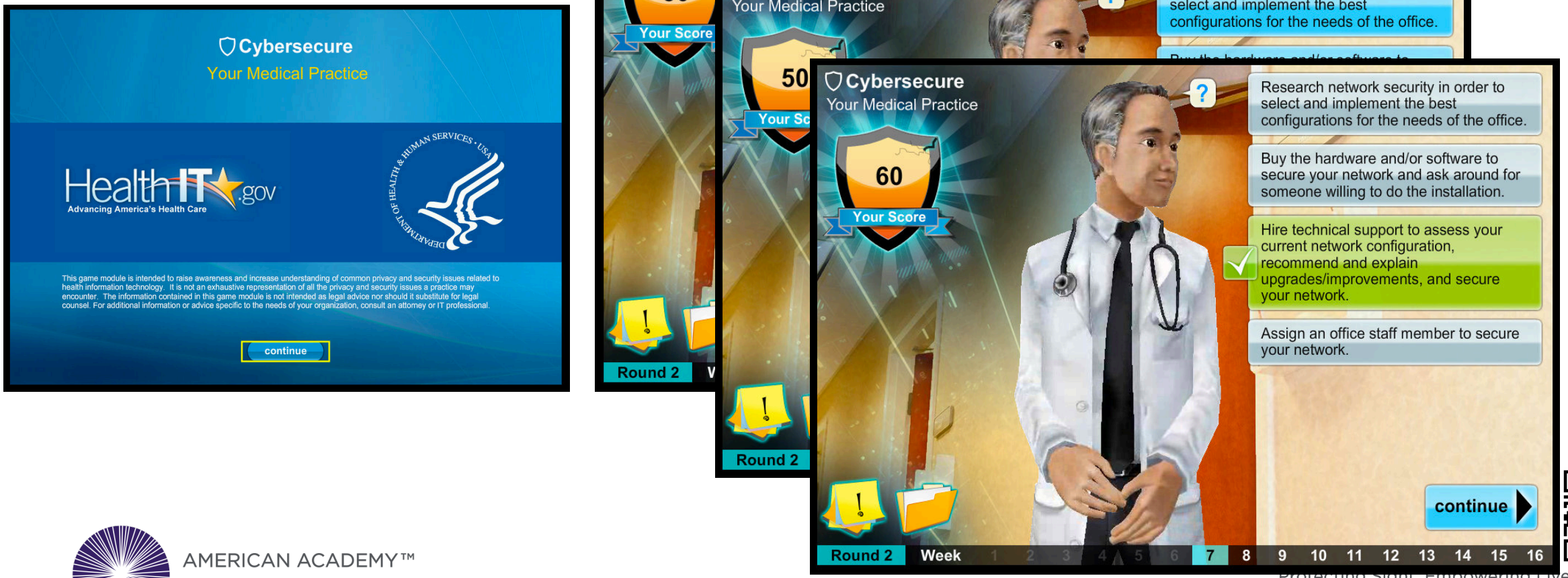
Top 10 Tips for Cybersecurity in Health Care

1. Establish a Security Culture
2. Protect Mobile Devices
3. Maintain Good Computer Habits
4. Use a Firewall
5. Install and Maintain Anti-Virus Software
6. Plan for the Unexpected
7. Control Access to Protected Health Information
8. Use Strong Passwords and Change Them Regularly
9. Limit Network Access
10. Control Physical Access

Cybersecure – Your Medicare Practice



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Ravi's Practical Pearls 2024

- Pearl #1 – Who is your IT specialist? Could you text them right now?
- Pearl #2 – Who backs up the data? How often? On-site or off site?
- Pearl #3 – Does your team use internet from desktops or server?
- Pearl #4 – Are all mobile devices encrypted? Wifi secure?
- Pearl #5 – How often is your security software backed up?
- Pearl #6 – Don't outsource cybersecurity!

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