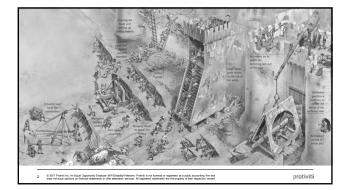
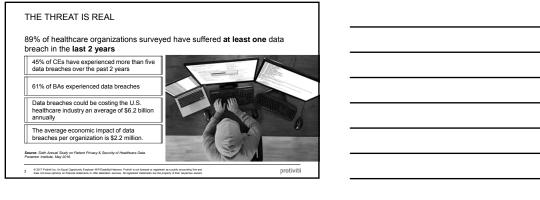
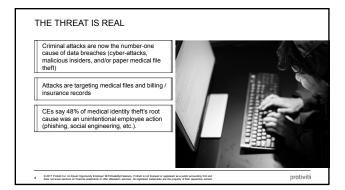
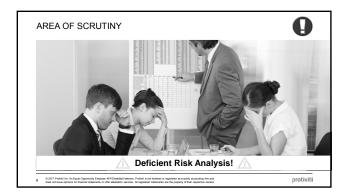
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	CYBERSECURITY CONSIDERATIONS & RISK ANALYSIS PROCESSES
Protiviti's Portion of the jo "HIPAA COMPLIANCE Ti	Compliance Institute MARCH 20-29, 2017 Min Beestor: HAT ADDRESSESS THE PRISKS OF TODAY AND WILL GROW WITH YOU IN THE FUTURE*



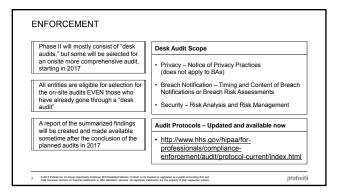












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Ad @hhs.gov as a known address to avoid losing emails in spam Ad @hhs.gov as a known address to avoid losing emails in spam Covered Entities - make sure you have a list of your Business Associates ready Modeoure Attributes - make sure you have a list of your Business Associates ready Out out out out out the stand on its own because the main interaction with OCR is loading your documents: • On the ybe understood by an auditor? • Subdet the protocols • Comprehensive • Comprehensive

HIPAA compliance reviews a		HIPAA Penalties v	s. Settlements
complaint investigations are more thorough than the Pha audits		 OCR most often action plans" 	"settles" and creates "corrective
Complaint Investigation – co driven	mplaint	 These amounts are vastly reduced compared to what they could enforce through actual civil monetary penalties under the HITECH Act 	
Compliance Review - bread	h driven		
Trending Issues			
Lack of BAA BAA not updated after HITECH Incomplete or inaccurate	secur	ning of software	Insider threat Improper disposal Insufficient backup and contingency planning



EVALUATION VS. RISK ANALYSIS

Evaluation

 Gap assessment comparing compliance practices against the individual standards/requirements Guidance may be found at: <u>http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/securityruleguidance.html</u>

Risk Analysis / Risk Management

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Identify and assess risks to all of your ePHI
 Take action to reduce risks and vulnerabilities to a reasonable and appropriate level
 Guidance may be found at:
 http://www.hhs.gov/ocr/privacy/hipaa/administralive/securityrule/rafinalguidance.html

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Standard	Requirement	Specification	Detail	
Evaluation §164.308(a)(8)	\$164.308(a)(a) Perform a periodic technical and nontechnical evaluation, based nitially upon the standards implemented under this rule and subsequently, in response to environmental or operational changes affecting the security off electronic protected health information, that a security of environmental and the security of electronic protected health environmental transmission and the environmental and the security of electronic protected health electronic protected hea	N/A	N/A	

Standard	Requirement	Specification	Detail
Security Management Process §164.308(a)(1)	\$164.308(a)(1)(i) Implement policies to prevent, contain, and correct security violations.	Risk Analysis	§164.308(a)(1)(ii)(A) Conduct an accurate and thorough <u>assessment of</u> the potential risks and <u>vuloravalitides</u> to the confidentiality, integrity, and availability of electronic protected health information held by the covered entity.
		Risk Management	\$164.308(a)(1)(ii)(B) Implement security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level

