

# Stand alone Not-for-Profit Community Hospital



# Sky Lakes Medical Center – Overview Stats

- Number of employees: Appx 1,550 FTE + almost 300 Volunteers
- Catchment area:
  - Klamath and Lake counties, Oregon,
  - Modoc and Siskiyou counties, California.
- Amounts to appx 10,000 square miles.
- Outpatient visits: >400,000 a year

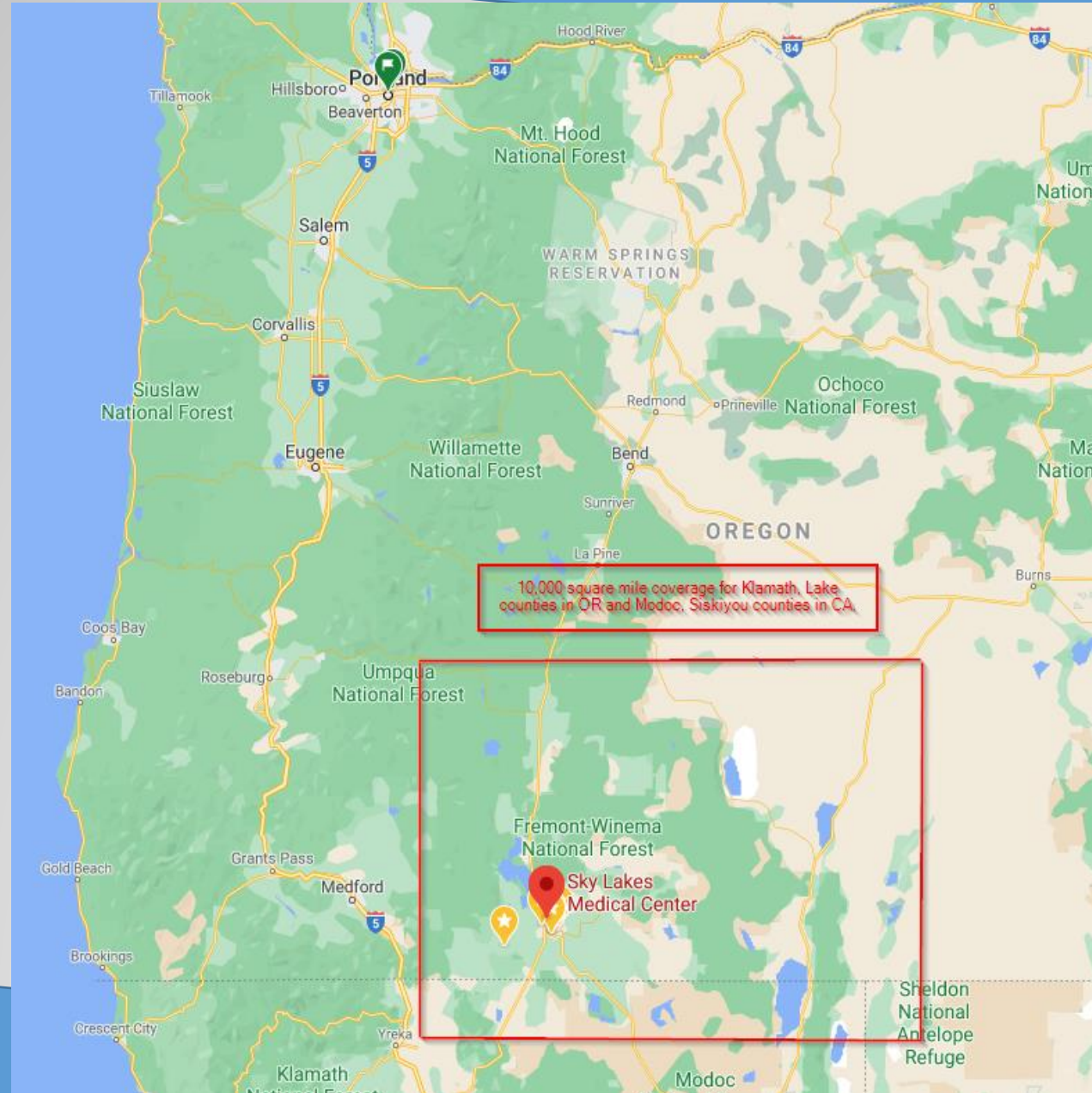


# Sky Lakes Medical Center – Overview Stats

- Emergency Dept. visits: appx 28,000 a year
- Inpatient discharges: >5,100 a year
- Gross patient revenue: >\$550 million a year



# Rural Medicine . . .



# Stand alone Not-for-Profit Community Hospital

138 Miles North to St. Charles Health System – Bend Oregon



72 Miles West to Asante Health System – Medford Oregon

98 Miles East to Lake District Hospital – Lakeview Oregon

99 Miles South to Modoc Medical Center (Critical Access Hospital) – Alturas California



# Ryuk Ransomware Event Monday 10/26/2020



Imagine the 03:30 am  
phone call . . . ‘we  
have been hit with  
ransomware’



# The First Call /Symptom . . .

At approximately 0130 PST on Tuesday October 27<sup>th</sup> Information Services received a call from an end user complaining about system slowness. The on-call person began researching a performance issue – “system slowness.”

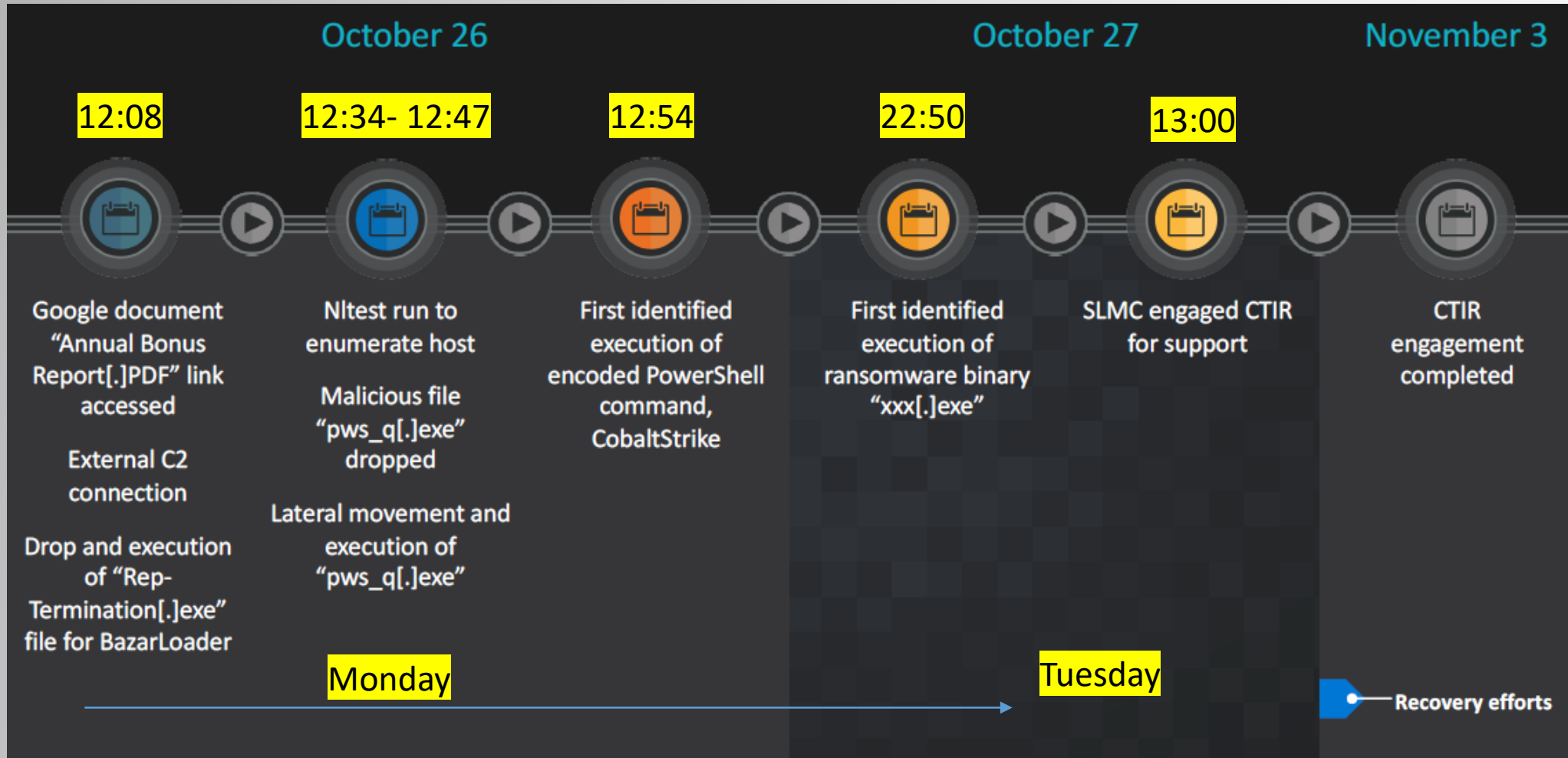




# What happened?



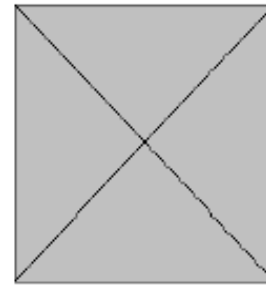
# Talos – Incident Response Timeline



# The Attack Vector . . .

Annual Bonus Report.PDF  
Updated automatically every 5 minutes

## Annual Bonus Report [#783](#)



[EXPAND AND PREVIEW](#)

If the [document #783](#) doesn't start automatically, click [here](#).

Published by [Google Drive-Report Abuse](#)

At 12:08 PST on Monday October 26<sup>th</sup> an employee of Sky Lakes Medical Center (SLMC) clicked on a google document link from an email that offered a “bonus.”



