With the government shut down, Washington has been stymied, but your staff team and our HIT Technical Advisory Group have been working hard on your behalf. We wanted to be sure you all know about an exciting new opportunity to reduce your broadband costs. There has been a lot of work by Jennifer Findley and a group of hospitals who worked with our consultant. See Kansas Health-e Broadband article below. We also have updates on public health and some resources for you.

**Kansas Health-e Broadband Consortium:** We wanted to update you on our progress toward a Kansas consortium to take advantage of the FCC’s Healthcare Connect Fund. We are moving forward to develop a private, “managed” health care network and access funding available from the HCF. The attached document provides a good summary of the work we have done so far related to this project, but here are a few key highlights.

- The HCF provides a 65% discount on broadband services to both urban and rural non-profit hospitals that participate in a consortium
- A private, “managed” network provides many benefits to hospitals that aren’t available using consumer grade connections.
- Historical experience proves that aggregated purchasing power lowers pricing and creates efficiencies.
- KHERF will serve as the consortium leader and has created a governance structure and approved policies needed to start the process.
- We will be distributing Letters of Agency and other required documents to hospitals soon.
- Our ultimate goal is to be ready to start connecting hospitals to the Kansas Health-e Broadband network in March 2014.

We know there are other companies out there contacting hospitals about the HCF. These companies are not associated with our project. All communications regarding our project will come from KHERF/KHA. If you have questions or need additional information, please contact Jennifer Findley at jfindley@kha-net.org or (785) 233-7436.

**Public Health Reporting:** Michael McPherson, Meaningful Use (MU) coordinator for Kansas Department of Health and Environment (KDHE) outlined the new Stage 2 registration and reporting process for public health measures. He noted that eligible entities can continue to claim exclusion for one of the three public health objectives for Stage 1 MU, but will be required to report in Stage 2. The Public Health Reporting Exclusion Letter for Stage 1 has been updated and is now available. More information about the public health objectives and the registration process may be found on the KDHE website. Click here to view Mike's presentation.
Finally, the CMS Supporting Documentation Tip Sheet outlines the necessary records to maintain for in the event of a Meaningful Use audit. It's a good practice to review the recommendations and confirm you have the necessary documents in your files. Happy Attestation!

**Revised HIT Risk Analysis Handbook Now Available:** Tom Walsh, HIT Security consultant made some recent updates to the Risk Analysis handbook. References to Meaningful Use Stage 2 were added as well as changes to checklists and process flow diagrams. The Table of Contents for the revised copy dated 9-15-13 is available at [www.hithelp.info](http://www.hithelp.info) under Tools and Resources. Contact Dee Lewis for a complete copy or download from the EHR Toolkit.

**Attestation Deadline for Stage 1 Meaningful Use:** The last day to attest for 2013 Meaningful Use Stage 1 is November 30, 2013. Hospitals have 60 days after the close of the federal fiscal year to submit their data to CMS which is November 30, 2013. The Kansas Medicaid deadline for EHR attestation is December 31, 2013. Those in their second or third year of Stage 1 Meaningful Use will submit a full year of data for the period October 1, 2012 through September 30, 2013. Those in the first year of Meaningful Use will submit for a 90 day reporting period. The CMS registration and attestation guide includes the link to register and attest.

- If you have attested in previous years, there is no need to register again; you will use the same login/password as last attestation. If you have added or upgraded your software, your EHR certification number will differ from last year. Prior to attestation, visit the [ONC EHR certification site](http://www.hithelp.info) and generate a new EHR certification number. This is one of the known fields that auditors check on Meaningful Use audits.

- There are a few optional objective changes for 2013 Stage 1. The secure exchange of data was eliminated completely. Other differences are noted on the [attestation worksheet](http://www.hithelp.info).

- Clinical Quality Measures continue to be entered manually at the CMS attestation site, the same as last year.

- Be sure to review your HIT security risk analysis and make sure it has been updated and signed within your reporting period. Contact Dee Lewis for an updated copy of the updated HIT Security Risk Analysis Handbook.

- You may continue to claim exclusion for one of the three public health measures for Stage 1. Kansas Department of Health and Environment updated the date to 2013 on the exclusion letter. A copy of the KDHE exclusion letter should be included in your attestation records.

**Resources Available at KHA Annual Convention:** Waves of Change-Oceans of Opportunity, KHA’s Annual Convention is November 14-15th in Wichita. Drop by the KHA/KHERF booth at the KHA convention trade show to receive a complementary flash drive containing all of our HIT tools and resources. There's still time to register online for the convention.

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