

UPCOMING MEETINGS

9/20/2016	Educational Meeting @ Desmond Great Valley - Malvern, PA
10/5/2016	AAHAM ANI - Las Vegas, NV
11/2/2016	Board Meeting @ WellSpan/Philhaven (9 am - 12 pm)
12/7/2016	Educational Meeting @ Holiday Inn - Grantville, PA

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Follow Us



President's Letter



Hello Keystone!

What an exciting year 2016 has been. As our national office is Raising the Level, we at Keystone are a part of that rising tide. AAHAM continues to grow and we have big plans for the rest of 2016. John Currier, AAHAM national president, has set lofty goals for our organization. Part of Raising the Level centers around certification, the lifeblood of AAHAM. This year AAHAM wants to see an increase of 20% certification in the two top levels, CRCE and CRCP. Previously, CRCE was the highest management level of certification but with the introduction of CRCP, more managers are opting for the introductory CRCP level. While CRCP has been an overwhelming success, CRCE has tended to remain flat even though that is our highest level. This is the year to jump to CRCE and pump up your resume! And for those who are not certified, CRCP is also a great resume booster. If you're a vendor and want to stand out in the crowd, providers are always looking for vendors with AAHAM certification. Maybe you have a CRCS employee who would make a great potential manager; CRCP would help give them the skills needed for advancement. CRCS, the technical certification, has always been the largest certification in AAHAM and will continue to be in 2015. We are looking at a 30% increase from last year because the future of AAHAM has always rested in CRCS. Another great technical certification is CCT, which has just started earning CEUs. With no longer needing recertification every three years, CCT is projected to jump 15%. And our newest certification, CRIP will be taking a 40% jump in certification. So now is the time to become certified because when you raise the level of AAHAM, your professional opportunities are endless.

Sincerely,

Bill Major

Keystone Chapter President

RENEW YOUR MEMBERSHIP!

If you have not renewed your membership with the Keystone Chapter or with National AAHAM, please take a few minutes to renew.

By updating your membership, you will continue to keep your pulse of what is happening now in this ever changing environment.

DON'T BE LEFT OUT!

Go to www.keystoneaaham.org to renew!

Thanks for your continued support!

Dale Brumbach

*Chapter Membership
Chairperson*



KPAMA JOURNAL EDITORIAL POLICY & OBJECTIVE

The KPAMA Journal Magazine is published by the Keystone Chapter of AAHAM to update the membership regarding chapter and national activities as well as to provide information useful to healthcare administrative professionals.

Opinions expressed in articles or features are those of the author(s) and do not necessarily reflect the views of the Keystone Chapter of AAHAM, The National AAHAM organization, or the editor.

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AAHAM Mission Statement

AAHAM's mission is to be the premier professional organization in health care administrative management. Through a national organization and local chapters, AAHAM provides quality member services and leadership in the areas of education, communication, representation, professional standards and certification.

Meet a Keystone AAHAM Officer

- **Name?**
William H. Major
- **Certifications?**
CRCR, CRCS
- **How many years have you been a national member?**
Since January 2008
- **How did you get where you are today professionally?**
Hard work and great mentoring by Chris Stottleyer
- **What made you decide to become certified?**
I wanted to become a member of the board and some pushing from Chris Stottleyer.
- **What advice do you have for members that want to move up in their current healthcare careers?**
Look for every opportunity to improve yourself personally and professionally. Always look for something new to learn and add to your professional workload even when you don't think that you can possibly take on one more role.
- **What is your spouse's name and occupation (if applicable)?**
Wade A. Markel...though we're not legally married we have been together for over 35 years. He is an Executive Director with the American Heart Association.
- **What are your children(s) names, ages and occupations (if applicable)?**
No children...just nieces and nephews (Melissa, Michelle, Sean and Scott)
- **What was the last book you read?**
The Lost Symbol by Dan Brown.... I'm a huge history buff so I tend to read either nonfiction or novels that have lots of historical data.
- **What is your favorite movie?**
I'm a big science fiction fan (Star Wars, Star Trek, Stargate) but there are certain movies that I always have to watch when they're on TV...My Best Friend's Wedding, The Shawshank Redemption, The Parent Trap, The Notebook, Meet Me in St Louis, Singing in the Rain.
- **What is your indulgence?**
A weekend in New York.
- **What was your first job?**
Busboy for a restaurant called 7 Cousins.
- **What did you have for breakfast today?**
Normally I have something like a hardboiled egg, coffee and maybe an English muffin but today I had a slice of cherry pie.
- **Where did you spend your last vacation?**
Rehoboth Beach, Delaware
- **What do you never leave home without when you travel?**
Alka Seltzer...I know if I get sick or don't feel good, it will always pick me up.
- **I still can't quite get the hang of....**
Excel spreadsheets
- **What is your favorite way to celebrate after you've completed a demanding project?**
A good meal and a great Martini.
- **Name something about you that most people don't know.**
I met one of my best friends, Marti over 52 years ago on the boat to the Statue of Liberty. She was visiting with her family from California and I was with my grandfather from New Jersey. We have remained friends for all these years and have traveled all over the country together.
- **What do you know now that you wish you'd known when you were younger?**
Invest in your retirement because you will eventually get old.
- **The world would be a better place if only....**
People would try to see the other side of the story. It doesn't mean you have to agree, you just have to understand that there is another side.