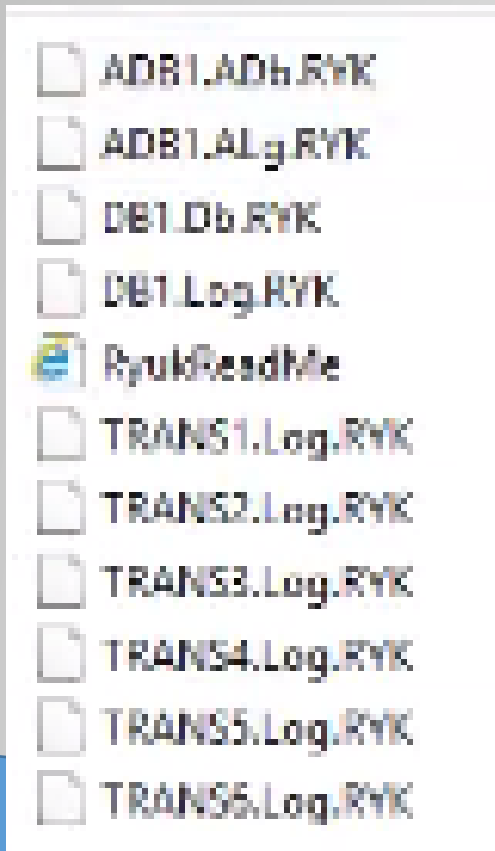
# The Attack Vector . . .

```
https[:]//docs.google[.]com/document/d/e/2PACX-  
1vS6NK2IbibcQuT3uZBBdNEmndunv9Oiw0jTUmBO6uKBjix7DH6ZwB0EWgfTu2CvIIHlPw9P7lmFSzeT/  
pub  
  
https[:]//www.google[.]com/url?q=https://survey1.myjetbrains.com/youtrack/api/fil  
es/8-  
4?sign%3DMTYwMzkyOTYwMDAwMHwxLTF8OC00fHV4bjEybfHFZcVUwck91WEpRZVJ5S2YyWGw0R2kyM09M  
cXY1%250D%250ATTFLcG40WVENCg%250D%250A%26updated%3D1603738262120%26forceDownload%  
3Dtrue&sa=D&ust=1603742780051000&usg=AOvVaw0kt7W-41Mod1rkpoPWw5x2  
  
https[:]//www.google[.]com/url?q=https://survey1.myjetbrains.com/youtrack/api/fil  
es/8-  
4?sign%3DMTYwMzkyOTYwMDAwMHwxLTF8OC00fHV4bjEybfHFZcVUwck91WEpRZVJ5S2YyWGw0R2kyM09M  
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3Dtrue&sa=D&ust=1603742780052000&usg=AOvVaw0JbfLbMfRutl8QbOmGYfn-  
  
https[:]//docs.google[.]com/u/0/abuse?id=AKkXjow0yUYhttps://www.google.com/url?q=  
https://survey1.myjetbrains.com/youtrack/api/files/8-  
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J3piNdggMHLx-gx3vDW0ac6RXt0NttBphPjAGaQKow-aSqikXl0sXqqO2HVtoDOzwQUIGQwE:0
```



The actual Google Docs link to the Zero Day malicious site

# Encrypted Imaging Files



1P1GML1E.2	3/27/2017 7:20 PM	2 File
1P1GML1E.3	3/27/2017 7:20 PM	3 File
1P1GML1E.4	3/27/2017 7:20 PM	4 File
1P1GML1E.5.RYK	10/27/2020 7:30 AM	RYK File
1P1GML1E.6	10/27/2020 7:30 AM	6 File
1P1GML1E.7	3/27/2017 7:20 PM	7 File
1P1GML1E.8	3/27/2017 7:20 PM	8 File



# Cybercrime – Warning . . .

## Ransomware Wave Hits Healthcare, as 3 Providers Report EHR Downtime

A joint alert from HHS, DHS CISA, and the FBI warn of an imminent wave of ransomware attacks, including Ryuk, as three providers deal with IT disruptions under EHR downtime.



 By Jessica Davis

October 29, 2020 - The FBI is **investigating** an ongoing wave of cyberattacks, including Ryuk ransomware, trouncing US hospitals, health systems, and other providers. At least three systems have already been driven into EHR downtime this week: University of Vermont Health

The Federal Bureau of Investigation, Department of Homeland Security and Department of Health and Human Services [warned hospitals in October](#) of an “increased and imminent” threat from hackers.



11:14 4G LTE

AA chimecentral.zoom.us

**Webinar Registration Approved**

**CHIME Webinar with HHS & other federal officials on Urgent Cyber Threat to Health Sector**

Oct 30, 2020 03:00 PM  
Eastern Time (US and Canada)  
Webinar ID [929 9312 1683](#)

You can cancel your registration at any time.

Cancel Registration



# Cybercrime – Healthcare a prime target . . .

## Healthcare Organizations in the Crosshairs

The world changed with COVID-19, and ransomware operators took advantage of the pandemic to prey on organizations – particularly the healthcare sector, which was the most targeted vertical for ransomware in 2020. Ransomware operators were brazen in their attacks in an attempt to make as much money as possible, knowing that healthcare organizations – which needed to continue operating to treat COVID-19 patients and help save lives – couldn't afford to have their systems locked out and would be more likely to pay a ransom.

Ryuk ransomware stood out from the pack. In October 2020, a joint cybersecurity advisory was issued by the Cybersecurity and Infrastructure Security Agency (CISA), the Federal Bureau of Investigation (FBI) and the Department of Health and Human Services (HHS), warning healthcare organizations against Ryuk attacks.

## Healthcare Organizations in the Crosshairs

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# Initial Challenges – The Perfect Storm . . .

- Current TAC case on our hyper-converged infrastructure (HCI) server platform (delayed troubleshooting)
- Cisco AMP for Endpoints was not yet fully deployed (about a month into the new deployment)
- Cisco AMP for Endpoints was not yet fully configured for blocking the execution of malware





# Initial Challenges - Working with Cyber Insurance

## Talos

1. Attempt to determine root cause
2. Provide expert guidance on recovery

## Kivu

1. Recover offline systems
2. Compare Talos findings and any other cross contamination of systems

<https://kivuconsulting.com/>



# Next Steps . . . First Steps

## A

- 1) Strategy – Segment the Network - Shut all systems off – all systems offline.
  - A. Protect against further infections
  - B. Decrease lateral movement
  - C. Shut systems off enterprise wide



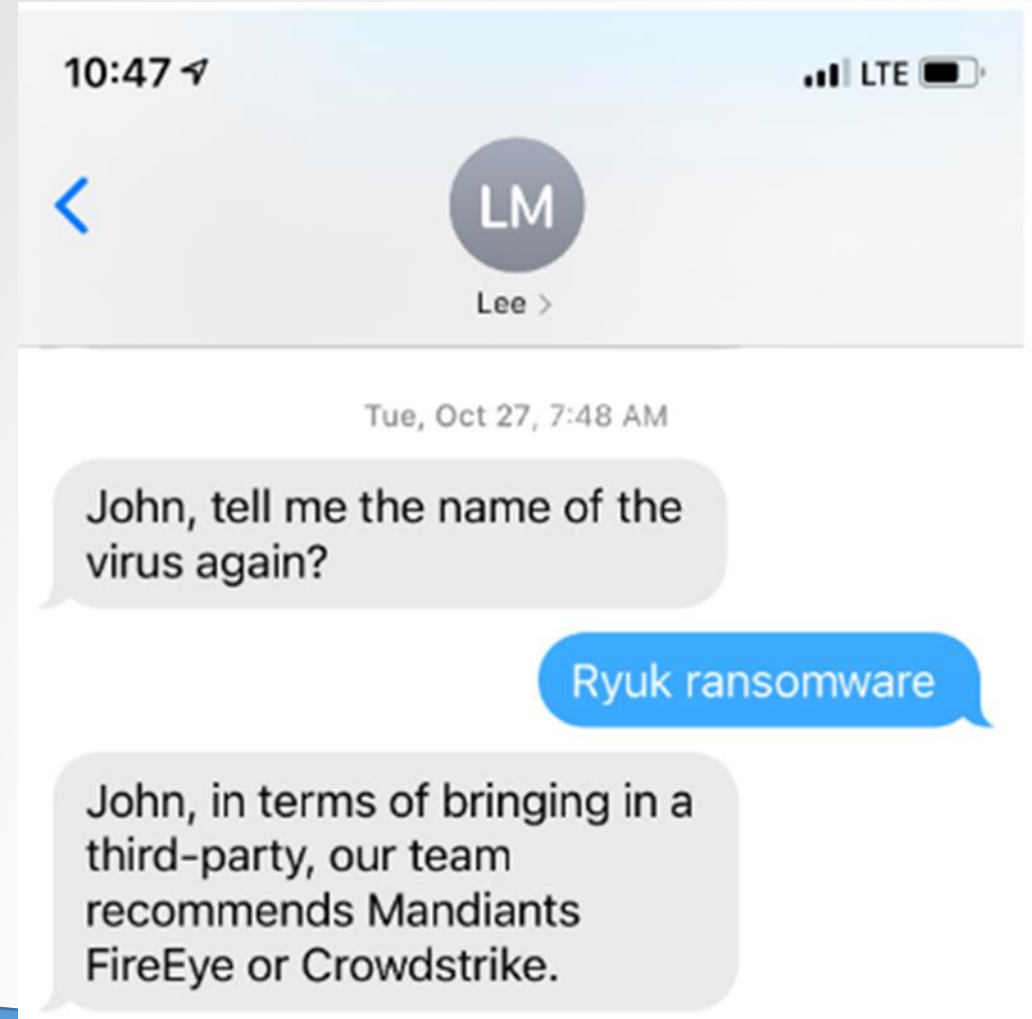
# Next Steps . . . First Steps

## B

Contact Asante Health System (AHS) leadership to disconnect systems from SLMC

- A. Connections - Tunnels
- B. Citrix
- C. Access
- D. Systems

- Asante – CIO notified about at 07:27 am.



# Next Steps . . . First Steps

## C

- 1) Establish a command center – 2<sup>nd</sup> floor – General Education Conference Room as well as Seven Lakes meeting room
- 2) Establish communications – daily huddles – 0815 Huddle and 1700 Huddle – hospital wide
- 3) Communication limited to Cisco WebEx (Teams) which had been established due to COVID-19 back in February 2020.



