



pulse

How to Assess and Respond to Cyberattacks in Healthcare Today

Data and online security are buzzwords in many industries as organizations' use of digital platforms and technology—and their associated risks—increase, especially in the healthcare sector.

According to the fourth annual Data Breach Industry Forecast from Experian's Data Breach Resolution Group for 2017, healthcare organizations will be the most targeted market with the development of new, sophisticated attacks by cybercriminals.

In fact, a record number of data breaches and risks to consumers' personal records have occurred in the past two years, The Workgroup for Electronic Data Interchange (WEDI) reports in a new white paper, "The Rampant Growth of Cybercrime in Healthcare."

Healthcare providers have to stay ahead of the game to protect patients' sensitive information by developing sound best practices and strong response techniques should a data breach occur.

According to the paper: "As the use of health IT becomes more widespread, cybersecurity must be more directly integrated into the fabric of healthcare and ultimately become an organizational asset that is perceived as commonplace and mission-critical as hygiene and patient safety procedures have become to quality care."

Healthcare providers are increasingly vulnerable because they do not have ample cybersecurity and encryption resources to protect data converted to



electronic health record systems and databases, according to WEDI.

Trends that increase healthcare providers' vulnerability to cyberattacks start with the amount of information kept and transferred between organizations operating in one network.

"Hospitals in particular have become incredibly vulnerable to cyberattacks due to the number of systems, devices and staff that cybercriminals can target as a beachhead or launch point into the network," according to WEDI's report.

It is essential for healthcare providers now to evaluate their current approach to cybersecurity, know potential risks they may be exposed to and identify weaknesses in their systems that may be targeted by cybercriminals.

"Of the current cyber threats that compromise data today, healthcare organizations are most concerned by ransomware (69 percent), phishing attacks (61 percent) and negligent

insiders (55 percent)," WEDI reports.

People working in an organization can be its weakest links, and training and retraining employees on cyberthreats and how to quickly respond is essential.

WEDI, through roundtable discussions on cybersecurity in 2015 and 2016, recommends several best practices to mitigate risks as protecting information systems in healthcare becomes increasingly challenging:

"Drive a cultural change in how cybersecurity is approached in healthcare, beginning with raising awareness to educate stakeholders around the risk and cost of cyberattacks;

"Develop cybersecurity frameworks that provide a robust, forward-facing roadmap to protect organizations in a changing environment; and

"Apply lessons learned from other industries."

continued on page 2

REPORT:

Healthcare Affordability and Access in the Four Largest U.S. States

Uninsured rates, medical bill problems and healthcare affordability varied in the four largest U.S. states—California, New York, Florida and Texas—in the second half of 2016, according to a report from The Commonwealth Fund.

The report, based on results from The Commonwealth Fund Biennial Health Insurance Survey conducted from July 12, 2016, to Nov. 20, 2016, was released just before the American Health Care Act was pulled from consideration due to a lack of support in late March.

The report focuses on comparing health insurance coverage, access to care and medical debt among residents of California, New York, Florida and Texas after coverage expansions under the Affordable Care Act.

“The striking differences among our biggest states demonstrates how much state health policy decisions affect residents,” said Sara Collins, vice president for healthcare coverage and access at The Commonwealth Fund and coauthor of the report, “Insurance Coverage, Access to Care, and Medical Debt Since the ACA: A Look at California, Florida, New York, and Texas,” in a news release.

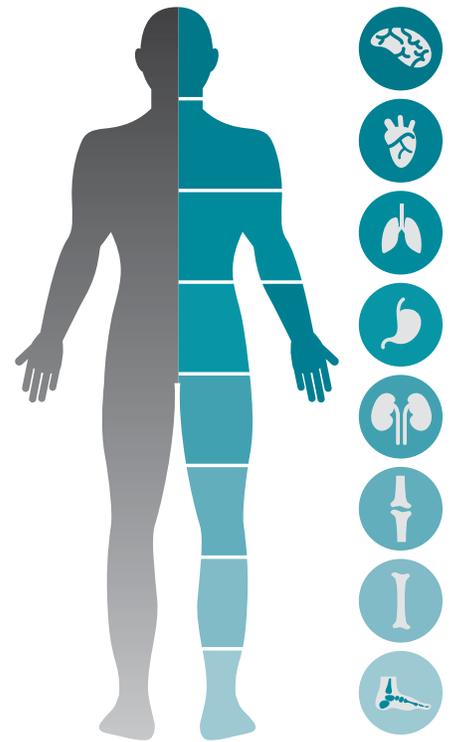
California and New York expanded Medicaid under the Affordable Care Act and created their own health insurance marketplaces and residents there “were less likely than people in Florida and Texas to have medical bill problems, more likely to be insured, and better able to afford the health care they needed,” according to The Commonwealth Fund.