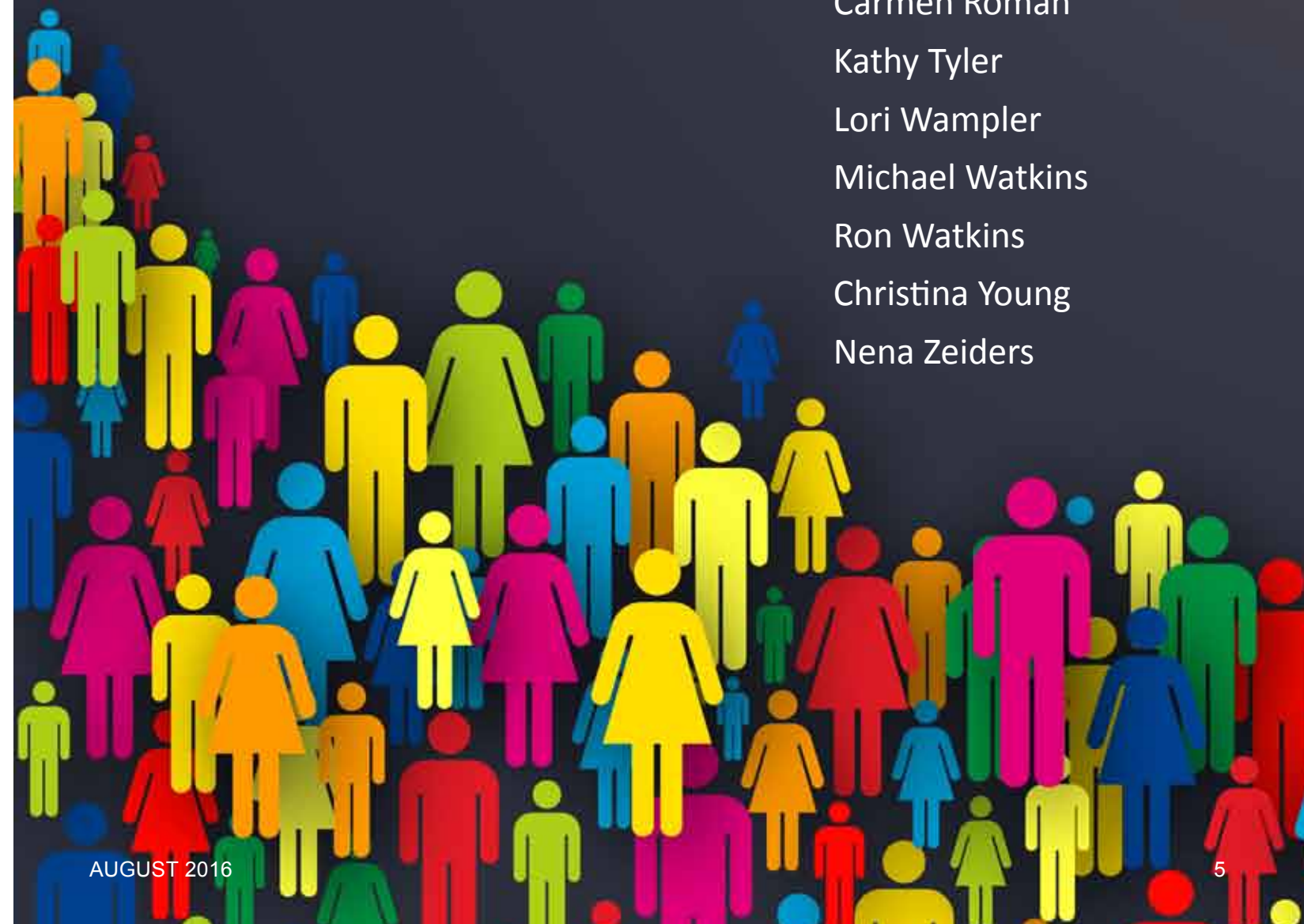
NEW MEMBERS

NATIONAL

Aimee Bruff
Sarah Bush
Karen Druck
Beth Franzak
Barbara Lingg
Breann Meadows
Richard Olmstead