# Next Steps . . . First Steps

## D

- Many versions of prioritization of Servers
  - Example of upcoming snowstorm and the ability to have facility services run their heating systems for external surfaces

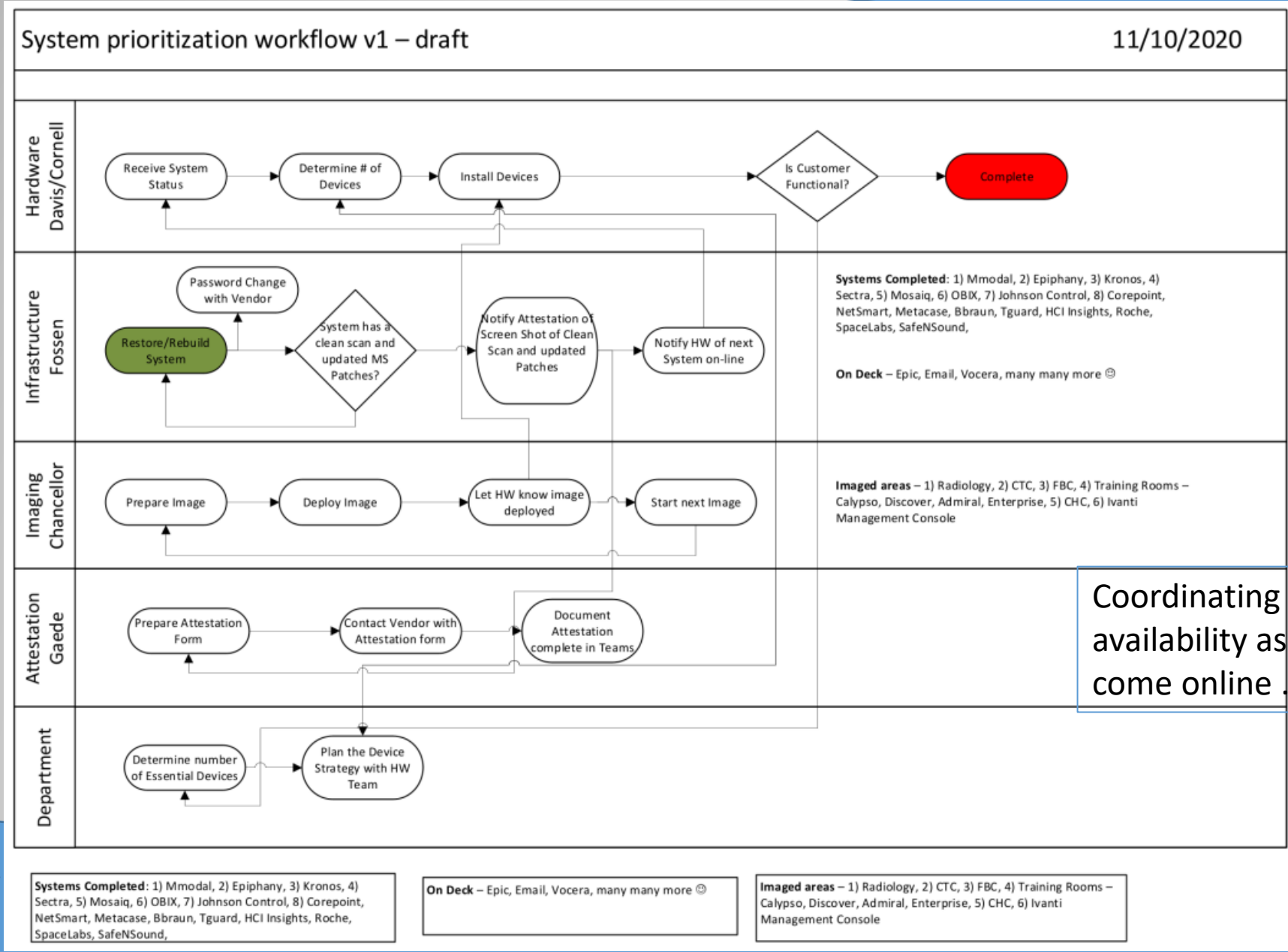
**Version 4 - could change as we go**

Add DC operate both FRADD and MWMC domain

1. Build new DCs install AMP/ Sentinel One
2. Snapshot Old / New DCs
3. Tried to demote non PDC DCs
4. Restore DHCP install AMP/ Sentinel One, shutdown
5. Move PDC to Triage Vlan
6. DC Promo New Temp
7. Move Roles to new DC Root then Child
8. Demote Old DCs
9. Power down Old DCs
10. Clean up data from old DCs <https://console.kim.sg/remove-dead-domain-controller/>
11. Clean up AD Domain Controllers DNS
12. Check GPO 75,284 objects
  - a. Fix corrupt GPOs
  - b. Look for MSI
13. Running auditing tools
  - a. Working on recommendation
14. Changes to GPO
  - a. Look for software installation (PowerShell)
  - b. IE trusted sites
  - c. Device guard
  - d. Disable Remote Registry which prevents PS Exec and WMI
  - e. Disable SMB v1 Everywhere
  - f. Disable RDP
  - g. Disable cache credentials
  - h. Change password policy
  - i. Disable Admin Shares
15. Clone DCs in case Golden Ticket breaks everything.
16. Reset Golden Ticket twice
17. Recreate Domain Admin accounts
18. Move all disabled accounts to the Disabled OU (3237 disabled accounts)
19. Reset All User & Service passwords and disable all accounts
20. Domain admin only to server
21. Build new DCs with old names and IPs
22. Move to Production
23. Raise forest functional level
24. Raise domain functional level
25. Get KMS running
26. Bring Exchange Online
27. Delete all accounts in Disabled OU
28. Build new DHCP servers and transfer roles from old DHCP servers
29. Renew Root Certificate Authority
30. Renew Sub Certificate Authority
31. Renew all Servers Certificates
32. Renew all Public Certificates
33. Reset local password on servers
34. Move Exchange to O365
35. Change domain function level to 2016
36. Servers
  - a. Restore Backup in Triage vlan
  - b. Install AMP / Sentinel One
  - c. Update VM Hardware
  - d. Update VM Tools
  - e. Install Windows patches



# Next steps . . . . Prioritization . . . Servers/PC's



Coordinating the PC availability as Servers come online . . .

**Systems Completed:** 1) Mmodal, 2) Epiphany, 3) Kronos, 4) Sectra, 5) Mosaiq, 6) OBIX, 7) Johnson Control, 8) Corepoint, NetSmart, Metacase, Bbraun, Tguard, HCI Insights, Roche, SpaceLabs, SafeNSound,

**On Deck** – Epic, Email, Vocera, many many more ☺

**Imaged areas** – 1) Radiology, 2) CTC, 3) FBC, 4) Training Rooms – Calypso, Discover, Admiral, Enterprise, 5) CHC, 6) Ivanti Management Console



# Next Steps . . . Process

## Server side

- 1) Dirty VLAN to the
- 2) Staging VLAN to the
- 3) Clean VLAN

- 1) Restore clean good known back-up in the clean environment (Staging VLAN)
- 2) Full installation and system scan with Cisco's AMP and Kivu's SentinelOne (Staging VLAN)
- 3) Full Microsoft patching (Staging VLAN)
- 4) Move server to clean VLAN – Production environment (Clean VLAN)
- 5) System Owner validation
- 6) Release for Production Use



# Next Steps . . . First Milestone – Network

- 1) Build out Active Directory in the clean VLAN (complete 11/04/2020)
- 2) Build out new Domain Controllers on the clean VLAN (complete 11/05/2020)





# Next Steps . . . First Goal

## – Device Side

- 1) Rebuilt or Replaced 2500 PC's
  - A. Replace about ~680 Windows 7 PC's or legacy PC's with Windows 10
    - I. New Image on new Windows 10 devices
  - B. Rebuild by Reimaging all remaining Windows 10 devices (~2000 devices 45 minute – 1.5 hour process)
  - C. No exceptions – including offsite PC's



# Next Steps . . . First Goal

## – Device Side

- 1) Deployed 42 iPads for Haiku and Canto
- 2) Set up User Access for Haiku/Canto
- 3) Set up scanners, printers, camera's (Patient Access)
- 4) Set up remote access to Asante with Cisco DUO (two Factor Authentication) for Epic Back-entry
  - A. Billing
  - B. HIM, Coding, Medical Records
  - C. Patient Access
  - D. Lab, Rad, Rx, Cardio



# Next Steps . . . 3<sup>rd</sup> Party

- 1) Pyxis (disconnect from network and then work with vendor to determine compromise before reconnecting)
- 2) Diagnostic Imaging – CT, MR, Xray, US, etc. (work with each vendor and assess compromise and reconnection process)
- 3) Smart Pumps – engage Bioengineering and Vendor to assess compromise



# Next Steps . . . First Goal – End User

- 100% strong password change with a minimum of 13 characters
  - Active Directory
  - All Servers/Vendors
  - All VPN's
  - EMR's
    - Epic
    - Home Health – NetSmart
    - Elekta Mosaik
  - All 150 other systems

Friday - November 20		Shift Change		Lunch / Shift Change		Shift Change		HOUSE SUPP - Lisa Smith Cell - 541-274-0406										
Location	Dept Help	6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	
IS HELP - Passwords		Shift 1: 8A - Sierra Childers			Shift 2: Sierra Childers			Shift 3: Sierra til 5			Channel: 5 - 10 (On Call for Unlock After)							HOUSE SUPP
CHC 1st Floor																		Unlock EPIC
CHC 2nd Floor									Send to Hospital									Susanne
CHC 3rd Floor									Send to Hospital									Curtis
Hosp 1st Floor - Williamson River Room									Moved to Command Center									Chanel
Hosp 2nd Floor - Enterprise		Command Center 6A - 10P [6-10 Andrea] [10-2 Mike T] [2-5 Anna] [5-10 Shae]																
Hosp 3rd Floor																		
Home Health									Send to Hospital									
Business Office									Send to Hospital									
Rehab									Send to Hospital									



