

Inbound Data Requirements and Specifications

CDM MANAGEMENT EPIC

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INTRODUCTION

FinThrive provides data-driven solutions designed to help your facility achieve its financial and operational goals. In order to provide the best service, we ask that you provide various types of input data files that, once received, are imported into our product databases and used to enable our solutions.

SOLUTIONS

This document describes the data requirements and specifications for the following FinThrive solution:

- **CDM Management - Epic**

The document is divided into the following sections to help you quickly locate the data requirements and specifications you need:

- **File Types by Solution** – This section provides a list of the required file types for each FinThrive solution involved in this implementation or request.
- **File Types by Category** – These sections provide detailed specifications based on the system that generates the data in each file type. File Type categories include:
 - Patient Accounting System

Please note that this document is intended for use as a data reference both during and after the CDM Management - Epic implementation. It presents all file types that may apply. Some may not apply based on the product features you wish to use, your patient accounting system, or the availability of data from other FinThrive solutions that you are using. The specific types that apply will be identified early in the project and those will receive the focus of the data implementation.

CDM MANAGEMENT – EPIC FILE TYPES

This section provides a list of the required file types and data needed, in the tables below.

File Type	Description	Required For	Typical Frequency	Typical Historical Requirement
<i>Inbound Patient Accounting System Files</i>				
Procedure Master	The Procedure Master file is a master list of all procedure codes along with their associated default revenue codes, default CPT codes, charge amounts, cost centers, and other information used within the patient accounting system.	Pricing and compliance tool that requires the core CDM fields. Some Epic specific data elements may also be required for export functionality.	Monthly	None
Alternate CPT	Provides all information needed to link alternate CPT coding to the charge item.	Pricing and compliance tool that requires the core CDM fields. Some Epic specific data elements may also be required for export functionality.	Monthly	None
Alternate Revenue Code	Provides all information needed to link alternate Revenue/UB coding to the charge item.	Pricing and compliance tool that requires the core CDM fields. Some Epic specific data elements may also be required for export functionality.	Monthly	None
Willow - Medications	The Willow Medications file is a master list of all Willow NDCs along with their linked Procedure Codes, descriptions, prices, and other information used within Optime.	Pricing and compliance tool that requires the core CDM fields. Some Epic specific data elements may also be required for export functionality.	Monthly	None
Optime - Supply	The Optime_Supply file is a master list of all Optime codes along with their linked Procedure Codes, descriptions, prices, and other information used within Optime.	Pricing and compliance tool that requires the core CDM fields. Some Epic specific data elements may also be required for export functionality.	Monthly	None
Revenue and Usage	Provides volume and total revenue by CDM charge code broken out by department, patient type, and insurance plan.	Summarizes volume or usage by charge code and displays the data in the CDM Management.	Monthly	1 Year

Data Extract Notes

- Reference the spec configuration in the Foundation System. The Foundation System is located under Support and hosted in the Epic UserWeb.
- Within the Foundation System, look in the Reporting Workbench for the HB CDM extract. Six files should be created: Procedure, Alternate CPT, Alternate Rev Code, Optime/Supply, Willow/Medications and Fee Schedule Group.

NOMENCLATURE

The remainder of this document discusses the file types that apply to the CDM Management - Epic solution being implemented. The data elements pertinent to each file type are identified and characterized. The applicability of each data element to the various solutions is annotated as follows:

R	Required	These fields are required.
C	Conditionally Required	These fields are required under specific circumstances, as explained in the comment's column.
P	Preferred	These fields are not absolutely required but are strongly recommended for you to receive value from various features of the solution.
O	Optional	Fields marked as optional are useful for minor system functions. Omitting them will not significantly hamper the value you receive from the system.
T	To Be Determined	The need for these fields will be determined during the implementation process based on client requirements.
NA	Not Applicable	

Note: If there is no annotation associated with the data element, please treat it as required.

FILE NAMING CONVENTIONS

File naming recommendations are provided later in this document for all file types. The FinThrive file naming template is:

xxxxxxxxx_AAAAAAA_yyyymmdd_.txt

The components of the file naming are as follows:

- Facility identifier** (xxxxxxxxx): Uniquely identifies a facility and can be up to 10 characters in length. A facility identifier is required for multi-facility health systems that send a given file type from multiple facilities.
- File type identifier** (AAAAAAA): Identifies what the file is (e.g., "CDM", "PBCDM" for CDM files or "REV" for Revenue and Usage files) and is defined by FinThrive. File type identifiers for individual file types are published later in this document. File type identifiers allow clients to add qualifiers that add uniqueness to multiple files with the same name.
- Date:** Identifies the date the file was created.

MASTER FILES

FinThrive prefers to receive all facilities in one set of master files. If you have a common set of master information that spans multiple facilities, please discuss this with your FinThrive Data Acquisition Consultant to determine the best way to package the information for submittal.