LOCAL

Cathy Archuleta
Patrick Blewitt
Mary Jo Fies
Wilbur Johnson
Steve Machemer
Angela Miller
Della Murdock
Aun Raza
Carmen Roman
Kathy Tyler
Lori Wampler
Michael Watkins
Ron Watkins
Christina Young
Nena Zeiders





REGIONAL AAHAM MEETING & EXHIBITOR FAIR

Sponsored by the Keystone and Philadelphia Chapters of AAHAM

Tuesday, September 20, 2016

DESMOND HOTEL

1 Liberty Blvd., Malvern, PA 19355

COST: \$90/Member \$115/Non-Member \$90/HFMA/NAHAM Member

****4.50 Educational Hours = 9.00 AAHAM CEUs****

The Keystone and Philadelphia Chapters of AAHAM are pleased to present this year's Regional AAHAM meeting and Exhibitor Fair.

Come join us for a day of education and networking with peers and vendor partners.

AGENDA

08:00 AM — 08:45 AM	Registration & Exhibitor Fair	Continental Breakfast
08:45 AM — 09:00 AM	Welcome/Announcements	Steven Honeywell William Major
9:00 AM — 10:00 AM	Keynote Speaker Decide: Work Smarter, Reduce Your Stress & Lead By Example	Steve McClatchy, Alleer Training
10:00 AM — 10:30 AM	Break Exhibitor Fair	Exhibitor Hall
10:30 AM — 11:15 AM	Lehigh Valley Hospital's Epic Journey	Jeff Hinkle, Lehigh Valley Hospital
11:15 AM — 12:00 PM	HAP Update on Changes Within PA	Jolene Calla, HAP
12:00 PM — 01:00 PM	Lunch/Network with Exhibitors	Exhibitor Hall
01:00 PM — 02:00 PM	Cyber Fraud – Avoid Being Scammed	Howard Forman, PNC - PINACLE®
02:00 PM — 02:15 PM	Afternoon Break	
02:15 PM — 03:15 PM	Leading Relationships: Communicate Effectively, Build Trust, Resolve Conflict & Lead Your Relationships	Steve McClatchy, Alleer Training
03:15 PM — 04:00 PM	Exhibitor Raffles/Drawings	

REGIONAL AAHAM MEETING & EXHIBITOR FAIR — REGISTRATION FORM —

Please register the following individuals for the September 20, 2016 Regional AAHAM Meeting and Exhibitor Fair:

Name of Organization/Facility _____

NAME OF ATTENDEE _____ E-Mail _____

Chapter Affiliation: Keystone NE Phila AAHAM HFMA NAHAM Non-Member

NAME OF ATTENDEE _____ E-Mail _____

Chapter Affiliation: Keystone NE Phila AAHAM HFMA NAHAM Non-Member

NAME OF ATTENDEE _____ E-Mail _____

Chapter Affiliation: Keystone NE Phila AAHAM HFMA NAHAM Non-Member

NAME OF ATTENDEE _____ E-Mail _____

Chapter Affiliation: Keystone NE Phila AAHAM HFMA NAHAM Non-Member

Cost:

AAHAM Member \$ 90

HFMA/NAHAM Member \$ 90

Non-Member \$115

Make check payable to **KPAMA**

Check for \$ _____ enclosed

It's easy to register and pay online. Just visit the "NEW" Keystone Chapter website at:
<http://www.keystoneaaham.org/>

Or, send your registration form and check (payable to KPAMA) to:

MARY WALLACE

3 Keats Road, Yardley, PA 19067

mwallace@hrs1.com — Phone #215-630-6990



Included in your registration is the opportunity to have a complimentary professional head shot taken by our photographer, Steve Aaron (Regional Sales Executive at HBCS).

Steve will be available 9am to 2pm during the seminar. No pre-registration is required! Remember to bring your professional attire to take advantage of this generous offer.

REGIONAL AAHAM MEETING & EXHIBITOR FAIR

Featured Speakers

STEVE McCLATCHY, President

Alleer Training & Consulting

Steve McClatchy is a keynote speaker, workshop leader and author of the New York Times Bestseller *Decide: Work Smarter, Reduce Your Stress & Lead by Example*. Steve has spoken before thousands of audiences on the topics of leadership, performance, personal growth, and work/life engagement. His client list includes the NFL, Google, Pfizer, Microsoft, Disney, NBC Universal, Accenture, HP, Discovery Channel, Under Armour, Tiffany's, Wells Fargo and Campbell's Soup. He is a frequent guest lecturer in many of America's top business graduate schools including Harvard and Wharton. He has appeared on ABC, CBS, Fox News, NBC's Today Show and has been quoted in The Wall Street Journal, WebMD Magazine, Fast Company, Oprah Magazine, Entrepreneur and Investor's Business Daily. Steve's passion is for continual improvement and believes that when we stop growing, learning, gaining experience and achieving goals we stop living. Steve is best known for his passion, sense of humor and energetic personality. You will be captivated, motivated and truly inspired by his unique and practical approach to effectiveness and success.