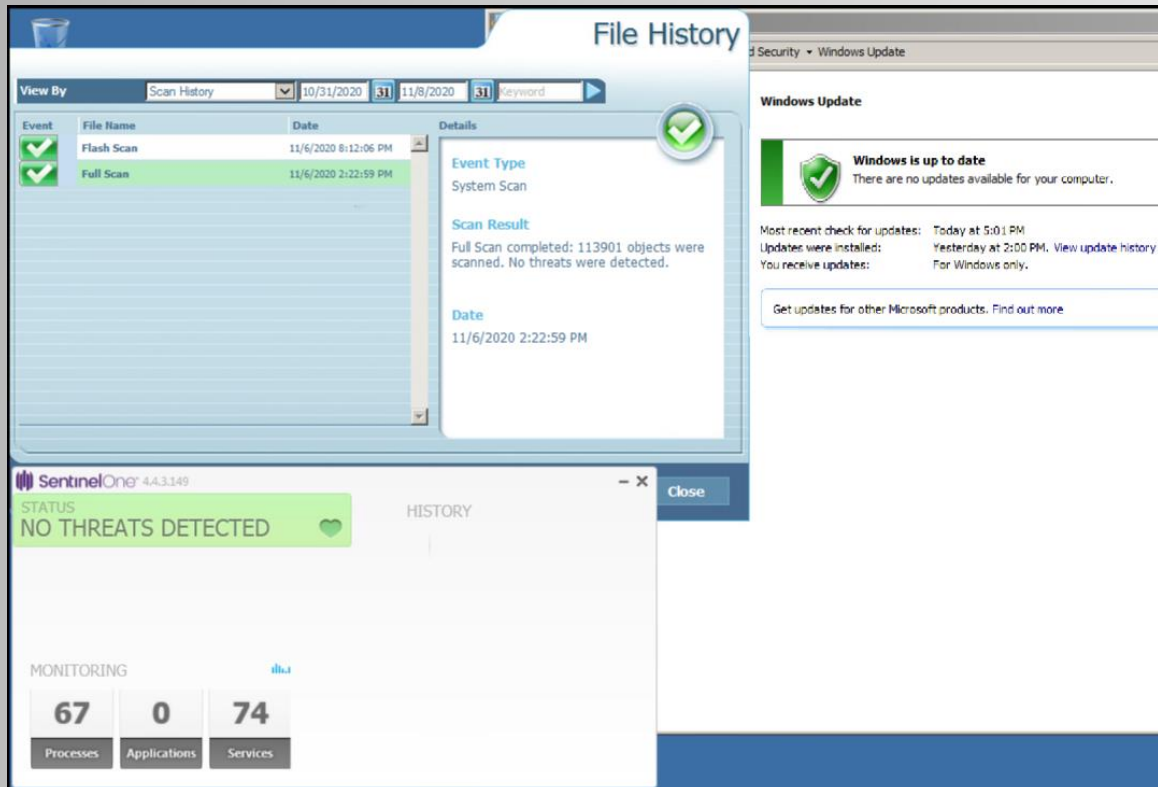
# Next Steps . . . First Clinical System – Cancer Treatment Center

- 1) Restore Elekta – MOSAIQ – Radiation Oncology
- 2) Restore Elekta – MOSAIQ – Medical Oncology
- 3) Ray Station

- Systems recovered in clean vlan on the evening of 11/07/2020 and in Production environment 11/09/2020



# Next Steps . . . Clinical System – Communication with Vendors



The image shows two overlapping windows from a Windows operating system. The background window is the SentinelOne security dashboard, displaying a 'NO THREATS DETECTED' status and monitoring metrics for Processes (67), Applications (0), and Services (74). The foreground window is the Windows Update notification, which states 'Windows is up to date' and provides details about the most recent update check and installed updates.

## XXX healthcare

### Attestation of Client Incident Remediation.

Upon notification of an information security incident taking place within a client's environment where XXX maintains a VPN connection. The XXX Security team may deem it necessary to sever the VPN connection until remediation of the incident is confirmed by the client. By filling out and submitting this form the client affirms that their environment is, to the best of their knowledge, free of any malicious actor or malware.

Client Organization Name	Sky Lakes Medical Center
Client Security Contact Email	[REDACTED]
Client VPN Peer IP Address	[REDACTED]
Incident Start Date (if known)	10/26/2020
Incident Remediation Date	11/03/2020

In order to help the XXX Security [team](#) understand the threat to its environment please share any appropriate details about the nature of the compromise, the attack vector used to infect, and steps taken to remediate the incident. It is understood that these details can be sensitive or privileged information, so this section is optional.

On 10/26/2020 Sky Lakes Medical Center (SLMC) was compromised by Ryuk Ransomware. On 11/03/2020 Sky Lakes Medical Center built out a clean vLAN to recover on.

On [REDACTED] SLMC recovered the XXX servers in the clean environment. Attached are screen shots of up-to-date MS patches and clean scans of the server.

Submitter Name	Submission Date
[REDACTED] Director of Information Systems	[REDACTED]



# Next Steps . . . First Clinical System – Epic Connection with Asante - MOU

- 1) Asante Health System to build out reconnection steps and criteria for SLMC and AHS
- 2) Build documentation
- 3) Agree on the Memorandum of Understanding (MOU)
  - A. 3<sup>rd</sup> Party Clean Bill of Health
  - B. Annual Risk Assessments with PEN Testing
  - C. Incident Notification – Timely
  - D. NIST v2 Framework – Security Posture/Culture



# Next Steps . . . First Enterprise Clinical System - Epic

- 2) Restore 3<sup>rd</sup> Party Systems to support Epic
  - G. BCA – Business Continuity Access
  - H. EPS – Epic Print Servers
  - I. Go Anywhere – Secure File Transfer
  - J. Right Fax – Faxing
  - K. Citrix – Asante and SLMC





# Next Steps . . . First Enterprise Clinical System - Epic

- 1) Restore Epic to full clinical use enterprise wide
- 2) Restore 3<sup>rd</sup> Party Systems to support Epic
  - A. Interface Engine – Corepoint (Lyniate)
  - B. Pyxis – Pharmacy
  - C. Sectra PACS – Diagnostic Imaging
  - D. Data Innovations (DI), Remisol, RALS (POC), HCLL, LabCorp, Mayo, Reliance – Laboratory
  - E. Cardiac Monitoring Equipment – SpaceLabs
  - F. EKG's - Epiphany

Epic GO LIVE 11/18/2020 @2230



# Next Steps . . . Documented GO LIVE plan to Asante

## SLM Re-connect Plan

**Overview:** SLM plans to start our extended downtime reconnect plan Sunday Nov 15. We will be following the standard approved Asante process for census balancing and data re-entry SLM and AHS use after downtimes. We estimate this process will take 6-8+ hrs depending on the hospital census. At the completion of census balancing and data entry, we will make the Epic Icon available to end user devices. Our Goal is to have Epic available to all users by 05:45 Monday morning for all SLM users.

\*SLM leadership has determined that Sunday afternoon into early Monday am is the best time to take advantage of minimal patient movement, lower admission rates, and AMB sites being closed.

### Prep Stage

-Epic connectivity: Complete and working as of 11/13. Joint accomplishment of AHS and SLM  
 -Network connectivity: Completed and working as of 11/13. Joint accomplishment of AHS and SLM

-Epic support services: SLM has determined Epic Support services such as PACS, Spacelabs, Pyxis, and key services are connected ready for use again. Connectivity to these systems via SLM and AHS interface system was completed 11/13.

-End-user device 'readiness': SLM teams will round 11/14 and 11/15 on all devices to check that devices are connected and ready for Epic icon deployment. SLM network teams will also verify and monitor device connectivity.

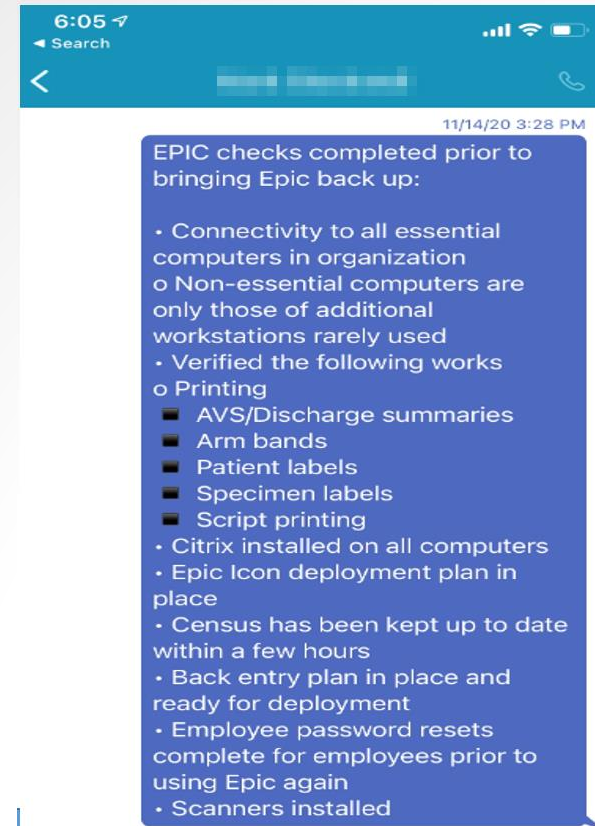
-User Security: SLM personnel have been actively updating new AHS and SLM passwords. We feel the majority of staff have done so. We have on-going plans in place to continue to support staff that have not had a chance to update yet.

-Device Testing: SLM Epic Analysts will test printing and scanning devices 11/14 in preparation for 'go-live'. SLM analysts will notify their AHS counterparts of the 3 PRD testing patients they will use for testing. SLM analysts will follow the same PRD testing patient process SLM and AHS have used in past RQ events. Chanel Doyle is our lead on this testing.