FILE FORMAT

Unless specified otherwise, all files should:

- Delimit fields using a pipe (“|”) character.
- Separate lines by CRLF (Carrier Return Line Feed).
- Be generated in ASCII text format.
- Contain a header record.
- File columns follow the order in the Data Specification.
- Include placeholders for any field defined whether values are provided or not.

It is imperative that no pipes (‘|’) or tabs appear in the data itself. If your data contains pipes or tabs, either remove them or discuss using an alternate delimiter character with FinThrive.

If no data is present for a given file, a file should be generated with headers only.

FILE EXAMPLE

The sample below illustrates this formatting:

```
8665994259785|601|J0559|953245128650|Pediatrics|Bicillian CR|TubrexCR|1200000UNT/2ML|1200000/2ML|Intramuscular|1|112.55  
8665994259785|601|J1589|5456959110|Internal Medicine|Prednisone||5MG|48/pack|Tablets|1|98.75
```

DATA TYPES

A data type is associated with each data element. The distinct data types and their meanings follow:

- **String:** A character string consisting of any alphabetic, numeric, or printable special characters.
- **Integer:** A whole number containing an appropriate number of digits. An integer can be positive or negative. Negative integers must be preceded by a minus (“-”) sign.
- **Numeric:** Data that consist of numbers, which can be computed mathematically with various standard operations.
- **Money:** A decimal number containing an appropriate number of digits to the left of the decimal and two digits to the right of the decimal point. Decimal point must be included. Can be positive or negative. Negative integers must be preceded by a minus (“-”) sign. No other punctuation is needed (e.g., “\$”, “,”).

- **Category:** Qualitative data that can be grouped or classified into categories or levels.
- **Date:** Calendar date. Recommended format is MM/DD/YYYY.
- **Time:** Time. All time fields request time in military format (HH:MM).
- **DateTime:** Date and time together. Recommended format is MM/DD/YYYY HH:MM.

PATIENT ACCOUNTING SYSTEM FILE TYPES

This section details file types containing data generated by your facility's patient accounting system. The file types include:

- Epic Procedure
- Epic Alt CPT
- Epic Alt Rev Code
- Epic Willow
- Epic Optime
- Epic Revenue and Usage

Epic – Procedure Master

Characteristic	Details	
Description	The Procedure Master file is a master list of all procedure codes along with their associated default revenue codes, default CPT codes, charge amounts, cost centers, and other information used within the patient accounting system.	
File Naming	xxxxxxxxx_CDM_Procedure_yyyymmdd.txt (see File Naming Conventions)	
Suggested Source	Patient accounting system	
Facility Extract Logic	Historical	The file must contain all items active at any time over the required historical period including all relevant fee schedule groups as well as all applicable supply (Optime) and pharmacy (Willow) EAPs.
	Ongoing	The file must contain all items active including all relevant fee schedule groups as well as all applicable supply (Optime) and pharmacy (Willow) EAPs.

DATA ELEMENT SUMMARY

The table below describes the data elements included in the file.

#	Epic Field Name	Description	Max Length	Type	Need	Comments
1	CDM Code	Charge code that maps the charge item to the CDM.	25	String	R	"PX" + External ID
2	Location	Client-assigned unique identifier for a facility.	25	Numeric	C	Name or identifier for multiple entities within the file. Required for multiple facilities.
3	Procedure External ID	Also known as the shell code	25	String	R	Procedure External ID + Location are the foreign keys that link the tables together
4	Procedure Identifier for Import	Identifies what kind of service was provided to the patient. Charge, Room Charge, Implant Charge, etc	100	String	R	"PX" + Internal ID
5	Description	Description of the charge.	100	String	R	
6	Active Flag	Identifies whether the charge information is currently active	10	String	R	Typical values: ACTIVE INACTIVE
7	Default Rev Code	Default revenue code associated with the charge. This is the UB code.	4	String	R	
8	Default CPT/HCPSC	Default HCPSC or CPT4 procedure code associated with the charge.	5	String	C	
9	Default CPT/HCPSC Type	Identifies the type of CPT/HCPSC	10	String	P	Typical values are "Custom" and "CPT(R)"