JOLENE H. CALLA, Esquire

Vice President of Health Care Finance and Insurance

The Hospital and Healthsystem Association of Pennsylvania, (HAP)

Ms. Calla currently serves as the Vice President of Health Care Finance and Insurance for the Hospital and Healthsystem Association of Pennsylvania (HAP). In this role, Ms. Calla directs all activities related to health care finance, including Medicare, Medicaid, and other government reimbursement for health care providers. Her responsibilities include detailed understanding and analysis of state and federal budgets, as well as a comprehensive knowledge of legislation and regulation impacting hospital and health system finances, reimbursement, tax exemption of not-for-profit hospitals, and hospital charity care and billing practices across the continuum of care. Ms. Calla frequently participates in negotiations with government agencies and representatives of outside organizations on behalf of HAP. Prior to joining HAP, Ms. Calla served the Commonwealth of Pennsylvania for several years as Bureau Director for the Office of Medical Assistance Programs where she directed all operations and implemented multiple federal and state initiatives. Ms. Calla was the only person to lead both the Fee-for-Service and the Managed Care delivery systems. Ms. Calla's prior positions afford her extensive expertise in the health care and insurance industry, with a concentration in managed care. She worked as a Special Projects Consultant for Capital BlueCross, as the Director of Group Administration, Strategy and Process for Coventry Health Care and as Director of Marketing and Corporate Communications for Keystone Health Plan Central. Ms. Calla received her Juris Doctorate from the Widener University School of Law, her Master of Arts in Communication Arts from the New York Institute of Technology, and her Bachelor of Arts in English and Bachelor of Arts in Communication Arts from Villanova University.

HOWARD N. FORMAN, AAP

Senior Vice President

PINACLE® Product Group Manager PNC

As one of the nation's top treasury management providers, PNC offers a comprehensive array of products and services to businesses of all sizes. Howard N Forman, AAP is here to support PNC's treasury management team in delivering the capabilities that help businesses thrive. He is a Senior Vice President and is responsible for the product management, product development, security, and sales support functions for PINACLE® – PNC's corporate online and mobile banking portal. He is a frequent speaker on a variety of topics relating to treasury and payments, and has held leadership positions with national industry associations, such as NACHA – the Electronic Payments Association, and the Association for Financial Professionals (AFP). Howard is the past chair of the NACHA Blue Ribbon Panel, is a past member of the Payments Institute Board of Regents and previously served on the AFP Payments Advisory Group. Howard joined PNC in 2012. He earned his Bachelor of Science degree from the University of Pittsburgh.

JEFF HINKLE

Administrator of Patient Financial Services

Lehigh Valley Hospital

Jeff Hinkle, CRCE-I is the Administrator of Patient Financial Services at Lehigh Valley Hospital, an 1,100+ acute care bed facility in Eastern Pennsylvania. He has worked for Lehigh Valley Hospital for 13 years and previously worked for the AARP contract for 16 years. He has a Bachelor's degree in Finance and an Associate degree in computer programming. Jeff is a member of AAHAM and HFMA.

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Prevent Healthcare Phishing by Strengthening Employee Training

By Dylan Sachs of BrandProtect

Healthcare phishing attacks have increased in frequency, but there are several ways organizations can take control and improve their data security measures.

Cyber criminals view the healthcare industry as a prime target. Just this year, we have witnessed hospitals like Hollywood Presbyterian Medical Center, MedStar Health's Union Memorial Hospital, in Baltimore, Maryland, and Methodist Hospital in Henderson, Kentucky make headlines, as they fell victim to cyberattacks.

The recent Verizon Data Breach Investigations Report (DBIR) saw ransomware attacks rise 16 percent overall this year. And according to a new study by the Brookings Center for Technology Innovation, 23 percent of all data breaches occur in healthcare, tripling over the last two years alone.

Recent research by the Ponemon Institute and BrandProtect polled security teams and leading enterprises on external (Internet-based) threats, such as phishing and mobile-based schemes, and employee or executive masquerades. These threats are pervasive and serious. On average, the 505 enterprises surveyed were victimized more than once a month, and spent an average of \$3.5 million annually to recover and remediate these attacks.

