



Update

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Affected Programs: BadgerCare Plus, Medicaid

To: Advanced Practice Nurse Prescribers with Psychiatric Specialty, Dentists, Dental Groups, Federally Qualified Health Centers, Nurse Midwives, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

Eligible Professionals Reporting Meaningful Use for the Wisconsin Medicaid Electronic Health Record Incentive Program and Other Program Information

This *ForwardHealth Update* includes information regarding the Medicare and Medicaid EHR Incentive Programs for applications for 2012. Beginning on May 14, 2012, the following changes will be made to the Wisconsin Medicaid Electronic Health Record Incentive Program applications:

- New features on the Wisconsin Medicaid EHR Incentive Program application.
- Reporting meaningful use to the Wisconsin Medicaid Electronic Health Record (EHR) Incentive Program.

All eligible professionals are encouraged to submit applications for an EHR incentive payment.

Overview of the Electronic Health Record Incentive Program

The Electronic Health Record (EHR) Incentive Program was established under the American Recovery and Reinvestment Act of 2009 to encourage certain eligible health care professionals and hospitals to adopt and become meaningful users of certified EHR technology. Under the federal law, Medicare and Medicaid have separate EHR incentive programs. Eligible Professionals may register to participate in either the Medicare or Medicaid EHR Incentive Programs, but not both. All Eligible Professionals must be Wisconsin

Medicaid certified in order to participate in the Wisconsin Medicaid EHR Incentive Program.

Eligible Professionals participating for their first year may now register on the Medicare and Medicaid EHR Incentive Program Registration and Attestation System (R&A), and apply with the Wisconsin Medicaid EHR Incentive Program after registration has been received from the R&A. Professionals continuing participation with the Wisconsin Medicaid EHR Incentive Program do not need to re-register at the R&A. All Wisconsin Medicaid EHR Incentive Program applications will be submitted through the secure Provider area of the ForwardHealth Portal.

Payments to Eligible Professionals will be made within 45 calendar days of the approval of a completed and submitted application. Eligible Professionals who meet all of the requirements may receive an incentive payment once per calendar year.

Providers should refer to the Online Handbook for complete information regarding the Wisconsin Medicaid EHR Incentive Program.

2012 Program Year of the Wisconsin Medicaid Electronic Health Record Incentive Program

The 2011 Wisconsin Medicaid EHR Incentive Program Year for Eligible Professionals concluded on December 31, 2011. The Wisconsin Medicaid EHR Incentive Program is no longer accepting applications for 2011. The 2012 Program Year for Eligible Professionals began on January 1, 2012. Eligible Professionals participating in their second payment year in 2012 must attest to stage 1 meaningful use to be eligible for a Wisconsin Medicaid EHR Incentive Program incentive payment. Eligible Professionals participating for their first payment year in 2012 may attest to either adopt, implement, or upgrade of a certified EHR technology or to stage 1 meaningful use. Eligible Professionals will be able to submit their application for 2012 through the secure Provider area of the Portal on the following dates:

- Payment Year 1: (adopt, implement, or upgrade): February 20, 2012.
- Payment Year 1 or 2: (meaningful use): May 14, 2012.

Eligible Professionals should note that they are not required to participate in consecutive Program Years. Refer to the Online Handbook for more information on adopting, implementing, or upgrading certified EHR technology.

The 2012 Wisconsin Medicaid EHR Incentive Program Year for Eligible Professionals will end December 31, 2012. After December 31, 2012, Eligible Professionals will have an additional 90-day grace period after the end of the payment year to apply for an incentive payment for the 2012 Program Year. The payment year for Eligible Professionals is based on the Calendar Year (CY) (i.e., January 1 through December 31). The last day to apply for a 2012 payment is March 31, 2013.

New Features on the Wisconsin Medicaid Electronic Health Record Incentive Program Application

Dashboard Feature

A new dashboard feature on the Wisconsin Medicaid EHR Incentive Program application allows Eligible Professionals to gauge their status in the program. The dashboard will be viewable on the first page after logging into the Wisconsin Medicaid EHR Incentive Program on the Portal. The dashboard will give Eligible Professionals access to all of the previous year's applications.