Florida and Texas did not expand Medicaid eligibility and residents in those states use the federal marketplace to enroll in health insurance plans.

Uninsured rates for adults ages 19 to 64 in the four largest states were 7 percent in New York, 10 percent in California, 16 percent in Florida and 25 percent in Texas, according to the report.

“This variation was also apparent in the proportions of residents reporting problems getting needed care because of the cost—significantly lower in California and New York than in Florida and Texas. Lower percentages of Californians and New Yorkers reported having a medical bill problem in the past 12 months or having accrued medical debt compared to Floridians and Texans,” the report states.

The variations between the states may be due to whether they expanded



Medicaid eligibility, operated their own health insurance marketplace and the uninsured rate before the Affordable Care Act was in effect, among other factors.

The Commonwealth Fund found that 41 percent of Florida residents and 44 percent of Texas residents participating in the survey said they had medical bill or debt problems in the past year including that they had trouble or could not pay their bills; were contacted by a collection agency about unpaid bills; had to change their lifestyle to pay the bills; or had medical debt to pay. Twenty-eight percent of survey respondents from California and New York said they experienced any of these medical bill or debt problems in the last year.

“This report shows that when states embrace policies that make healthcare and health insurance affordable and accessible, people benefit,” said Commonwealth Fund President David Blumenthal. “As the Affordable Care Act and Medicaid face an uncertain future, states should take whatever steps they can to hold onto the progress they have made under the [Affordable Care Act] and ensure people can get the healthcare they need.”

<http://ow.ly/820L30aiTiY>

Cyberattacks in Healthcare *cont. from page 1*

Security systems developed today must also be adaptable to respond to emerging threats.

“Today, many organizations develop cybersecurity strategies based on previous attacks or intrusion techniques,” WEDI reports. “As a result, organizations may be focused on the privacy, confidentiality and fraud issues stemming from a data breach, while being wholly unprepared for the possibility of new threats such as data integrity loss.”

To learn more about data security breaches, risks and how to respond, attend ACA International’s upcoming online CORE Curriculum seminars Data Security Privacy I and II June 13-14 and June 20-21, 2017.

The complete report from WEDI is available here:

<http://ow.ly/UI6430akBZL>

See ACA International’s Education & Events Calendar for more details on the upcoming seminars:

<https://www.acainternational.org/events>

SURVEY:

Healthcare Providers “Unprepared” for Medicare Quality Payment Program

More than half of healthcare providers surveyed this year say they are “unprepared” or “very unprepared” for administering and executing initiatives required by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

According to the fifth annual Health IT Industry Outlook Survey conducted by Stoltenberg Consulting Inc. at the 2017 Health Information and Management Systems Society annual conference, 64 percent of respondents reported they are unprepared or very unprepared for the initiatives.

MACRA was launched on Jan. 1, meaning healthcare providers that bill more than \$30,000 to Medicare Part B and care for more than 100 patients a year should start recording their quality data and documenting how they are using technology to support their practice, *Collector* magazine editor Anne Rosso May reported in the January issue of *Pulse*.

“Many felt MACRA would be delayed due to its size and enormous financial impact on physician reimbursement in the transition to value-based care,” said Joncé Smith, vice president of revenue cycle management at Stoltenberg Consulting in a news release on the survey results. “MACRA’s quality payment program (QPP) now streamlines and increases provider accountability for quality outcomes and cost reduction, but success under the program will take far more than just passive submission of claim data.”

Sixty-eight percent of survey participants reported that “preparation and compliance with MACRA should be a combined effort across clinical, financial and IT departments,” according to the consulting firm.

Thirty-one percent of survey participants said the top challenge with the quality payment program is “revising data management/reporting mechanisms to meet new reporting requirements” followed by “motivating the entire organization to collectively work together to achieve program alignment goals” reported by 29 percent of participants.

“Success with MACRA requires a joint effort of IT and departmental resources to successfully combine clinical, financial and operational data,” Smith said. “This effort commands not only a deep technical knowledge of how and where to extract and transform the right data, but also a solid understanding of how to integrate it in such a way that the resulting data demonstrates that an organization meets objective criteria for its chosen reporting path.”