PREVENTING MODERN HEALTHCARE PHISHING ATTACKS

It is clear that the criminals are improving their technique, so it is essential that healthcare CISOs up their game, too. What's needed to succeed in this battle against cyber criminals? Three simple things:

Search out cyber threats beyond the perimeter

While network and endpoint monitoring should never be neglected, there is an opportunity for CISOs to get ahead of many cyberattacks by proactively searching for and mitigating online activity that targets the institution. The list of malevolent activities is a long one – for example, the criminals may be impersonating hospital or insurance executives through duplicate online profiles at LinkedIn, Facebook or Twitter. These masquerading profiles are used to gather links and connection to real people within the institution, allowing the criminals to not only build a database of internal contacts, but giving them a “legitimate” means to reach out. There may be unauthorized user groups that falsely appear to represent the institution. There may be domains that mimic the actual domain of the hospital or institution. Complete external cyber monitoring will also provide you with evidence that you have (or have not) been breached. By monitoring black market activity, you will be able to see if your patient records are being offered for sale.

Monitor domain registrations and MX records

By monitoring not only copycat and similar domains, but by also tracking the MX record status of those domains, CISOs

can proactively block potential spear phishing or BEC attacks. Cyber criminals play a cat and mouse game with domains – they register or activate an email-capable domain just before they launch their attack, and discard the domain after they strike. In the most sophisticated cases, these attack domains are only online for 24 to 72 hours. To email-enable a domain, the criminals simply activate the domain's MX record, which identifies that domain as email capable. When the MX-record of a copycat or similar domain is activated, that domain becomes a potential launch platform for a BEC or targeted email attack. To stop an attack before it begins, CISOs should implement full-scale domain monitoring with integrated MX-record monitoring. When a potential attacking domain comes online, CISOs can block emails from that IP address or place that domain on their list of untrusted domains.

Educate employees and members

CISOs should take steps to make sure that cyber threat awareness and security best practices are top of mind for all employees, doctors, and network members. An informed user is much less likely to be victimized by a rogue message. Quarterly reminders, or better, monthly, about phishing and spear phishing dangers, or the perils of downloading mobile apps, can go a long way to providing one last line of defense for organizations. These reminders should also offer some clarity on what the recipients should expect from the organization, in the way of data requests – anything out-of-the-ordinary should be questioned immediately. Some of the most popular ways CISOs try to help their constituencies become threat-hardened include newsletters, webinars, lunch time sessions, and actual inbound phishing tests. In addition, new employee onboarding programs should include a module on cyber threat awareness. In the best cases, these educational programs become an institutional priority, with executive suite sponsorship and participation.

WHY HEALTHCARE?

Healthcare organizations are a large target for many reasons. EHRs include the personal, family, and billing information of their patients. They are virtually complete personal identity portfolios with Social Security numbers linked to names and dates of birth, parents' names, maiden names, physical and email addresses, children's names, and, in some cases, complete information of close friends.

On the black market for stolen records, health records command the highest premium, because cyber criminals, armed with the contents of EHRs, have everything they need to apply for credit cards or mortgages, submit state and local tax returns and more, devastating the lives of the individuals whose identities were stolen.

Additionally, the available attack surface in the healthcare industry is very complex, and not uniformly secure. Two trends in the healthcare industry - the move to EHRs and the evolution of

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Prevent Healthcare Phishing

Continued from Page 10

subspecialists that function as independent contractors - have combined to create an electronic landscape that defies description.

A typical healthcare event can involve dozens of institutions and services subcontractors, each one using its own billing and record-keeping system, while still requiring full access to the EHR. Of course, this amalgamated network is challenging to maintain, and not surprisingly, it creates massive opportunities for compromise.

Finally, healthcare enterprises, hospitals and caregiving organizations especially, depend on uninterrupted operations. Hospitals and regional medical centers are critical resources.

When a hospital or regional medical center finds that their operations are interrupted, getting their systems back online instantly becomes the top priority. It can literally be a matter of life and death. And to an individual or a family, access to healthcare is one of the most important assets they can have. It goes without saying that when someone gets a message that suggests their healthcare coverage is at risk, it gets their full attention.

Fundamentally, the cyber criminals have one simple goal. They only have to convince one person that their fake email message, their copycat website, or their bogus tweet is real. They only need one person to fall for their scam in order to profit.

And cyber criminals are good at that. They are increasingly organized, and their scheming messages are near perfect duplicates of the real thing. They have incorporated social engineering to target their messages more accurately. Today, the bad guys have evolved their game far beyond simple phishing.

Modern cybercriminals now employ social engineering to target their attacks carefully, leveraging publicly available data about professional networks, using LinkedIn, Spokeo, Hoovers, DiscoverORG.com and other publicly available resources, to create plausible emails.