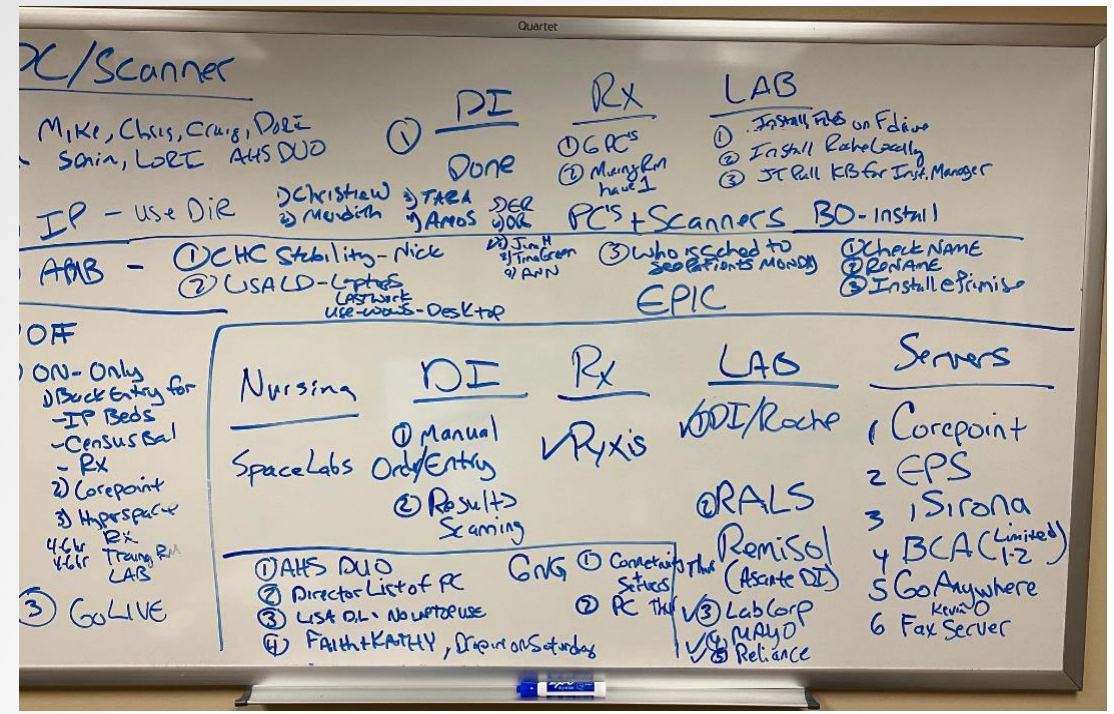
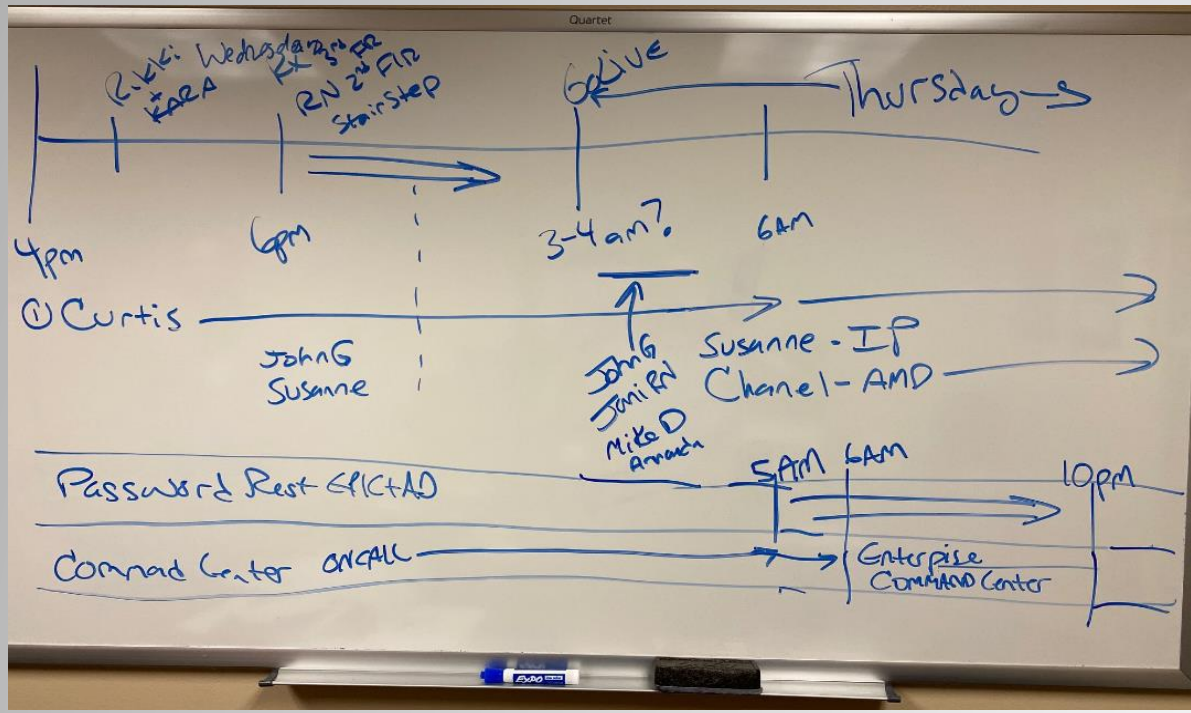
-Noted AHS team request: SLM would like to request use of a 'Downtime Provider' EMP to be used for back-entry orders. This process was used for the SLM Go-live with AHS in 2015.

\*If this can not be accommodated- SLM would like recommendations from AHS for best practice for this unique situation.

\*If no clear process is defined, SLM will follow the standard downtime process of determining the downtime paper orders ordering provider and using that specific provider as the Epic ordering provider in Order Management.



# Next Steps . . . GO LIVE- Epic Coverage and Planning - Whiteboarding



Epic – Support – Team coverage –  
Command Center . . .

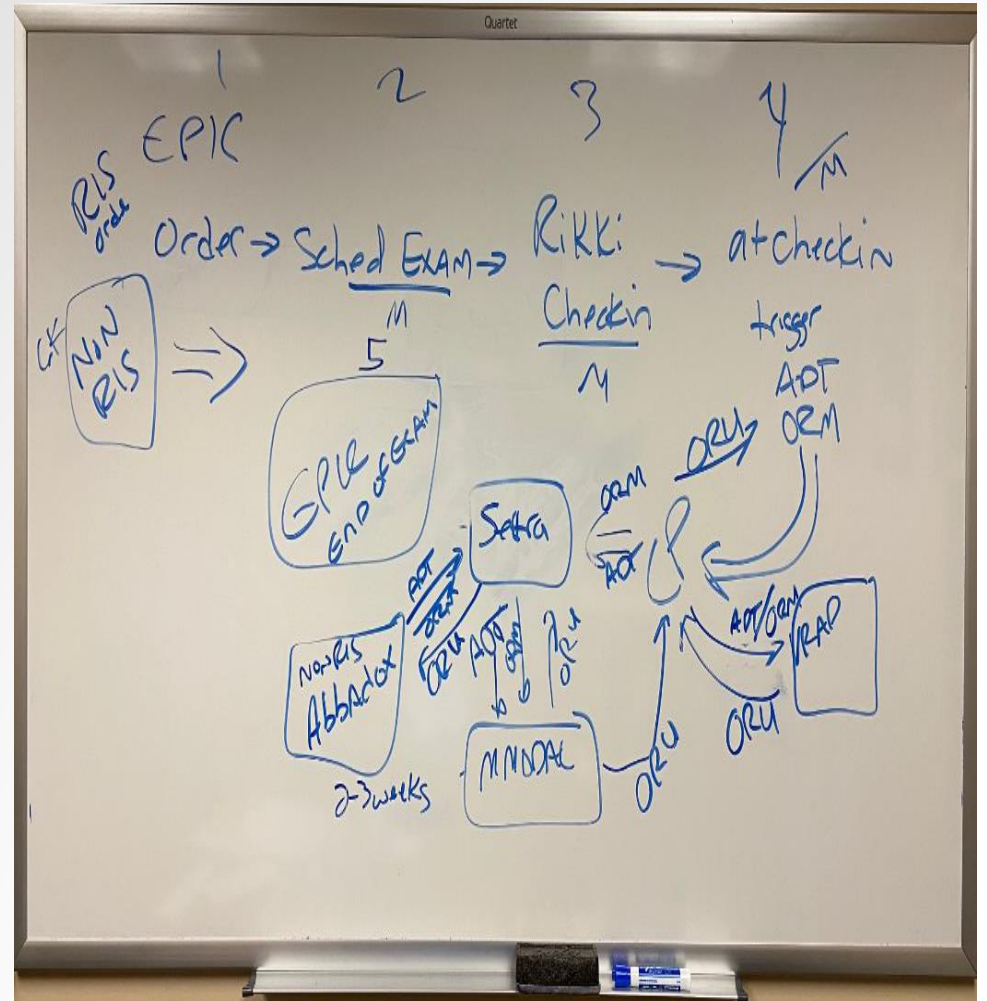
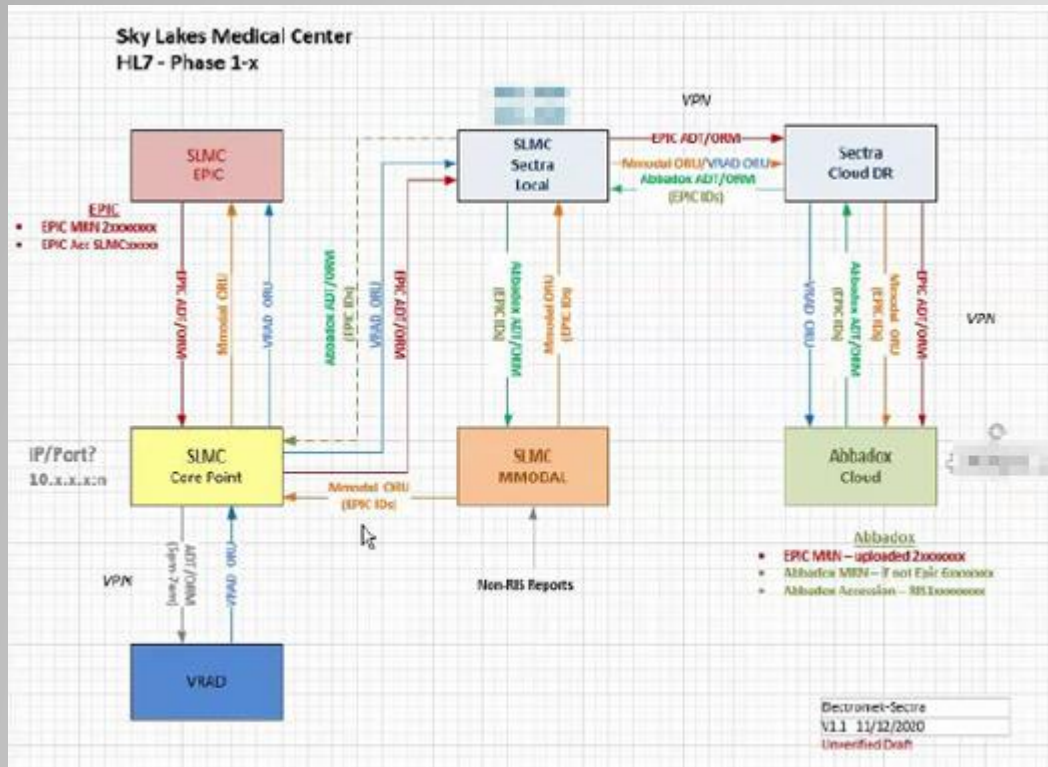
Epic systems planning . . .