The dashboard will also include a timeline that will show the allowable grace periods for each payment year. For example, if an Eligible Professional is attesting to meaningful use for Program Year 2012, the timeline will show a three-month grace period after the Calendar Year during which the Eligible Professional can still apply.

Save Functionality

Eligible Professionals do not have to complete the entire application in one session. The application will allow users to save the information entered and return later to continue completing an application.

Abort Functionality

New functionality has been added to the Wisconsin Medicaid EHR Incentive Program application to "Abort" an Eligible Professional application and eliminate all progress. The new "Abort" button allows providers to eliminate incomplete applications and remove that application from their dashboard. Eligible Professionals may abort an application at any point up until the application is submitted.

During a grace period, Eligible Professionals may elect to complete an application for the previous Program Year or abort the previous Program Year application and apply for the current Program Year.

Meaningful Use

Beginning May 14, 2012, Eligible Professionals may begin submitting applications for meaningful use.

The Medicare and Medicaid EHR Incentive Programs provide a financial incentive for the meaningful use of certified EHR technology to achieve health and efficiency goals. By implementing and using EHR systems, Eligible Professionals can also expect benefits beyond financial incentives such as reduction of clerical errors, immediate availability of records and data, clinical decision support, e-prescribing, and refill automation.

The American Recovery and Reinvestment Act of 2009 specifies three main components of meaningful use:

- The use of a certified EHR in a meaningful manner, such as e-prescribing.
- The use of certified EHR technology for electronic exchange of health information to improve quality of health care.
- The use of certified EHR technology to submit clinical quality and other measures.

In short, meaningful use means Eligible Professionals need to demonstrate that they are using EHR technology in ways that can be measured in quality and quantity.

Electronic Health Record Reporting Period

The EHR Reporting Period is defined as the timeframe when Eligible Professionals report meaningful use to the Wisconsin Medicaid EHR Incentive Program. The EHR Reporting Period years are defined as:

- First year: The Eligible Professional must be able to show meaningful use for a 90-day timeframe that falls within the Calendar Year that the Eligible Professional is applying for a Wisconsin Medicaid EHR Incentive Program payment. For example, if an Eligible Professional is applying for the 2012 Wisconsin Medicaid EHR Incentive Program payment, the entire 90-day reporting period must fall in Calendar Year 2012.
- Subsequent years: The Eligible Professional must be able to show meaningful use for the entire Calendar

Year for which the Eligible Professional is applying for the Wisconsin Medicaid EHR Incentive Program payment. For example, if an Eligible Professional is applying for the 2013 Wisconsin Medicaid EHR Incentive Program payment, the reporting period must be January 1, 2013, through December 31, 2013.

Meaningful Use Criteria Overview

The Centers for Medicare and Medicaid Services (CMS) have split the meaningful use criteria into three stages that will be rolled out over the course of the next five years. As of now, the stages are identified as such:

- Stage 1 sets the baseline for electronic data capture and information sharing.
- Stages 2 and 3 will continue to expand on this baseline and be developed through future rule making.

Refer to Attachment 1 for a table that demonstrates what stage of meaningful use must be reported on, based upon the first Program Year an Eligible Professional begins participating in the Wisconsin Medicaid EHR Incentive Program.

Requirements for Stage 1 of Meaningful Use

The requirements for stage 1 of meaningful use include both a “core set” and a “menu set” of objectives that are specific to Eligible Professionals. There are a total of 25 meaningful use objectives. To qualify for a Wisconsin Medicaid EHR Incentive Program payment, 20 of the 25 meaningful use objectives must be met. Of the 25 objectives, there are 15 required “core set” objectives that must be met. The remaining five “menu set” objectives may be chosen from a list of 10 menu set objectives, two of which are Public Health measures. In addition to reporting 20 meaningful use objectives, Eligible Professionals must report from a table of 44 clinical quality measures (CQM), which includes three (3) Core or three (3) Alternate Core and 38 additional CQMs.

