HIPAA PASS Privacy and Security Solutions

HIPAA Series: Ready for Ransomware? Follow your Incident Response Plan Presented by Susan Clarke Health Care Information Security and Privacy Practitioner Thursday, September 16, 2021 | 11:00 AM – 12:00 PM







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Susan Clarke, HISPP

Certified Healthcare Information Security (ISC)² and Privacy Practitioner and Computer Scientist

> Conducts privacy and security risk analysis in addition to HIPAA and 42 CRF, Part 2 training.

20 years' experience in health care operations.

10 years' design and coding electronichealth record (EHR) software includingHL7 Healthcare application development.

Served on IT security, disaster recovery and joint commission steering committee at Mayo Clinic-affiliated health care system.



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Abbreviations and Acronyms

- BA: Business Associate
- BAA: Business Associate
 Agreement
- CE: Covered Entity
- CEHRT: Certified Electronic
 Health Record Technology
- CMS: Centers for Medicare & Medicaid Services
- EHR: Electronic Health Record
- EDR: Endpoint Detection and Response
- ePHI: Electronic Protected Health
 Information
- HIPAA: Health Insurance
 Portability and Accountability Act

- HIT: Health Information
 Technology
- MDR: Managed Detection & Response
- MSP: Managed Service Provider
- NIST: National Institute of Standards and Technology
- OCR: Office for Civil Rights
- PHI: Protected Health Information
- SLA: Service Level Agreement
- SRA: Security Risk Analysis



Learning Objectives



Planning to respond



Practice, practice, practice



Ransomware today



Training your staff



Incident response tabletop



Post ransomware



Important to Make the Right Decision







How to best communicate with executives



Often many ways to address



Executives are making decision despite IT best effort to influence



Communication Disconnect

- IT needs to put incident response into business terms using clear language
- IT tends to jump to the technical response
- If incident turn into crisis large impact
- C-suite is focused on health care operations
- C-suite has increased interest with increased responsibility and need to be informed
- Incidents may lack communication process



Communication Leads to Decisions



- Effective incident response plan communications
- Plan is in place.
 Needs to be strategic



 Consider purpose, audience, roles and responsibilities



- Mechanism will vary based on scenario
- Complicated by "hair on fire" factor



Using managed service provider?

- Outsource with no internal IT
- Need point of contact, name including a backup
- Understand SLAs
- Understand communications strategy
- Health center may want to be involved in the decision making—impact to health center
- May not have communication plan



Cyber Kill Chain

MDR sensors and the security stack to detect and contain threats earlier in the kill chain



Image used with approval from Robert Kauffman, Senior Sales Engineer, Open Systems



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Communications Categories

| FUNCTION | CATEGORY UNIQUE IDENTIFIER | CATEGORY |
|----------|----------------------------------|--|
| IDENTIFY | ID.AM | Asset Management |
| | ID.BE | Business Environment |
| | ID.GV | Governance |
| | ID.RA | Risk Assessment |
| | ID.RM | Risk Management Strategy |
| | ID.SC | Supply Chain Risk Management |
| PROTECT | PR.AC | Identity Management and Access Control |
| | PR.AT | Awareness and Training |
| | PR.DS | Data Security |
| | PR.IP | Information Protection and Process Procedures |
| | PR.MA | Maintenance |
| | PR.PT | Protective Technology |
| DETECT | DE.AE | Anomalies and Events |
| | DE.CM | Security Continuous Monitoring |
| | DE.DP | Detection Processes |
| RESPOND | RS.RP | Response Planning |
| | NJ.NP | Response Flamming |
| | RS.CO | Communications - |
| | | |
| | RS.CO | Communications |
| | RS.CO RS.AN | Communications - Analysis |
| RECOVER | RS.CO RS.AN RS.MI | Communications Analysis Mitigation |
| RECOVER | RS.CO RS.AN RS.MI RS.IM | Communications Analysis Mitigation Improvements |

Communications Categories Within the Respond and Recover Functions of the NIST CSF

CATEGORY

SUBCATEGORY

Communications (RS.CO)

Response activities are coordinated with internal and external stakeholders (e.g. external support from law enforcement agencies).