People, processes and technology . . .

# Next Steps . . . GO LIVE- Sectra PACS

## - Whiteboarding



Build out an integrated PACS solution to work with Epic . . .

# Next Steps . . . GO LIVE- Epic Back-Entry of Data

- 1) Back-Entry for GO-LIVE – Registration, Nursing, Pharmacy
  - B. All patients in a bed had to have the paper record keyed into Epic – Lab, Rad, Cardio, Dietary
  - C. All orders entered and up to date



Clinical Back-Entry Team – MD's, RN's etc.



# 100% downtime – full paper

- Epic offline 23 days – Go LIVE Wednesday November 18<sup>th</sup> @ 2230
- Email restored about day 30 to a pilot group
- P drive/ F drive



# Scripps hit May 01 . . . Now day 20. . .

## Scripps CEO addresses malware attack in memo to staff: 7 things to know

Jackie Drees - 3 hours ago [Print](#) | [Email](#)

2. . . . Mr. Van Gorder thanked employees for their continued support: "I've been asked how much more you can all take on top of what you have already done over the past 15 months and more," he wrote. "My answer is Scripps will always do what is necessary to care for our patients first so that means we will do whatever it takes to do so – and you are. **Using our manual systems for a couple of hours is one thing – it's another altogether to do it for days – but you are.**"



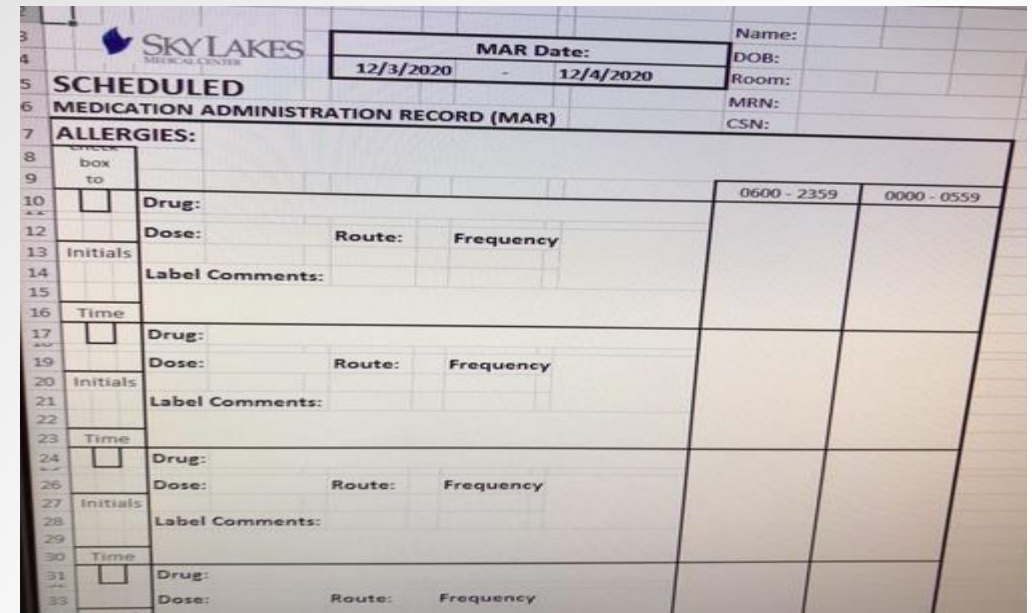
# 100% downtime – full paper

Problem : Managing 'Medication Administration Records' without the EMR.

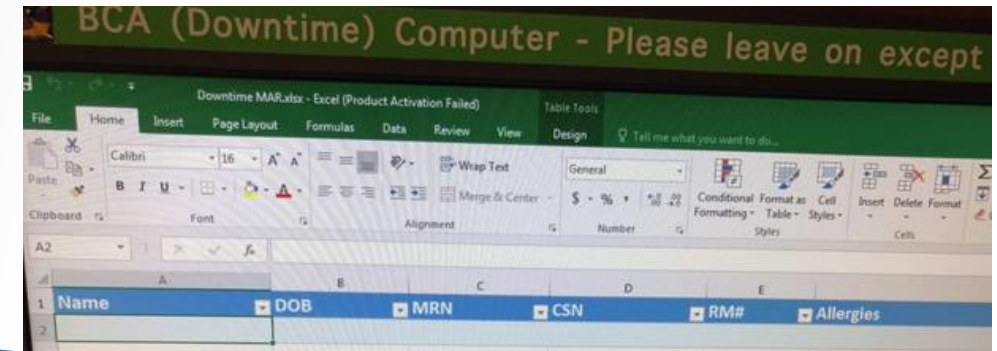
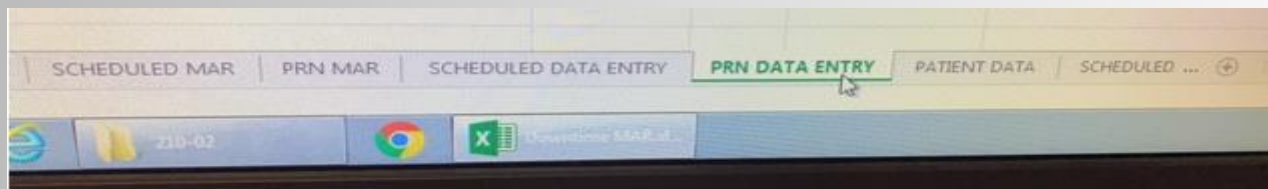
Challenge was that during our downtime, we had to create and manage a paper written Medication Administration Record (MAR).

The paper process was very labor intensive to manage and edit multiple medications per patient. This MAR only covered a 24hr time span, so it had to be transcribed and verified to a new record each day. Without additional staff (unit secretaries), this task had to be added to the RN role. The transcription and verification was taking 30-45minutes per patient.

Solution- Nursing Educator and Clindoc Analyst Brad N developed an Excel Spreadsheet to manage the MAR. Medications were recorded and verified once a shift on this tool. This allowed us to do edits instead of complete re-writes of the paper, allowed for standardization (look, feel, structure, etc); reduced hand-written errors; provided printed text instead of hand-writing; and allowed for clean record keeping. Nursing still printed the MAR to document on and work from but keeping the medication orders current on the Spreadsheet made the task much more manageable and safer. Ultimately, this allowed us to regain some functions that the EMR normally provides.



MAR Date:		Name:	
12/3/2020	12/4/2020	DOB:	
SCHEDULED MEDICATION ADMINISTRATION RECORD (MAR)		Room:	
ALLERGIES:		MRN:	
		CSN:	
box to		0600 - 2359	0000 - 0559
<input type="checkbox"/>	Drug:		
	Dose:	Route:	Frequency
Initials	Label Comments:		
Time			
<input type="checkbox"/>	Drug:		
	Dose:	Route:	Frequency
Initials	Label Comments:		
Time			
<input type="checkbox"/>	Drug:		
	Dose:	Route:	Frequency
Initials	Label Comments:		
Time			
<input type="checkbox"/>	Drug:		
	Dose:	Route:	Frequency







HEALTH



## Scripps ransomware shutdown hits the two-week mark

“I cannot stress this enough, every minute we are there we feel like we are playing with our license,” one nurse said, adding that many have been advising their own family members to stay away. “We are all buying malpractice insurance at this time.”

While it was clear that many were out of practice using more manual methods, the 60-year-old said that, in her experience, there was plenty of safety-related redundancy. “Everything was double- and triple-checked,” she said.

[Scripps ransomware shutdown hits the two-week mark - The San Diego Union-Tribune \(sandiegouniontribune.com\)](https://www.sandiegouniontribune.com) accessed 05/15/2021



# Clinical Impacts . . .

## 1) The Medical Record–

- A. Patient History (find phone numbers and call family)
- B. How to correctly place an order (EMR has all the steps)
- C. Bins to transport tubes in the ED

## 2) Communication-

- A. Between Shifts – relied on ‘white boards’
- B. Between departments – Lab, Rx, Imaging, Nursing
- C. Staffing – relied on texting and cell phones



# Operations Impacts . . .

- Paper
  - Prescription pads – availability and enough
  - Toner for all the copying
  - Correct documentation – Signatures, Diagnosis, Dates, Orders
  - Enterprise wide impact – Billing, Invoices for Non-Patient AR etc,
- Providers who have only had training on EMR's, now paper
- Massive backlog of paper
  - To be scanned (HIM)
  - Coding/Billing delays – looking for paper
  - Clinics – MD signatures



# Clinical Impacts . . .

“We have worked downtime out of our processes” Ron  
Woit, acting CNO, Sky Lakes Medical Center (03/08/2021)



# Back-Entry of Data Importance ...

- 1) Post live back entry: Affects all operations –
  - A. Billing
  - B. HIM – Medical Record
  - C. Clinical data continuity
    - I. Discrete data
    - II. Scanned records
  - D. Reporting
    - A. Gap in Data
    - B. Regulatory reporting



# Potential Data Loss . . .

- Diagnostic Imaging Images
- 40 TB over more than a decade
- 1.5 million studies
  - Potentially unrecoverable images
- Data not stored on the P and F drives



# Financial Impacts . . .



Experience is the hardest  
kind of teacher.