Some meaningful use objectives are not applicable to every Eligible Professional’s clinical practice; therefore, they would not have any eligible patients or actions for the measure

denominator. In these cases, the Eligible Professional would be excluded from having to meet that measure. For example, core measure nine of 15 is to “Record smoking status for patients 13 years old or older.” Any Eligible Professional who sees no patients 13 years or older may select the exclusion to this measure.

Eligible Professionals should refer to the CMS Web page <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/EP-MU-TOC.pdf> for a complete table of contents of all core set and menu set objectives. Each objective contains the following information:

- The definition of the objective.
- How to measure the objective.
- Any applicable exclusions.

Additional information may also be included on this Web page regarding the following:

- Term definitions.
- Attestation requirements.
- Any additional information related to the objective.
- Frequently asked questions.

Clinical Quality Measures

Clinical quality measures are tools that help measure or quantify health care processes, outcomes, patient perceptions, organizational structures, and systems that are associated with the ability to provide high-quality health care. To demonstrate meaningful use successfully, Eligible Professionals are required to report clinical quality measures as part of the Wisconsin Medicaid EHR Incentive Program application. Eligible Professionals are required to report on at least six measures in total; a minimum of three from the Core Set of Clinical Quality Measures or from the Alternate Core Set, if unable to report on any of the Core Set, and then a minimum of three from the 38 Additional Set of Clinical Quality Measures.

Eligible Professionals should refer to the CMS Web page <http://www.cms.gov/QualityMeasures/>

[03_ElectronicSpecifications.asp](#) for complete information on reporting clinical quality measures.

Public Health Meaningful Use Measures

Two of the 10 stage-1 meaningful use menu set requirements for Eligible Professionals specify electronic transmission of the following data to Public Health:

- Immunizations.
- Syndromic surveillance.

Eligible Professionals must meet five of the menu set requirements, one of which must be a Public Health requirement. If an Eligible Professional can be excluded from the requirements of both Public Health measures, the Eligible Professional may only select one of the Public Health measures, but not both, for attestation. Selecting both for an exclusion will not be permitted in this scenario. If an Eligible Professional can meet the requirements of one Public Health measure but can be excluded from the other, both measures may be selected for attestation.

The Wisconsin Department of Health Services, Division of Public Health’s (DPH) Wisconsin Immunization Program is presently able to conduct testing with Eligible Professionals for data submission of immunizations. The measure for validation of stage 1 Public Health meaningful use requires only that a single test be conducted. If multiple Eligible Professionals are using the same certified EHR technology in a shared physical setting, the test only has to be conducted once for the physical setting, not once for each Eligible Professional at the location. The Eligible Professional or location should institute ongoing data submission if the Wisconsin Immunization Program acknowledges a successful test. If the test is unsuccessful, the Eligible Professional(s) at the location will still satisfy the requirements of this measure for meaningful use. The Wisconsin Immunization Program will continue to work with the Eligible Professional or location to achieve a successful test to enable ongoing data submission.

The DPH is not presently accepting the submission of syndromic surveillance data from Eligible Professionals and

will not be capable of accepting this data or testing with Eligible Professionals in 2012. An Eligible Professional may request a letter from DPH indicating DPH's lack of capability to accept syndromic surveillance data submissions. If the Eligible Professional selects this measure, DPH recommends the Eligible Professional follow the attestation instructions and guidance from CMS for claiming an exclusion. Deciding to attest on this measure assumes the Eligible Professional could also take an exclusion on the immunization data submission and has selected this public health measure for exclusion instead or has selected both measures for attestation and was able to conduct a test submission of immunization data.

Eligible Professionals should refer to the Wisconsin DHS Web site: www.dhs.wisconsin.gov/ehealth/PHMU/index.htm for more information regarding Public Health meaningful use.

Responses for Meaningful Use Measures

Eligible Professionals will have three different types of responses to meaningful use measures:

- Yes or no.
- Attest to exclusions (any measure not applicable to the Eligible Professional's practice).
- Numerators and denominators.