RS.CO-1 Personnel know their roles and order of operations when a response is needed

RS.CO-2 Incidents are reported consistent with established criteria

RS.CO-3 Information is shared consistent with response plans

RS.CO-4 Coordination with stakeholders occurs consistent with response plans

RS.CO-5 Voluntary information sharing occurs with external stakeholders to achieve broader cybersecurity situational awareness

CATEGORY Communications (RC.CO)

Restoration activities are coordinated with internal and external parties (e.g. coordinating centers, Internet Service Providers, owners of attacking systems, victims, other CSIRTS, and vendors).

SUBCATEGORY

RC.CO-1 Personnel know their roles and order of operations when a response is needed

RC.CO-2 Reputation is repaired after an incident

RC.CO-3 Recovery activities are communicated to internal and external stakeholders as well as executive and management teams

Adapted from nvlpubs.nist.gov/nistpubs/CSWP/NIST.CSWP.04162018.pdf pages 23, 41-44

Source: A Guide to Effective Incident Management Communications: https://resources.sei.cmu.edu/asset_files/Handbook/2021_002_001_651819.pdf



NIST Recommendations:

Develop and implement incident recovery plan

With defined roles and strategies for decision-making.

Plan, implement, test data backup and restoration strategy Not only to secure backups of important data but to ensure backups are isolated and immutable.

Maintain up-to-date list of all contacts

For ransomware attacks likely start with cyber insurance contact.



Top Three Recommended

Security Awareness Training for Staff Make this foundational, responsible for lots of ransomware

Advanced Endpoint Detection and Response (EDR)

EDR installed on the endpoint in the event that a malicious link has been clicked (it will happen!)

Overall security strategy including segmentation

For ransomware attacks likely start with cyber insurance contact.





Ransomware attacks now to blame for half of healthcare data breaches

Tenable Threat Landscape Retrospective Report reveals almost half of all data breaches in hospitals and the wider healthcare sector are as a result of ransomware attacks.

Read More

Source: <u>https://www.tenable.com/in-the-news/ransomware-attacks-now-to-blame-for-half-of-healthcare-data-breaches</u>



Why is ransomware so painful?

Encrypts files and holds for ransom

More and more cases of file exfiltration



Impact → panic, helplessness, embarrassment





Goes beyond technical



Ransomware Examples

| Colonial Pipeline | Darkside ransomware Both encryption and data exfiltrated Paid \$4.4M ransom Decipher inefficient; backups required Millions estimated for incident response |
|----------------------|---|
| | |
| | 400 hospitals, cost \$67M |

Universal Health Services

- 400 hospitals, cost \$67M
- Wiped out IT, three-week recovery
- Back to pen and paper
- Patients reported delays



PREPARE & PRACTICE YOUR PLAN





Develop incident response for ransomware



No clear answer on whether to pay ransom



Typically starts with Cyber Security Insurance contact



Identify when to disable and segment networks



Develop your incident response in advance



Time for our tabletop discussion!

Tests communication and decision making – not a replacement for technical testing

Record and check all expectations (do not assume) Only "failure" is to not learn from the test to make

improvements for next time



What does it look like?

For today's tabletop:

- 1. Facilitator sets scene and describes series of hypotheticals.
- 2. You are part of incident response team at WeCureU CHC.
- 3. Audience participates through chat No wrong answers!

Follow-up at your facility:

- 1. Follow-up plan What controls should we implement?
- 2. Print paper copy of manual/checklist.
- 3. Report to participants and other stakeholders.
- 4. Plan your next test.



Scenario #1

September 17, 2021, 3:00 PM WeCureU Community Health

Your EDR solution has blocked a Word document with malware on the CEO's laptop.

What are the next steps?