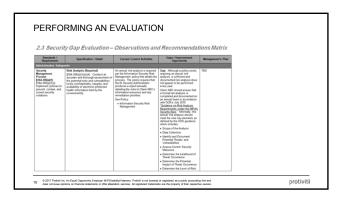


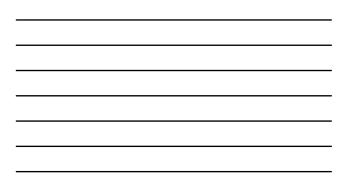
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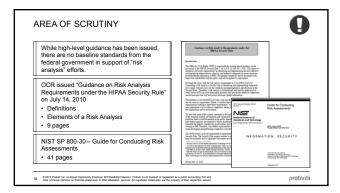
p://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/securityruleguidance.html
s links to a number of good reference documents including some developed specifically to rify the Security Rule

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ELEMENTS OF A RISK ANALYSIS

1. Scope of Analysis

- An organization's risk analysis should include the potential risks and vulnerabilities to the confidentiality, availability and integrity of all ePHI that an organization creates, receives, maintains, or transmits. (45 C.F.R. § 164.306(a))
 All ePHI, regardless of the particular electronic medium in which it is created, received, maintained or transmitted or the source or location of its ePHI.
- - O Hard Drives/USB Drives/Floppy Disks
 O Backup Media/Transmission Media
 O Etc.
 - o Cell Phones/PDAs

2. Data Collection

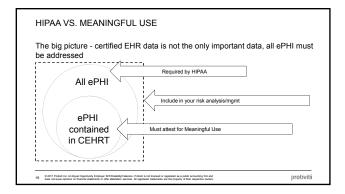
Identify and document where the ePHI is stored, received, maintained or transmitted. (45 C.F.R. \$ 164.308(a)(1)(ii)(A) and 164.316(b)(1)) Questionnaires, Interviews, Automated Scanning Tools

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Scope of you	r Risk Analysis is a big area for OCR	
Audit pro	otocol	
	e entityconduct an accurate and thorough assessment of the potential ris ntiality, integrity, and availability of all the ePHI it creates, receives, maintain ts?	
 Obtain 	and review the written risk analysis documentation for:	
 A de ePHI 	fined scope that identifies all of its systems that create, transmit, maintain, o	r transmit
The wo	rd "all" appears four different times in this one protocol	
Resoluti	on Agreements	
Failure	to conduct risk analysis and implement risk management plans (MAPFRE 1	/18/17 \$2.2m
 Failure 	to conduct a thorough risk analysis of all of its ePHI (Lahey Hospital 11/24/2	2015, \$850k)
	entity had conducted an accurate and thorough risk analysis (New York Pre bia University 5/7/2014, \$4.8m)	esbyterian and
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Applications	Asset Types
EHR	Desktops/Laptops Sarver Sarver Sarver Sarver Backup Tapes USBs Medical Devices Printers Mobile Devices
Email	Vendor Cloud Desktops/Laptops Mobile Devices (smartphones/tablets/etc.)
Network Shares	Server Backup Tapes
Electronic Voicemail	Server Backup Tapes Desktops/Laptops

3. Ide	ntify and Document Potential Threats and Vulnerabilities
	tify and document reasonably anticipated threats and vulnerabilities to ePHI. (45 C.F.R. §§ 306(a)(2), 164.308(a)(1)(ii)(A), and 164.316(b)(1)(ii))
	reat - "[t]he potential for a person or thing to exercise (accidentally trigger or intentionally ploit) a specific vulnerability."
0	Natural – Floods, Earthquakes, Tornadoes, etc.
	Human – Inadvertent data entry, malicious software upload, unauthorized access to confidential data
0	Environmental – Long term power failure, pollution, chemicals, liquid leaks
int	Inerability – "[a] flaw or weakness in system security procedures, design, implementation, ernal controls that could be exercised (accidentally triggered or intentionally exploited) and suit in a security breach or a violation of the system's security policy."