Numerators and Denominators

When entering percentage-based measures, the calculation to determine the meaningful use numerator and denominator will vary by measure. Eligible Professionals should refer to CMS Stage 1 EHR Meaningful Use Specification Sheets for Eligible Professionals for a clear definition of meaningful use numerators and denominators prior to completing the Wisconsin Medicaid EHR Incentive Program application. Meaningful use numerators and denominators include the number of patients relevant as defined in the Specification Sheets and not just Medicare and Medicaid patients.

Eligible Professionals should refer to the CMS Stage 1 EHR Meaningful Use Specification Sheets at <https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf> for more information.

Eligible Professionals should refer to their EHR system for meaningful use denominators to be entered into the Wisconsin Medicaid EHR Incentive Program application. Eligible Professionals should note that each EHR system varies.

Meaningful Use Supporting Documentation

All information is subject to audit at any time and must be maintained by Eligible Professionals for a period of six years. If selected for an audit, the applicant must be able to supply supporting documentation. Refer to Attachment 2 for a table that contains examples of supporting documentation an Eligible Professional would be expected to provide if selected for an audit.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT 1

Stages of Meaningful Use and Payment Years

The table below demonstrates what stage of meaningful use (MU) must be reported based upon the first year an Eligible Professional began participation in the Wisconsin Medicaid EHR Incentive Program. Eligible Professionals should note that they do not need to participate in consecutive Program Years.

First Year of Participation	Program Year				
	2011	2012	2013	2014	2015
2011	AIU/Stage 1 MU*	Stage 1	Stage 2**	Stage 2	TBD
2012		AIU/Stage 1 MU	Stage 1	Stage 2	TBD
2013			AIU/Stage 1 MU	Stage 1	TBD
2014				AIU/Stage 1 MU	TBD

* AIU/Stage 1 MU = Adopt, implement, upgrade/stage 1 meaningful use.

** The Centers for Medicare and Medicaid Services announced on November 30, 2011, that Stage 2 meaningful use will be delayed for one year for providers who attest during 2011. Stage 2 compliance will be required in 2014, not 2013. Until the Stage 2 Meaningful Use Final Rule is published, this is not official policy; therefore, it has not been changed in the table above.

ATTACHMENT 2

Eligible Professional Stage 1 Meaningful Use Supporting Documentation

The table below contains examples of supporting documentation an Eligible Professional would be expected to provide if selected for an audit of an application submitted for the Wisconsin Medicaid EHR Incentive Program under stage 1 meaningful use.

Example #	Requirement	Measure	Examples of Supporting Documentation
1	Must report and meet the required threshold/answers for all General Requirements and Core Measures	EPGMU 01-02 EPCMU 01-15	<ul style="list-style-type: none"> • Meaningful Use Reports/Dashboard produced by Certified EHR Technology (CEHRT). • Documentation on how the attestations were created, specifically how the numerator/denominators were calculated, including rationale taken into account for inclusion/exclusion of data.
2	EPGMU 01: Percent of CEHRT Use	Eligible Professionals must have 50 percent or more of their patient encounters during the EHR reporting period at a practice/location or practices/locations equipped with certified EHR technology.	<ul style="list-style-type: none"> • List of total encounters with detail including date, patient identifier, payer, and rendering provider. • List of encounters with CEHRT, with detail on location and CEHRT used.
3	EPGMU 02: Unique Patients in Certified EHR Technology	Eligible Professionals must have 80 percent or more of their unique patient data in the certified EHR during the EHR reporting period.	<ul style="list-style-type: none"> • List of all unique patients with indication of whether they are in CEHRT, if practicing at multiple locations, indicate which patients were seen in what location.