Visit the Stoltenberg Consulting website to download the report: <http://ow.ly/BhYF30akG5t>

ACA members can read more on the Quality Payment Program in the January issue of *Pulse* at: www.acainternational.org/pulse.

NEWS & NOTES

CMS Funds Quality Payment Program Training

The Centers for Medicare and Medicaid Services is funding training and education about the Quality Payment Program for small healthcare practices. The training will especially help clinicians in rural and medically underserved areas and those with healthcare professional shortages.

<http://ow.ly/twtJ30aitzP>

Report: Discovery Rate for Data Breaches Increases

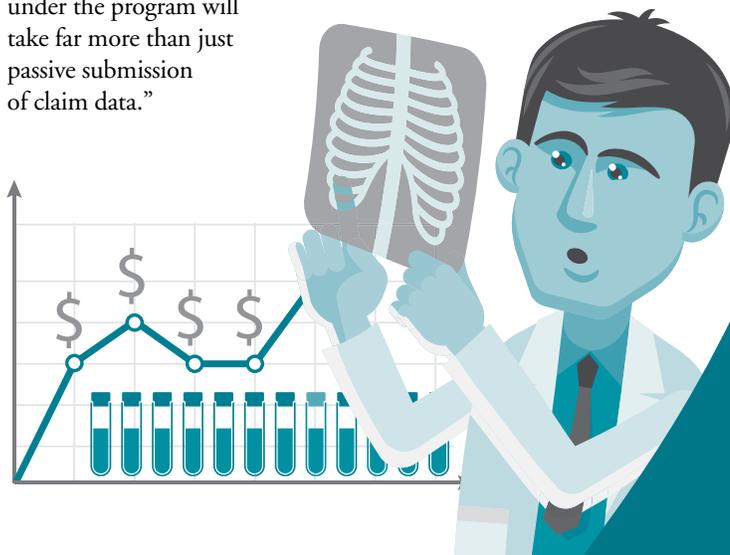
Healthcare data breaches affecting patient records declined in February, however it is taking longer for incidents to be discovered and reported and “insider-related breach incidents have doubled,” according to the monthly Breach Barometer report from Protenu. In February, it took an average of 478 days for organizations to notify the U.S. Department of Health and Human Services, compared to 174 days in January.

<http://ow.ly/DRmy30aiwGo>

CMS Projects Growth in Medicare, Health Spending

According to the Centers for Medicare & Medicaid Services’ Office of the Actuary National Health Expenditures Data projections for 2016-2025, growth in Medicare spending is projected to average 7.1 percent. Healthcare spending by federal, state and local governments is “projected to outpace growth by private businesses, households and other private payers,” it reports. <http://ow.ly/subVA30aFdqY>

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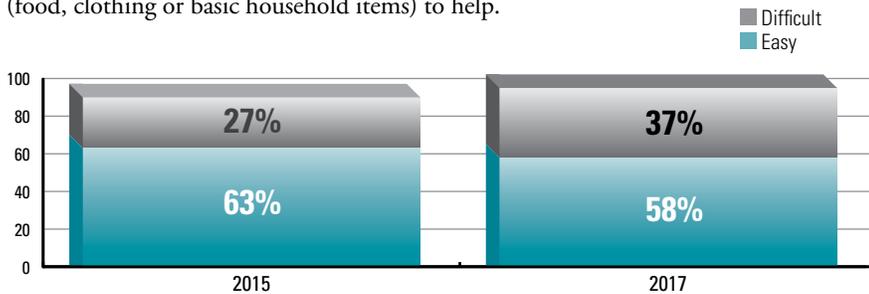
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Healthcare Cost Affordability Challenges Continue

Some affordability challenges continue among the population with health insurance as the debate about the future of the Affordable Care Act continues. Data from The Henry J. Kaiser Family Foundation's recent Health Tracking Poll show that more people with health insurance report difficulty paying for healthcare costs since 2015. For example, when asked how easy or difficult it is to pay the cost of health insurance each month, 27 percent of poll respondents said it was difficult in 2015 compared to 37 percent in 2017. Additionally, 29 percent of adults in the poll reported a member of their household had troubles paying medical bills in the past year and had to cut back on other necessities (food, clothing or basic household items) to help.



Source: Polling Data Note: *Beyond the ACA, the Affordability of Insurance Has Been Deteriorating Since 2015*, The Henry J. Kaiser Family Foundation, March 2, 2017.
<http://kff.org/health-costs/poll-finding/data-note-americans-challenges-with-health-care-costs/>