Assets	Threat	Vulnerability
Desktops, Laptops, Servers, etc.	Malware - theft of sensitive data	Lack of sufficient anti-malware (installed/updated)
Desktops, Laptops, Servers, SAN, etc.	Hacker - theft of sensitive data	Unpatched vulnerabilities in network systems
Desktops, Laptops, Smartphones, USBs, etc.	Burglar/Thief – theft of equipment	Media is not handled and guarded properly
Desktops, Laptops, Smartphones, USBs, etc.	Careless IT personnel – improper destruction/disposal or reuse of media	Media is not properly disposed of
Desktops, Laptops, Servers, SAN, etc.	System Cracker – social engineering	Employees are overly trusting and uneducated/unaware of social engineering tactics

ELEMENTS OF A RISK ANALYSIS

A Assess Current Security Measures
 Assess and document the security measures an entity uses to safeguard ePHI (45 C.F.R.§§
 164.306(b)(1), 164.308(a)(1)(ii)(A), and 164.316(b)(1))
 Documentation – Policy, Procedure, Process, etc.
 Practice – Physical or logical controls in place

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Assets	Threat	Vulnerability	Security Measures (Controls)
Desktops, Laptops, Smartphones, USBs, etc.	Burglar/Thief – theft of equipment	Media is not handled and guarded properly	 Employees are educated to protect the physical security of the device on a yearly basis
Desktops, Laptops, Servers, SAN, etc.	System Cracker – social engineering	Employees are overly trusting and uneducated/unaware of social engineering tactics	 Employees are educated on social engineering threats yearly Social engineering tests are performent twice a year to asses employee awareness



5. Determine	the Likelihood of Threat Occurrence							
impact the c 164.306(b)(2	II threat and vulnerability combinations with associated likel onfidentiality, availability and integrity of ePHI of an organiz 2)(iv), 164.308(a)(1)(ii)(A), and 164.316(b)(1)(ii)) recombinition and capability.							
 Threat-source motivation and capability 								
 – Nature of t 	he vulnerability							
Likelihood Level	Likelihood Definition							
High	The threat-source is highly motivated and sufficiently capable, and controls to prevent the vulnerability from being exercised are ineffective.							
Medium	The threat-source is motivated and capable, but controls are in place that may impede successful exercise of the vulnerability.							
Low	The threat-source lacks motivation or capability, or controls are in place to prevent, or at least significantly impede, the vulnerability from being exercised.	1						

-	

Determ	ine the Potential Impact of Threat Occurr	ence
specific	the magnitude of the potential impact resulti vulnerability. (45 C.F.R. §§ 164.306(a)(2), 16	
	itative vs. Qualitative Assessment	
– Loss c	f Integrity, Confidentiality, Availability	
Magnitude of Impact	Impact Definition	
High	Exercise of the vulnerability (1) may result in the highly costly loss of major tangbile assets or resources; (2) may significantly violate, harm, or impede an organization's mission, reputation, or interest; or (3) may result in human death or serious injury.	
	Exercise of the vulnerability (1) may result in the costly loss of tangible	
Medium	assets or resources; (2) may violate, harm, or impede an organization's mission, reputation, or interest; or (3) may result in human injury.	

7. Determine	e the Level of Risk	
	sk level based on the average of the assigne $\delta(a)(2), 164.308(a)(1)(ii)(A), and 164.316(b)(i)(A))(A)$	
	Risk = Likelihood * Impact	
 Residual 	Risk = Inherent Risk - Safeguards (Controls)
Risk Level	Risk Description and Necessary Actions	
High	If an observation or finding is evaluated as a high risk, there is a strong need for corrective measures. An existing system may continue to operate, but a corrective action plan must be put in place as soon as possible.	
	strong need for corrective measures. An existing system may continue to operate, but a corrective action plan must be put in place	

Assets	Threat	Vulnerability	Security Measures (Controls)	Likelihood	Impact	Risk Rating
Desktops, Laptops, Smartphones, USBs, etc.	Burglar/ Thief – theft of equipment	Media is not handled and guarded properly	 Employees are educated to protect the physical security of the device on a yearly basis 	High (5)	High (5)	Critical (25)
Desktops, Laptops, Servers, SAN, etc.	System Cracker – social engineering	Employees are overly trusting and uneducated or unaware of social engineering tactics	 Employees are educated on social engineering threats yearly Social engineering tests are performed twice a year to asses employee awareness 	Moderate (3)	High (5)	High (15)

ELEMENTS OF A RISK ANALYSIS

8. Finalize Documentation

 The Security Rule requires the risk analysis to be documented but does not require a specific format. (45 C.F.R. § 164.316(b)(1))

9. Periodic Review and Updates to the Risk Assessment

Conduct continuous risk analysis to identify when updates are needed. (45 C.F.R. §§ 164.306(e) and 164.316(b)(2)(iii))

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ELEMENTS OF RISK MANAGEMENT

Risk management is the **implementation of security measures** to sufficiently reduce an organization's risk of losing or compromising its ePHI and to meet the general security standards.