Example #	Requirement	Measure	Examples of Supporting Documentation
4	EPCMU 01: Computerized physician order entry (CPOE)	Eligible Professionals must have at least one medication order entered using CPOE for more than 30 percent of all unique patients with at least one medication in their medication list seen by the Eligible Professional during the EHR reporting period.	<ul style="list-style-type: none"> • Access to a random sampling of patient records. • Rationale for exclusion/inclusion of patient records.
5	EPCMU 02: Drug-drug and drug-allergy interaction checks	Eligible Professional must have enabled functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.	<ul style="list-style-type: none"> • Audit log showing it is enabled for this functionality with time/date stamp.
6	EPCMU 03: Maintain an up-to-date problem list of current and active diagnoses	Eligible Professional must have at least one entry (or an indication that no problems are known for the patient) recorded as structured data for more than 80 percent of all unique patients seen by the Eligible Professional during the EHR reporting period.	<ul style="list-style-type: none"> • Access to a random sampling of patient records.
7	EPCMU 04: E-Prescribing (eRx)	Eligible Professional must have used the certified EHR technology to transmit prescriptions electronically for more than 40 percent of all permissible prescriptions written by the Eligible Professional during the EHR reporting period.	<ul style="list-style-type: none"> • Access to a random sampling of patient records. • Rationale for exclusion/inclusion of patient records. • Rationale for exclusion/inclusion of prescriptions.
8	EPCMU 05: Maintain active medication list	Eligible Professional must have at least one active medication entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data for more than 80 percent of all unique patients seen by the Eligible Professional during the EHR reporting period.	<ul style="list-style-type: none"> • Access to a random sampling of patient records. • Rationale for exclusion/inclusion of patient records.

Example #	Requirement	Measure	Examples of Supporting Documentation
9	EPCMU 06: Maintain active medication allergy list	Eligible Professional must have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data for more than 80 percent of all unique patients seen by the Eligible Professional during the EHR reporting period.	<ul style="list-style-type: none"> • Access to a random sampling of patient records.
10	EPCMU 07: Record demographics	Eligible Professional must have demographics recorded as structured data for more than 50 percent of all unique patients seen by the Eligible Professional during the EHR reporting period.	<ul style="list-style-type: none"> • Access to a random sampling of patient records.
11	EPCMU 08: Record and chart changes in vital signs	Eligible Professional must have height, weight, and blood pressure recorded as structured data for more than 50 percent of all unique patients age 2 and over seen by the Eligible Professional during the EHR reporting period.	<ul style="list-style-type: none"> • Access to a random sampling of patient records. • Rationale for exclusion/inclusion of patient records.
12	EPCMU 09: Record smoking status for patients 13 years or older	Eligible Professional must have smoking status recorded as structured data for more than 50 percent of all unique patients 13 years old or older seen by the Eligible Professional during the EHR reporting period.	<ul style="list-style-type: none"> • Access to a random sampling of patient records. • Rationale for exclusion/inclusion of patient records.
13	EPCMU 10: Report ambulatory clinical quality measures to Centers for Medicare and Medicaid Services (CMS)/States	Eligible Professional must successfully report to Wisconsin the ambulatory clinical quality measures selected by CMS in the manner specified by Wisconsin.	<ul style="list-style-type: none"> • Audit log showing the enabling of this functionality with time/date stamp.
14	EPCMU 11: Implement one clinical decision support rule	Eligible Professional must implement one clinical decision support rule.	<ul style="list-style-type: none"> • Rationale for clinical decision support rule implemented. • Audit log showing the enabling of this functionality with time/date stamp.

Example #	Requirement	Measure	Examples of Supporting Documentation
15	EPCMU 12: Provide patients with an electronic copy of their health information, upon request	Eligible Professional provide an electronic copy of health information to more than 50 percent of patients who request it within three business days.	<ul style="list-style-type: none"> • Eligible Professional Policy and Procedure documentation. • Rationale for exclusion/inclusion of patient records.
16	EPCMU 13: Provide clinical summaries for patients for each office visit	Eligible Professional must have provided clinical summaries to patients for more than 50 percent of all office visits within three business days.	<ul style="list-style-type: none"> • Rationale for exclusion/inclusion of patient records. • Sample of Clinical Summary.
17	EPCMU 14: Capability to exchange key clinical information among providers of care and patient-authorized entities electronically	Eligible Professional must have performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.	<ul style="list-style-type: none"> • Detail of exchange of key clinical information, including, but not limited to: date, time, entity with which exchange took place (including contact information), and method of transportation for the exchange (include information on HIE used if applicable).
18	EPCMU 15: Protect electronic health information	Eligible Professional must conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process.	<ul style="list-style-type: none"> • Detail on security risk analysis, including, but not limited to: approach for assessment, results of the assessment, indication of who performed the assessment. • Detail on security update performed as a result of the security risk analysis, including, but not limited to: update made, date made.
19	Must report and meet the required threshold/answers for five of the 10 Menu Measures with at least one measure being classified as a Public Health measure (EPMMU 09 or EPMMU 10)	EPMMU 01-EPMMU 10	<ul style="list-style-type: none"> • Meaningful Use Reports/ Dashboard produced by CEHRT. • Documentation on how the attestations were created, specifically how the numerator/denominators were calculated, including rationale taken into account for inclusion/exclusion of data.