Scenario #1 Feedback and Opinions





Scenario #2

September 17, 2021, 4:00 PM

WeCureU Community Health

IT staff evaluate CEO's laptop, discover email subject was COVID update with two Word documents. One is blank and was not detected; other contains malware blocked by the EDR.

Is there a cause for concern?



Scenario #2 Feedback and Opinions

- On device means got through inside
- Are we concerned about the Word document that was NOT blocked?
- Time is critical, assess what may come next
- Should we...
 - 1) Clean with EDR
 - 2) Image and wipe
 - 3) Just wipe
- Is more information needed to make decision?



Scenario #3

September 17, 2021, 6:00 PM

WeCureU Community Health

IT staff does forensics on Word document. Document shows suspicious elements. At the same time logs and alerts show vulnerability has been exploited to allow attacker on our network. New account just created with elevated privileges.

How should we respond?



Scenario #3 Feedback and Opinions

- We now understand what is likely to come next
- CEO double clicked on document; code executed
- If we had wiped, we would also wipe evidence
- Logs provide details like the time the document opened and if opened by others
- Do we now...
 - 1) Delete new suspicious account
 - 2) Shut down network
 - 3) Reset passwords



Scenario #4

September 17, 2021, 8:00 PM

WeCureU Community Health

C-suite is not convinced that drastic action is necessary. Main concern is patient care and patient safety; health center extremely busy with COVID patients.

What is your response, do you try and persuade?



Scenario #4 Feedback and Opinions

Provide report with evidence of what is to come and percentage chance of ransomware to follow

Discuss impact of not taking recommendations

Up to them, don't try and convince



Ransomware Strikes

September 17, 2021, 9:15 PM

WeCureU Community Health

No surprise, files across the network are not accessible and ransomware notes are popping up across user screens. CEO has contacted cyber insurance company to work with the incident response team to handle the next steps.



Post Ransomware

IT staff are working the weekend. The initial plan was to restore from backups, but it is taking too long. The health center is completely on paper. There is a concern they may be forced to close and move patients, including those with COVID, to another facility.



Post Ransomware

C-suite and Board of Directors want your opinion:

Yes, pay the ransom
 No, continue to restore



Post Ransomware







HIPAA Safe Harbor Bill



Signed January 5, 2021



Amends HITECH Act ("recognized cybersecurity practices")



Lenient fines if basic safeguard requirements met

- HIPAA Security Rule
- Security risk analysis



Awareness Training: Signs of Malicious Email





Training and Education





Ransomware Resources

- <u>CISA Ransomware Guidance and Resources</u>
- CISA Ransomware Guide
- DarkSide Ransomware: Best Practices for Preventing Business Disruption from Ransomware Attacks
- FBI Ransomware Webpage
- FBI IC3 Webpage for Ransomware
- NIST Tips and Tactics for Dealing with Ransomware
- HHS HC3 Homepage
- 405(d) Ransomware Threat Flyer
- 405(d) Spotlight Webinar- Ransomware
- <u>405(d) Ransomware Cyber Awareness Flyer</u>
- <u>Ransomware Task Force: Combatting Ransomware Report</u>
- <u>Software Engineering Institute Resources for Preparing and Responding</u> to Ransomware



Ransomware Resource Material

Joint Cybersecurity Advisory, Technical Approaches to Uncovering and Remediating Malicious Activity:

https://us-cert.cisa.gov/sites/default/files/publications/AA20-245A-Joint_CSA-Technical_Approaches_to_Uncovering_Malicious_Activity_508.pdf

FREE KnowBe4 manual used for some of today's content: https://info.knowbe4.com/ransomware-hostage-rescue-manual-0

HIPAA Ransomware Fact Sheet:

https://www.hhs.gov/sites/default/files/RansomwareFactSheet.pdf





Please let me know how I can help.

For assistance, please contact: Susan Clarke sclarke@mpqhf.org | (307) 248-8179

THANKS FOR YOUR VALUABLE TIME TODAY!



Questions