These emails are designed to come from executives who are known to the recipients and sometimes cover current business or industry issues, with an eerie familiarity. This greatly raises the likelihood that recipients of these emails click on the link, or open the attachment, springing the trap. According to the latest

Verizon DBIR, 30 percent of all phishing emails are opened by their targets and 12 percent actually click on the dangerous link or attachment.

STRONG LEADERSHIP IS NEEDED

According to the Ponemon survey, Health Care/Pharma security professionals reported that they were the second-most often attacked industry (just behind financial services) and their annual spending was well above the average, equaling almost \$3.9 million per year. Despite this attack volume, healthcare/pharma security teams trailed all other industries in terms of the engagement of their senior security leadership around external threats and creating a process for dealing with external threat monitoring, analysis and mitigation.

Cyberattacks against the healthcare industry are on the rise. The urgency around the operational integrity of healthcare infrastructure, plus the unique value of EHRs and other health data means that there is no end in sight for these attacks.

Ransomware is gaining notorious headlines, but malware attacks and other incursions that lead to breaches are also increasing in frequency. CISOs have opportunities to stay a step ahead. Educational programs for doctors and staff members are critical, but they are not enough.

Proactive cyber monitoring, particularly around MX-record activation, can help to slow the most dangerous socially engineered attacks from ever reaching their intended target.

Dylan Sachs directs Identity Theft and Anti-Phishing efforts at BrandProtect. He works directly with leading financial institutions, healthcare providers and Fortune 500 enterprises to help CISOs and security teams deploy better defenses against modern email and identity theft attacks, including BEC attacks socially-engineered exploits. Sachs also leads the BrandProtect Incident Response Team.

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GET PUBLISHED!

We are always looking for articles from our members. Do you have an article on a current financial healthcare topic? Please send to wmajor3@wellspan.org. Articles should be less than 800 words and submitted in a Word document.

At 20, is HIPAA hitting its stride, or is it over the hill?

By Erica Teichert

NYU medical students are exposed to de-identified information so they can learn how to analyze data and come up with hypothetical treatments for patients before they hit hospital floors. They also generally follow two to three specific patients at any point during rotations, but they can't continue to monitor patients and see how their treatments play out over time.

Dr. Fritz Francois, NYU Langone Medical Center's chief medical officer, would like to see New York University School of Medicine use more real-time data to better prepare students for the real world of population health management they're about to enter.

HIPAA, the law the federal government uses to police the privacy and security of the nation's health information, is standing in the way, he said.

That law—the Health Insurance Portability and Accountability Act—is turning 20, and some people may wonder if it's up to the job in 2016 and beyond.

The frustration Francois expressed illustrates one of the many conundrums posed by HIPAA and its regulations in an age when the healthcare industry is counting on the free flow of data to revolutionize how care is delivered and paid for.

President Bill Clinton signed the law Aug. 21, 1996—around the same time the World Wide Web and email were starting to take hold in American life. HHS and Congress have worked to transform and update the law—initially created to make it

easier for Americans to keep health insurance coverage. In the decades since it was enacted, electronic health records have eclipsed paper, and health information is being collected and transmitted in ways the law doesn't reach.

And in spite of the law, healthcare has seen a drumbeat of massive data breaches. A cyberattack disclosed just weeks ago by Banner Health compromised the records of 3.7 million people. In addition, there have been recent episodes of criminals seizing hospital EHR systems with malware and demanding ransom to unlock vital medical data.

Hundreds of thefts, losses and other mishaps with paper and electronic patient information have been disclosed to HHS each year since mandatory reporting took effect in 2009, and the breaches often involve a sprawling array of vendors that do business with healthcare providers and insurers.

HHS' Office for Civil Rights has been quite active lately in HIPAA enforcement, reaching a dozen settlements in the current fiscal year compared with three in fiscal 2015.

The apparent crackdown has led to a lot of anxiety among healthcare providers, especially small entities that don't have the staffing or technology capabilities to keep up with an ever-changing world of cybersecurity where everyone is worried about the next attack.

"I think to fight off those kinds of attacks requires an increasing sophistication that isn't necessarily affordable for all providers," said Mark Swearingen, an attorney at Hall Render Killian Heath & Lyman. "They do what they can to get a secure system set up."

Covered entities and business associates also may not be aware of the requirements they must meet to be HIPAA-compliant. Although HHS produces guidance for the complex web of regulations, many businesses' HIPAA risk analysis programs aren't broad enough, Swearingen said.

Most companies have conducted risk analysis of their EHR systems as part of the federal incentive program for using the technology, but HIPAA actually requires a "comprehensive enterprise-wide risk analysis" that looks into all systems that touch protected health information, including billing systems and email.