Example #	Requirement	Measure	Examples of Supporting Documentation
20	EPMMU 01: Drug-formulary checks	Eligible Professional must have enabled drug-formulary check functionality and have access to at least one internal or external formulary for the entire EHR reporting period.	<ul style="list-style-type: none"> • Audit log showing the enabling of this functionality with time/date stamp.
21	EPMMU 02: Incorporate clinical lab test results as structured data	Eligible Professional must have incorporated certified EHR technology as structured data, more than 40 percent of all clinical lab test results ordered by the Eligible Professional during the EHR reporting period whose results are either in a positive/negative or numerical format.	<ul style="list-style-type: none"> • Access to a random sampling of patient records.
22	EPMMU 03: Generate lists of patients by specific conditions	Eligible Professional must generate at least one report listing patients of the Eligible Professional with a specific condition.	<ul style="list-style-type: none"> • Rationale/reason for the list being generated with detail on the specific condition addressed. • Rationale for exclusion/inclusion of patient records.
23	EPMMU 04: Send reminders to patients per patient preference for preventive/follow up care	Eligible Professional must have sent an appropriate reminder during the EHR reporting period to more than 20 percent of all patients 65 years or older or 5 years old or younger.	<ul style="list-style-type: none"> • Access to a random sampling of patient records. • Rationale for exclusion/inclusion of patient records.

Example #	Requirement	Measure	Examples of Supporting Documentation
24	EPMMU 05: Provide patients with timely electronic access to their health information	Eligible Professional must have provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information (subject to the Eligible Professional's discretion to withhold certain information) for at least 10 percent of all unique patients seen by the Eligible Professional during the EHR reporting period.	<ul style="list-style-type: none"> • Access to a random sampling of patient records. • Rationale for exclusion/inclusion of patient records.
25	EPMMU 06: Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate	Eligible Professional must have provided patient-specific education resources to more than 10 percent of all unique patients seen by the Eligible Professional during the EHR reporting period.	<ul style="list-style-type: none"> • Documentation of patient-specific education resources that are provided to patients.
26	EPMMU 07: Medication reconciliation	Eligible Professional must perform medication reconciliation for more than 50 percent of transitions of care in which the patient is transitioned into the care of the EP during the EHR reporting period.	<ul style="list-style-type: none"> • Access to a random sampling of patient records. • Rationale for exclusion/inclusion of patient records.
27	EPMMU 08: Summary of care record for each transition of care/referrals	Eligible Professional must provide a summary of care record for more than 50 percent of transitions of care and referrals of patients to another setting of care or provider of care during the EHR reporting period.	<ul style="list-style-type: none"> • Access to a random sampling of patient records. • Rationale for exclusion/inclusion of patient records.

Example #	Requirement	Measure	Examples of Supporting Documentation
28	EPMMU 09: Capability to submit electronic data to immunization registries/systems.	Eligible Professional must have performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow-up submission if the test is successful (unless none of the immunization registries to which the Eligible Professional submits such information has the capacity to receive the information electronically).	<ul style="list-style-type: none"> • Detail on test date and time.
29	EPMMU 10: Capability to provide electronic syndromic surveillance data to public health agencies.	Eligible Professional performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an Eligible Professional submits such information has the capacity to receive the information electronically).	<ul style="list-style-type: none"> • Detail on test date and time. • Wisconsin Division of Public Health letter qualifying Eligible Professional for exclusion.