Example Risk Management Steps

 Develop and implement a risk management plan [This plan describes what will be done to further mitigate the identified risk.]

- · Implement security measures.
- · Evaluate and maintain security measures."

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Assets	Threat	Vulnerability	Controls	Likelihood	Impact	Risk Rating
Desktops, Laptops, Smartphones, USBs, etc.	Burglar/ Thief – theft of equipment	Media is not handled and guarded properly	 Employees are educated to protect the physical security of the device on a yearly basis 	High (5)	High (5)	Critical (25)
Implement a MD Use the MDM so	M Solution to mo olution to perform one missing and i			Responsible F Remediation D		/1/2017

Assets	Threat	Vulnerability	Controls	Likelihood	Impact	Risk Rating
Desktops, Laptops, Servers, SAN, etc.	System Cracker – social engineering	Employees are overly trusting and uneducated or unaware of social engineering tactics	 Employees are educated on social engineering threats yearly Social engineering tests are performed twice a year to assess the employees awareness 	Moderate (3)	High (5)	High (15)
variety of differe	nt avenues. Cor s to reaffirm the	nmunicate the result issue with the work!		Responsible F Remediation E		

-	

	looking for evidence that you took action on the identified risks in some form or fashion
Audit Pro	stocol
the prod determi vulnera	and review documentation demonstrating the security measures <u>implemented</u> and/or in <u>bess</u> of being implemented as a result of the risk analysis or assessment. Evaluate and ne whether the implemented security measures appropriately respond to the threats and billities identified in the risk analysis according to the risk rating and that such security
measur	es are sufficient to mitigate or remediate identified risks to an acceptable level.
Have th	is info documented
Have th HIPAA P	is info documented
Have th HIPAA P Februar	is info documented
Have the HIPAA Poly February Center	is info documented enalty Enforcement y 1, 2017 – OCR levied a \$3.2 million <u>civil money penalty</u> against Children's Medical



TRENDING RISK AREAS

RISKS TO LOOK FOR IN YOUR ENVIRONMENT

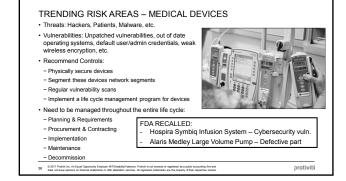
TRENDING RISK AREAS - VENDOR MANAGEMENT

- Vendors are a key part of many healthcare organization's business processes, but have also been an avenue for compromising of PHI/ePHI.
- Threat: Vendor's are not diligent in their security measures.
- Vulnerability: Vendor's lack of controls may put your data at risk. Recommended Controls:
- Robust contracts and BAAs that specify the requirements to protect the data and implications for failure to do so
- Vendor management and assessment process up-front and ongoing to assess the controls the vendor has in place. Could be accomplished through:
 Reviewing SSAE16 SOC Reports (Third party's assessment of controls)
- · Questionnaire to vendor

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- · Audits of vendor to test controls effectiveness
- Process to monitor for new vendor's, working with Contracting/AP/Supply Chain, etc.

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TRENDING RISK AREAS - BUSINESS CONTINUITY / DISASTER RECOVERY

- With the increased reliance on electronic records and applications in the healthcare industry, the more important it is to have proper business continuity/contingency/disaster recovery plans in place.
 Threats: Natural disasters, man-made disasters, cyber attacks, IT changes, etc., etc
- Vulnerabilities: Proper business continuity and/or disaster recovery (IT) plans are not in place or are not actionable, plans are not tested for readiness, etc.
- Recommended Controls:
- Detailed Business Impact Analyses to determine key technologies, people, and processes, and required recovery time objectives (RTOs) and recovery point objectives (RPOs)
 Occumented Business Continuity and Disaster Recovery Plans
- Regular testing of the plans including operationally how workforce would continue functioning without critical
 applications/network access/etc.
- Regular testing of the ability to recover critical applications, and the associated timeframe for doing so through different scenarios.