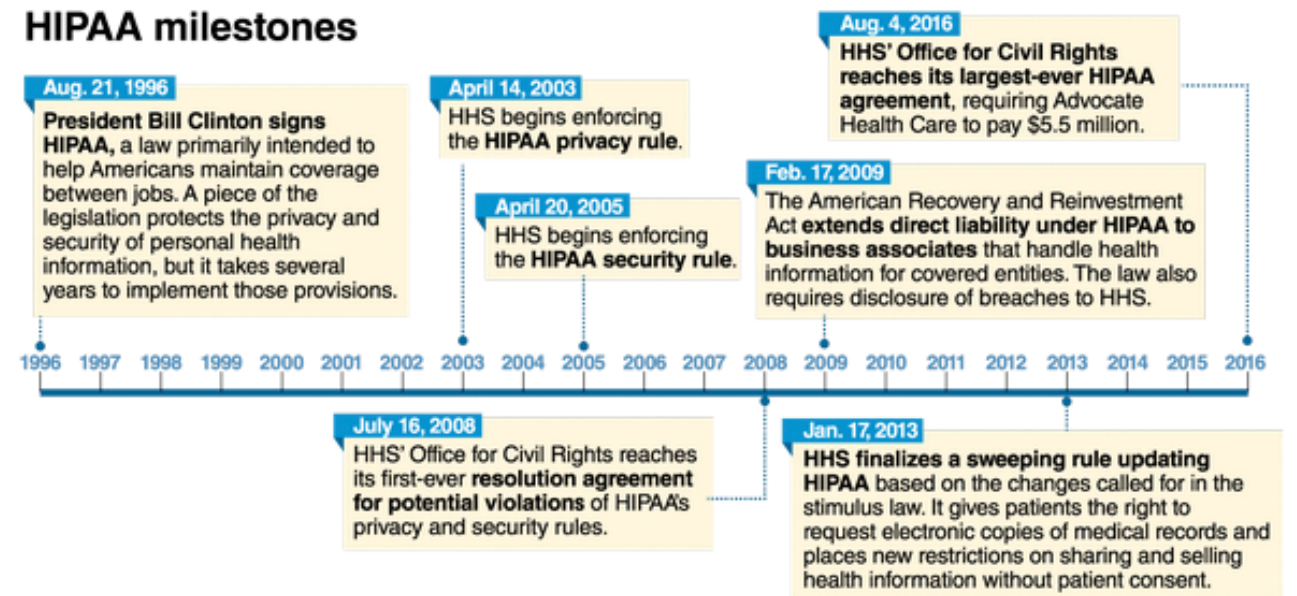
Deven McGraw, who leads the health information privacy division at the Office for Civil Rights, says the higher volume in HIPAA settlements doesn't necessarily show an upward trend in HIPAA enforcement actions.

"Each case is examined, and the investigations develop based on the facts," McGraw said. "The ultimate penalty that could be pursued that is the basis of the settlement discussion depends on the conduct involved."

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HIPAA Continued from Previous Page

HIPAA milestones



Even with record settlements, there are growing gaps in the law's protections. For example, wearable mobile devices, consumer-facing mobile apps and social media aren't generally covered by HIPAA's privacy and security protections, said Jodi Daniel, a partner in the law firm Crowell & Moring. And the application of HIPAA is ambiguous, she said, for services that aren't billed to health plans or other payers, including many telehealth services and care provided by so-called concierge practices. These swaths of the healthcare landscape are sure to grow.

"I think that gap poses significant problems," said Daniel, previously was policy director in HHS' Office of the National Coordinator for Health Information Technology. "Even the same information held in different places may have protections in one place and not another."

McGraw, however, praised HIPAA for covering the environment it was created to address 20 years ago while being flexible enough to adapt to dramatic changes in the industry. "I think it goes to show that we're open and willing to address the questions that are arising out there in the field, no matter how small or how big they seem," she said.

The Office for Civil Rights is just starting its second wave of audits of covered entities, and the first-ever audit of their business associates, which became directly liable under HIPAA in 2013. "What I'm hoping we'll see is more examples of compliant organizations than in phase one," McGraw said.

Ultimately, according to some, the Office for Civil Rights does not have the budget, staff or power to broadly enforce HIPAA's

privacy and security provisions, leading many providers and business partners to install inadequate systems and protocols. "HIPAA is a false promise. It gives us the illusion that our privacy is protected, but without any enforcement mechanism that protection is largely hollow," said Neal Eggeson, an Indianapolis-based attorney who specializes in privacy law. "The emperor has no clothes."

