### **Context Overview:**

This scenario demonstrates rapid response and real-time risk mitigation through the lens of GRC, using NIST 800-53, NIST 800-171, and incident-handling best practices. The actions taken directly affected the continuity of care for a covered family and reinforced the need for secure, responsive system integration.

Scenario: Emergency Service Denial Due to Enrollment Misconfiguration

**Event:** A covered family was denied emergency care due to a miscommunication between Colorado's State HR Department and Kaiser's eligibility system.

### **Actions Taken:**

- Investigated the eligibility lapse and validated the cause.
- Manually corrected the enrollment configuration in real time.
- Ensured emergency access was restored.
- Documented the system breakdown and escalated the workflow gap to prevent future occurrences.

# **Policy Framework & Control Mapping**

Policy Area	Control	Implementation Summary
Incident	NIST	Resolved a time-sensitive denial of service incident
	NIST 800-53	Activated manual intervention and coordinated corrective
Identification &	NIST	Verified coverage status and individual identity before re-
Risk	NIST 800-53	Analyzed breakdown in eligibility communication and
Management	/ RA-3	flagged for remediation.
Audit &	NIST 800-53	Logged actions taken to restore services and maintain audit
Accountability	/ AU-6	integrity for later review.
<b>Corrective Action</b>	NIST 800-53	Proposed process updates and tighter synchronization
Planning	/ CA-2	between HRIS and provider systems.
System Integrity	NIST 800-53	Ensured manual override process maintained system and data

# **Sample Policies (Plain Text)**

**Policy: Emergency Service Continuity** 

All employees must prioritize emergency care restoration in cases where coverage

misconfigurations deny necessary services. Immediate manual override is permitted under documented authorization.

## **Policy: Incident Investigation Protocol**

When a denial of service occurs, staff are required to initiate root cause analysis and document all actions leading to resolution. Incidents are to be escalated to compliance within one business day.

# **Policy: Enrollment Validation and Override**

Eligibility teams are empowered to override system settings upon verification of beneficiary status to prevent harm or delay in care.

## **Policy: Real-Time Communication with External Partners**

When state HR or third-party input errors are detected, communication must be established immediately to clarify the data exchange and correct errors.

# **Policy: Documentation and Escalation Workflow**

All service denials corrected through manual means must be entered into the compliance and QA review queue. Documentation should include timestamps, systems accessed, and stakeholder communications.

### **CMMC Considerations**

Relevant CMMC practices for this case:

- **IR.2.093:** Detect and respond to information security incidents.
- IA.1.076: Identify users and verify identity before allowing access to systems.
- CA.2.157: Develop and implement plans of action to correct deficiencies.

## **Closing Note:**

This case highlights how policy-driven response and informed system access validation ensure mission-critical service continuity, even under system-level breakdowns. GRC is not theory—it's action under pressure.

#GRC #NIST #CMMC #HealthcareCompliance #IncidentResponse #EmergencyCare #CyberGovernance