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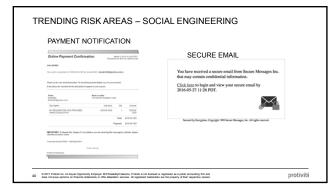
TRENDING RISK AREAS – SOCIAL ENGINEERING

- Threats: Attackers External or Internal
- Vulnerabilities: Users not aware of social engineering tactics
- · Recommended actions:
- Education, education (upon hire, annual reminders, ad-hoc updates, learning experiences, etc.)
- Testing of your users, perform phishing efforts, do physical walkthroughs, perform phone calls, etc.
- Tesure diverse security controls are strong.
 Ensure diverse security controls are strong.
 Use multi-factor authentication where possible (does not mean two different passwords)
 Administer least-privilege access (network, apps, devices, etc.)
 Segment the critical data
- Perform proactive penetration testing and vulnerability assessments to identify weaknesses and address
 accordingly
- · Have good backups and a solid and ready Disaster Recovery Plan

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TRENDING RISK AREAS – SOCIAL ENGINEERING HOTEL CONFIRMATION DELIVERY NOTICE Your package has been delivered Ship (PU) date: Friday, 11/4/15 San Franses, CA US TOTE Thursday Tracking numbe Status: Reference: Delivered to: Service type: Packaging type 59519131219 Delivered n Cancel your n ** 254360 Free- 2Day 39 0-2017 Probibil Inc. An Equal Opportunity Employer MF/CkuabilityVeterans. Protivili is not in does not issue opinions on financial statements or offer attestation services. All registered to protiviti as a public accord





TRENDING RISK AREAS - RANSOMWARE

 Threats: Malware, Attackers External and Internal, Social Engineers/Phishing

Vulnerabilities: Users not aware of threats, poor network security measures, lack of data backups

Recommended Controls:

- Education of workforce

- Testing of network security controls through penetration testing - Testing of data backups and disaster recovery readiness

Block unnecessary tasks/privileges from users (block office macros, block executable file coming from external domains, restrict administrator tasks on workstations, etc.)

- Have a plan

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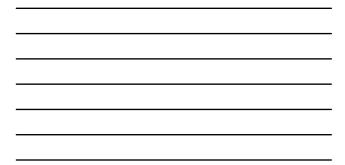


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CLOSING REMARKS

ak	se action on the following:
	Monitor Phase 2 audit developments and apply lessons-learned.
	Ensure sufficient Gap Evaluation and Risk Analysis efforts have been completed.
	Periodically test the operating effectiveness of compliance/control activities (not just design).
	Remediate identified gaps/risks in a timely manner.
	Create documentation/evidence that can stand on its own.
	Continue building a "culture of compliance" at your organization!



Q&A

Matt Jackson Director		Matt is a founding member of Protiviti and is a Director in the Dalla office with more than 17 years professional experience providin operational, technology, and regulatory consulting and internal aud
matthew.jackson@protiviti.com		services to the healthcare industry. Matt serves as Protiviti's Nationa Healthcare Information Technology Leader as well as Protiviti's HIPAJ
Phone: 469-374-2479	protiviti*	Solutions Leader. He is a frequent speaker on, and has publishe various articles related to, internal audit, compliance, and information technology improvement initiatives.
Kevin Dunnahoo		Kevin is a Senior Manager with Protiviti's Dallas office and has more than 9 years of professional experience providing IT consulting and
Senior Manager		auditing services to the Healthcare industry. Kevin is a member of Protiviti's National Healthcare Practice and is a key lead for HIPA
kevin.dunnahoo@protiviti	i.com	Security Compliance services. In the Healthcare industry, Kevin has provided value to his clients through his insights and understanding of
Phone: 972-788-8529	protiviti*	provided value to nis cirelins infogin ns insights and understanding of the HIPAA Security regulations, information security practices business continuity, and IT audit. Kevin is a certified HCISPP, CISSP ABCP, and HTRUST CSF Practitioner, and has also co-subnore various Protiviti thought leadership whitepapers specifically related to HIPAA compliance and enforcement.

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Force the Flatter with Conjugator	
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