It gives you the test first  
and the lesson afterward.

- *Oscar Wilde*





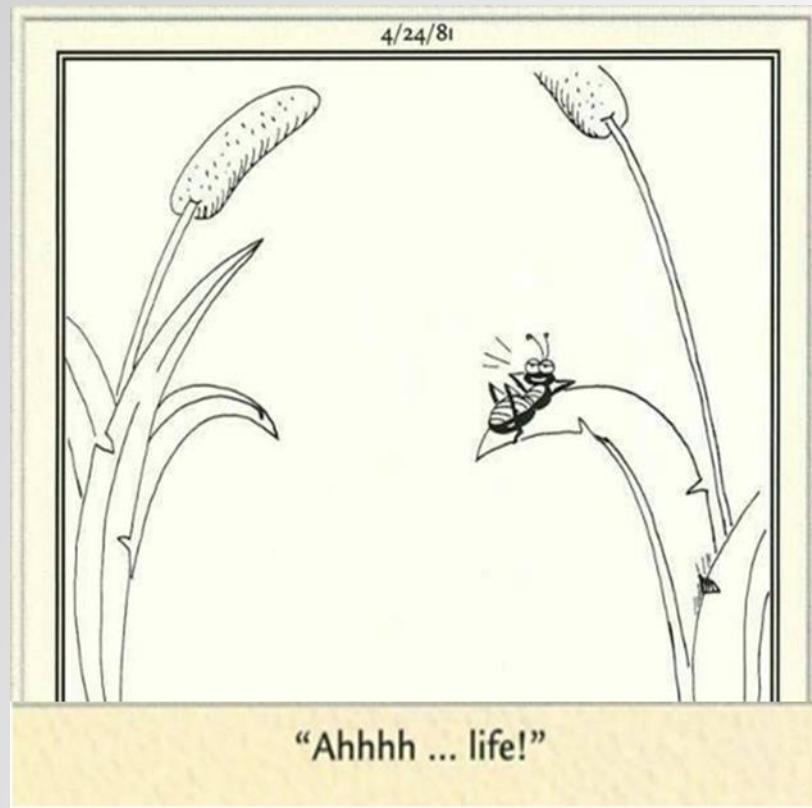
# PFS Operations: Pre Ryuk

Sunday, October 25, 2020				
	Total AR Days	Total AR Dollars (M)	Candidate for Billing Days Claims Pending Days	Candidate for Billing Dollars (M) Claims Pending Dollars (K)
HB	<b>56.2</b>	<b>\$92.7</b>	<b>14.5</b>	<b>\$23.9</b>
PB	<b>36.8</b>	<b>\$4.5</b>	<b>0.7</b>	<b>\$86.0</b>
	Outstanding Claims Days	Outstanding Claims Dollars (M)		
HB	<b>26.5</b>	<b>\$43.7</b>		
PB	<b>20.7</b>	<b>\$2.5</b>		
	% AR <60 Days	Clean Claim Rate		
HB	<b>79.7%</b>	<b>87.5%</b>		
PB	<b>71.0%</b>	<b>88.9%</b>		



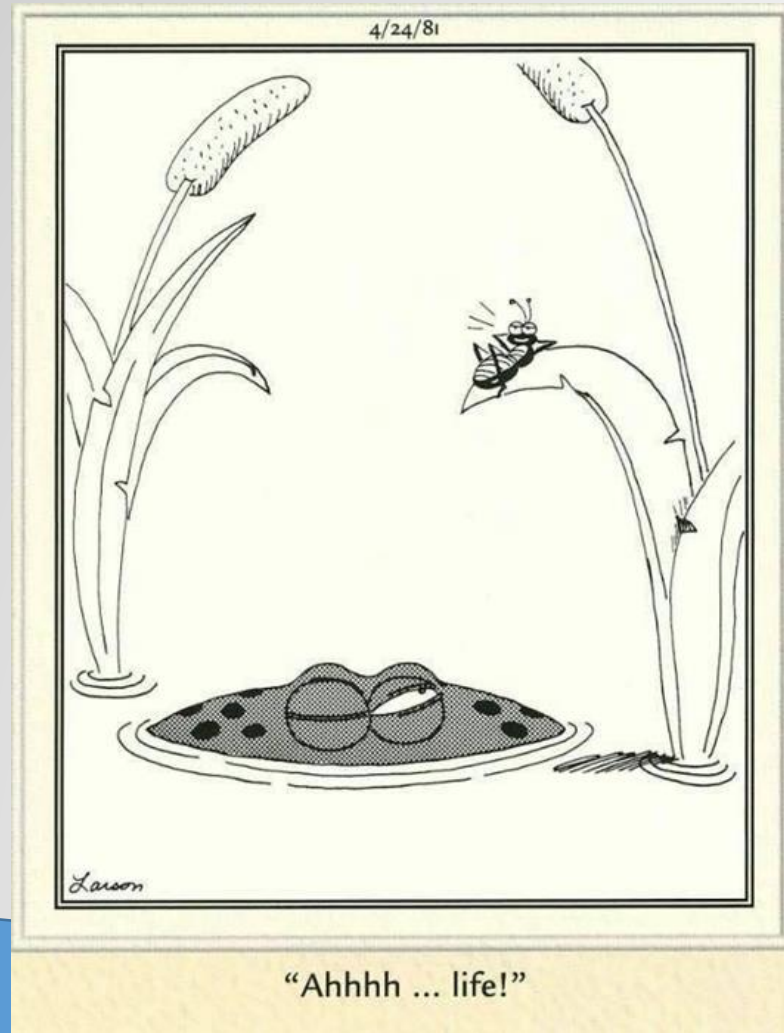
# October 25, 2020

Our view of the world...



# October 26, 2020

The world's view of us...