But dramatically increasing the Office for Civil Rights' budget wouldn't drive providers to take data security more seriously, Eggeson said. Congress needs to create a private cause of action to allow victims to sue when their data is compromised, he said. "Overnight you would see covered entities start to take real strides towards improving patient privacy protection."

Victims of breaches have pursued class-action lawsuits—one was filed last week against Banner—but judges have generally been dubious of the argument that the heightened risk of identity theft constitutes damages.

Nevertheless, just the fear of running afoul of the regulations is often blamed for stifling innovation, such as NYU's attempts to infuse medical education with data-driven healthcare delivery.

While he still wants patients to retain their privacy, Francois said relaxing some restrictions on the sharing of patient data with students could submerge them in managing population health from the beginning of their training. "That's really how we should be moving in terms of training the next generation," he said.



Biggest HIPAA resolutions

Advocate Health Care, 2016

PAYMENT: \$5.5 million

BREACH: Three separate incidents compromised the information of about 4 million patients.

Feinstein Institute for Medical Research

PAYMENT: \$3.9 million

BREACH: A laptop with protected health information of 13,000 patients and research participants was stolen from an employee's car.

More than 1,600 breaches affecting 500 or more individuals have been reported to HHS since mandatory disclosure started in 2009.

Nearly 79 million people were affected by a hack of health insurer Anthem disclosed in 2015.

Source: HHS

KEYSTONE CORPORATE PARTNERS

Your participation in the Corporate Partner Program enables the Keystone Chapter to continue providing a forum for the education of our members as well as opportunities to meet and network with our friends and associates throughout the Chapter!

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Thank You!



National AAHAM Legislative Days were Monday, April 25th and Tuesday, April 26th in Washington DC. Pennsylvania had the largest number of AAHAM members present again this year! There were two scholarships awarded this year from our Keystone Chapter. Nancy Esterly and Laurie Steffy were the lucky winners. Together along with 100 other AAHAM members from across the United States we were able to visit our nations Senator and Representative's offices.

National AAHAM arranges personal meetings with members of the US Senate and our House of Representatives to share our concerns about issues that could impact us. This year, Pennsylvania AAHAM members met with Senator Toomey and Senator Casey's office. There were several Representative offices available for members to meet with. These offices included; Tim Murphy, Charles Dent, Michael Fitzpatrick, Patrick Meehan, Ryan Costello, Scott Perry and Robert Brady.



A Great time with Great people!

The topics that we brought to the table this year were, the HIP Act (Hospital Improvements for Payment) and HR2156 - the Medicare Audit Improvement Act.

The implementation of the Affordable Care Act (ACA) changed many of the processes regarding healthcare, creating a larger debate on healthcare systems and their efficiency. Through this debate, many issues have been uncovered with various aspects of Medicare, especially about payment.

The **HIP Act** was created in response to payment issues that exist with the current Medicare payment systems, such as the issues between payment systems, the current definitions of a short stay, the problems associated with the two-midnight policy, and reform to the Recovery Audit Contractors (RAC) program.

The second topic was **HR 2156- The Medicare Audit Improvement Act**. The RAC program was created to identify and recover improper Medicare overpayments and underpayments to healthcare providers. Hospitals have seen a large increase in the amount of documents being requested.



What a learning opportunity..... Thanks AAHAM for making it possible!

~ ABOUT US ~

The purpose of the Keystone Chapter shall be to:

- A. Promote and encourage the recognition of healthcare administrative management as an integral part of the financial management within healthcare provider organizations and throughout the healthcare industry.
- B. Encourage the implementation of effective and efficient business and receivables management policies and procedures in all types of healthcare provider organizations and throughout the healthcare industry.
- C. Stimulate and encourage an exchange of information among the membership.
- D. Develop and encourage the implementation of programs for the purpose of furthering the education and increasing the knowledge of the membership in the healthcare industry.
- E. Develop and implement such programs as may add to the knowledge and encourage the development of persons new to the healthcare industry.
- F. Establish non-discriminatory standards of performance and professional conduct for persons who participate or are involved in healthcare administrative management, including the management of patient accounts of any healthcare provider organization or related field conducting business in the healthcare industry.
- G. Promote the healthcare profession by cooperating with other healthcare organizations, institutions and related agencies, third party payers, and the general public.



TOPICS

Is there a topic that you want covered at the Keystone meetings? Is there a specific speaker that you would like to hear? Let us know!

These are your meetings and we want to know what presentations you want to see. Is there a favorite speaker from the past that you would like to hear from again?

Please contact wmajor3@wellspan.org (Bill Major) or cifft@wellspan.org (Christine Ifft) and let us know potential topics, speakers, or repeat performances.