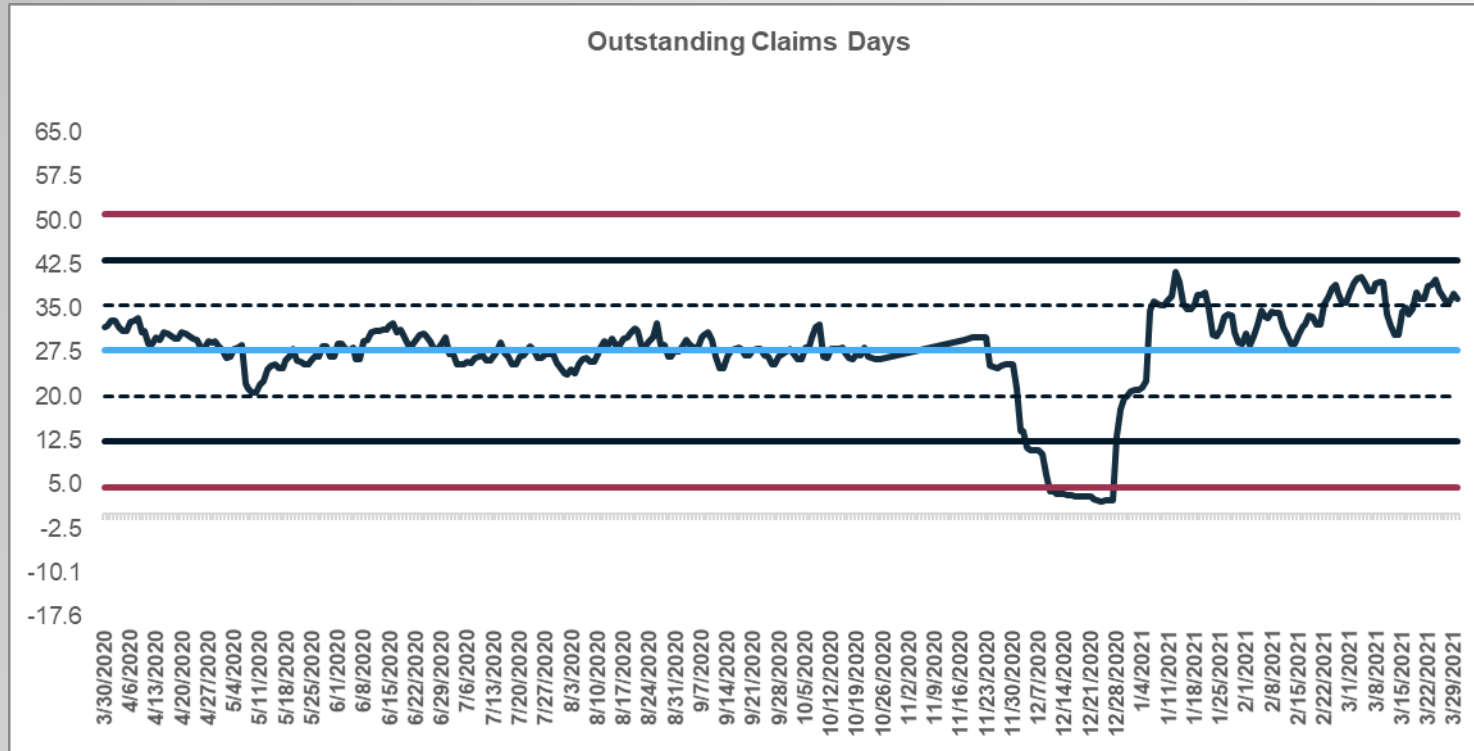


# PFS Operations: Post Ryuk

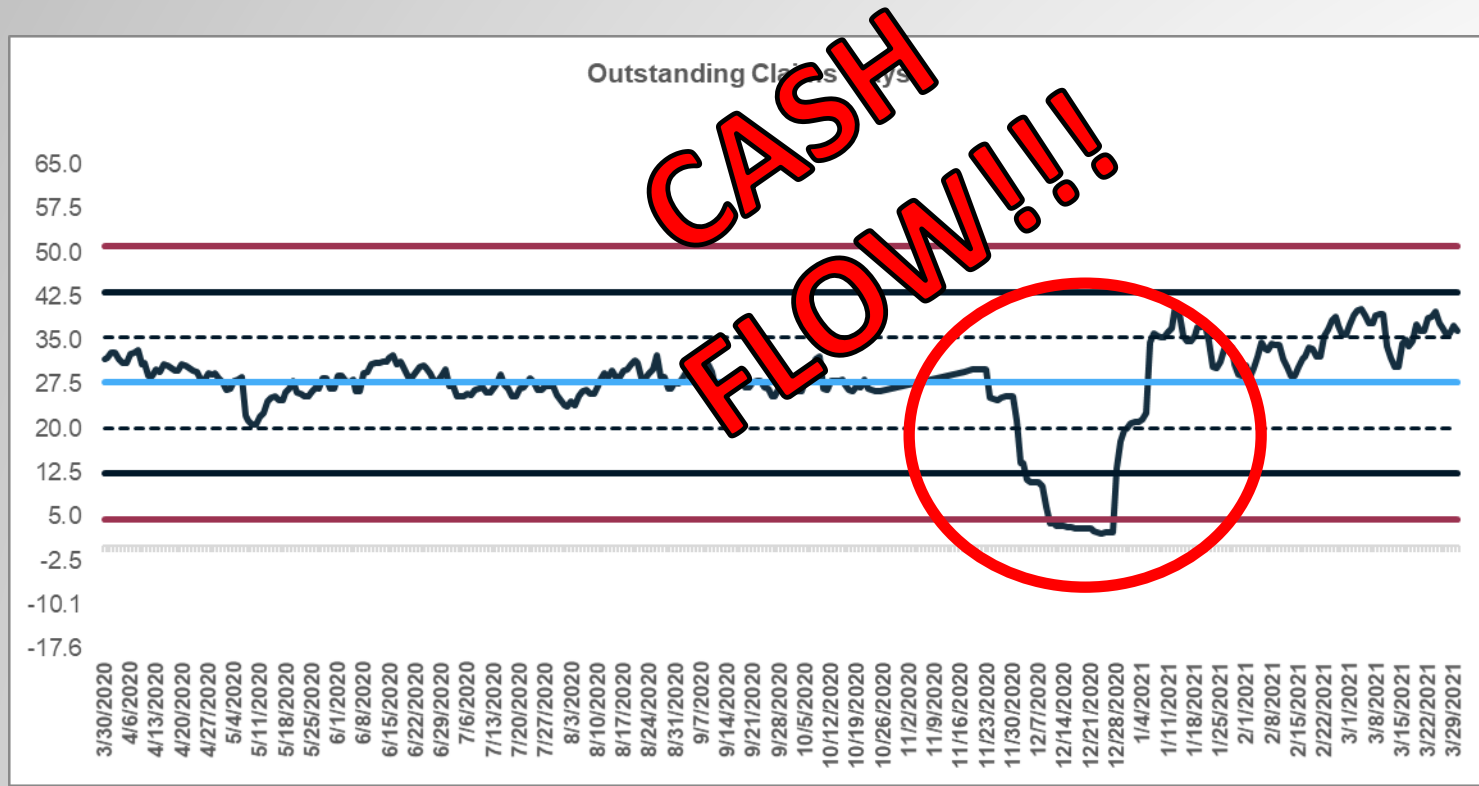
Friday, April 23, 2021				
	Total AR Days	Total AR Dollars (M)	Candidate for Billing Days Claims Pending Days	Candidate for Billing Dollars (M) Claims Pending Dollars (K)
HB	<b>107.8</b>	<b>\$159.6</b>	<b>52.5</b>	<b>\$77.7</b>
PB	<b>81.7</b>	<b>\$6.8</b>	<b>2.5</b>	<b>\$211.9</b>
	Outstanding Claims Days	Outstanding Claims Dollars (M)		
HB	<b>41.3</b>	<b>\$61.2</b>		
PB	<b>54.6</b>	<b>\$4.6</b>		
	% AR <60 Days	Clean Claim Rate		
HB	<b>55.3%</b>	<b>89.1%</b>		
PB	<b>70.5%</b>	<b>88.0%</b>		



# Critical Metric: Post Ryuk



# Be Prepared



- Outstanding Claims drop from 30.2 days to 4.6 days – ONE MONTH!



# PFS Ryuk Time-Line

## • Timeline

- 10/25/20 Operations normal
- 10/26/20 – 11/17/20 No Activity
  - No billing
  - No follow-up
  - No posting
  - No customer statements
- 11/18/20 Epic up
- 11/23/20 Posting resumes
- 12/28/20 1<sup>st</sup> post disaster claim run
- 1/4/20 1<sup>st</sup> statement run
- 1/6/21 Autopayment issue
- 1/7/21 Autopayment issue resolved
- 3/19/21 Remaining disaster claims released



# Recovery

## First Action To Take...

- Get on the phone and contact major payors

## First Oops...

- No access to contacts stored in Outlook

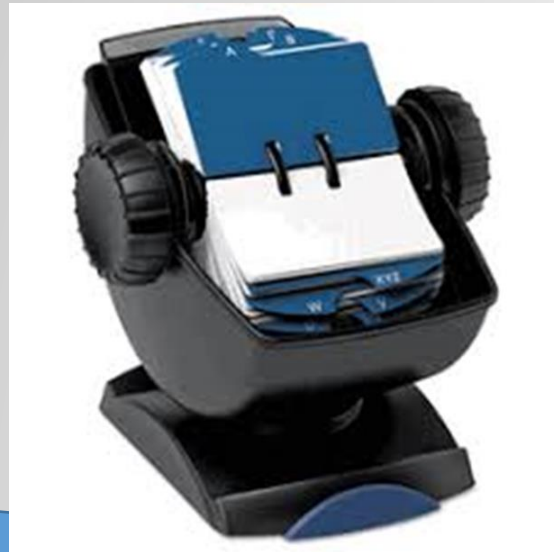




# Recovery

## Tip

Make sure you have all contacts saved on another device or (dare I say it) written in a Rolodex



# Recovery

## Question

If Epic was restored on 11/17/20, why didn't billing resume until 12/28/20?

## Answer

There were no claims ready to be billed.

- Billing System
  - Interfaces needed to be re-established
- Charge Capture
  - There was about one month of back-logged charges to be entered into Epic
- Coding
  - Coding continued to be out of commission until encoder was restored

## And...



## Recovery (continued)

We didn't know what would happen when we turned everything back on.

- No other Epic facility had done a total shut down
- Epic was not sure what would happen



## Recovery (continued)

**When we flipped the switch,  
everything worked!**



# Recovery (continued)

Once we were up and running:

- Clinical Departments
  - Were able to begin charging current services
- Coding was able to begin coding current claims

The challenge was the back-logged charges

- Paper records needed to be entered into Epic
  - Limited staff available
  - Questionable documentation
    - **Critical Finding: Many of our clinical staff had never documented on paper!**



# Recovery (continued)

## The Unintended Opportunity

From January to the end of March we had two groups of claims to work

- New claims (starting in January)
- Aged claims
  - We used this time to aggressively work AR >90 Days  
This enabled us to concentrate on the Down-Time claims when they were released



# PFS Operations: Recovery

Wednesday, May 12, 2021				
	Total AR Days	Total AR Dollars (M)	Candidate for Billing Days Claims Pending Days	Candidate for Billing Dollars (M) Claims Pending Dollars (K)
HB	<b>66.3</b>	<b>\$123.0</b>	<b>18.5</b>	<b>\$34.4</b>
PB	<b>43.9</b>	<b>\$6.0</b>	<b>2.2</b>	<b>\$304.7</b>
	Outstanding Claims Days	Outstanding Claims Dollars (M)		
HB	<b>33.7</b>	<b>\$62.5</b>		
PB	<b>27.7</b>	<b>\$3.8</b>		
	% AR <60 Days	Clean Claim Rate		
HB	<b>66.1%</b>	<b>91.6%</b>		
PB	<b>66.2%</b>	<b>90.5%</b>		



# Summary . . .





# Recovery . . . All other systems

- 1) Restore from good known backups (Cohesity) – all other systems
- 2) For SLMC that is about 650 servers and 150 applications
- 3) Complete recovery of systems in March 2021 (Oct 26, 2020 – March 2021)



# Complete Recovery – May 2021

- 6 months for full recovery
  - All billing sent
  - All systems online
  - All Medical Records complete



# How do we prevent this?

- Good Backups
- SOC – 24/7/365  
Security Operations  
Center
- Education – 1<sup>st</sup> Line of  
defense
- Playbook
- Paper
- Learned something  
about rapid  
deployment of  
systems



The resiliency of good, hard working people and partnership companies . . .

# Technology to solve the problem?

VANITY FAIR **H I V E**

## THE HUMAN FACTOR

---

Airline pilots were once the heroes of the skies. Today, in the quest for safety, airplanes are meant to largely fly themselves. Which is why the 2009 crash of Air France Flight 447, which killed 228 people, remains so perplexing and significant. William Langewiesche explores how a series of small errors turned a state-of-the-art cockpit into a death trap.

BY WILLIAM LANGEWIESCHE

ILLUSTRATION BY SEAN MCCABE

SEPTEMBER 17, 2014

[Should Airplanes Be Flying Themselves? | Vanity Fair](#) accessed 05032021 written by William Langewiesche, illustration by Sean Mccabe Sept 17,2014



# Summary of Strategic Recommendations

Priority	Recommendation
HIGH	Implement Multi-factor Authentication
HIGH	Continuous Monitoring
MEDIUM	Centralized Log Repository
MEDIUM	Incident Response Team or Retainer
LOW	Incident Response Plans and Playbooks
LOW	Security Awareness Program



# Q & A