#	Epic Field Name	Description	Max Length	Type	Need	Comments
10	Effective Date	Identifies when the charge became active	8	Date	R	Format: MM/DD/YYYY
11	File Date	Date file was generated	8	Date	P	Format: MM/DD/YYYY
12	Default Modifiers	The default modifier	2	String	C	
13	Fee Schedule Group ID	Identifies the Fee Schedule Group associated with the charge item	100	Numeric	R	
14	Price	Default unit charge amount for this item.	15	Money	R	Format: 999999.99
15	Billing Category Description	Plain text description of the billing category	100	String	P	
16	RVU	Unit RVUs	100	Numeric	P	
17	Allow Price Override		100	String	P	Typical values are "Y" and "N"
18	Timed Charge		100	String	P	Typical values are "Y" and "N"
19	Clinically Inactive		100	String	P	Typical values are "Y" and "N"
20	Performable?		100	String	P	Typical values are "Y" and "N"
21	Procedure Category Name		100	String	P	
22	Show Code on Claim?		100	String	P	AKA "Show HCPCS/Enter HCPCS" Typical values are "Y" and "N"
23	Synonym 1		100	String	P	
24	Synonym 2		100	String	P	
25	Synonym 3		100	String	P	
26	Synonym 4		100	String	P	
27	Synonym 5		100	String	P	
28	Cost Center ID	Identifies the department that submits the charge.	25	String	R	
29	Cost Center Description	Plain text description of the department code	50	String	R	
30	Charge Type	Identifies if the item is a HB or PB charge	100	String	P	Typical values are "Technical" or "Professional" or "1" or "2"

#	Epic Field Name	Description	Max Length	Type	Need	Comments
31	Procedure Effective To Date	Identifies when the record was inactivated	8	Date	R	Format: MM/DD/YYYY
32	MPI: ID Type	Unique ID of the ID type of the Master Patient Index (MPI) identifier	100	String	R	
33	MPI: ID	Unique ID of the Master Patient MPI identifier	100	String	R	

Epic – Alternate CPT

Characteristic	Details	
Description	Provides all information needed to link alternate CPT coding to the charge item.	
File Naming	xxxxxxxxx_CDM_AltCPT_yyyymmdd.txt (see File Naming Conventions)	
Suggested Source	Patient accounting system	
Facility Extract Logic	Historical	The file must contain all items active at any time over the required historical period.
	Ongoing	The file must contain all active items.

DATA ELEMENT SUMMARY

The table below describes the data elements included in the file.

#	Epic Field Name	Description	Max Length	Type	Need	Comments
1	Location	Client-assigned unique identifier for a facility.	10	Numeric	C	Name or identifier for multiple entities within the file. Required for multiple facilities.
2	Procedure External ID	Also known as the shell code	20	String	R	Procedure External ID + Location are the foreign keys that link the tables together
3	Line Counter		100	Numeric	P	
4	Cost Center Code	Identifies the cost center that submits the charge.	10	String	R	
5	Payor	Identifies the payor associated with the alternate CPT/HCPCS code	100	String	R	
6	Department Code	Department code associated with the alternate coding	100	String	P	
7	Effective From	Identifies when the charge became active	8	Date	P	Format: MM/DD/YYYY
8	Effective To	Identifies when the charge will become inactive	8	Date	P	Format: MM/DD/YYYY
9	File Date	Date file was generated	8	Date	P	Format: MM/DD/YYYY
10	Alternate CPT/HCPCS Code	The alternate CPT/HCPCS code	10	String	R	
11	Department Name	Department name associated with the alternate coding	100	String	P	

Epic – Alternate Revenue Code

Characteristic	Details	
Description	Provides all information needed to link alternate revenue coding to the charge item.	
File Naming	xxxxxxxxx_CDM_AltRev_yyyymmdd.txt (see File Naming Conventions)	
Suggested Source	Patient accounting system	
Facility Extract Logic	Historical	The file must contain all items active at any time over the required historical period.
	Ongoing	The file must contain all active items.

DATA ELEMENT SUMMARY

The table below describes the data elements included in the file.

#	Epic Field Name	Description	Max Length	Type	Need	Comments
1	Location	Client-assigned unique identifier for a facility.	25	Numeric	C	Name or identifier for multiple entities within the file. Required for multiple facilities.
2	Procedure External ID	Also known as the shell code	25	String	R	Procedure External ID + Location are the foreign keys that link the tables together
3	Line Counter		99	Numeric	P	
4	Cost Center Code	Identifies the cost center that submits the charge.	25	String	R	
5	Payor	Identifies the payor associated with the alternate revenue code	25	String	R	
6	Department Code	Department code associated with the alternate coding	25	String	P	
7	Patient Type	Identifies the patient type associated with the alternate revenue code	99	String	P	I = Inpatient O = Outpatient E = Emergency
8	Effective From	Identifies when the charge became active	8	Date	P	Format: MM/DD/YYYY
9	Effective To	Identifies when the charge will become inactive	8	Date	P	Format: MM/DD/YYYY
10	File Date	Date file was generated	8	Date	P	Format: MM/DD/YYYY
11	Alternate Revenue Code	The alternate revenue code	4	String	R	
12	Department Name	Department name associated with the alternate coding	99	String	P	

Epic - Willow

Characteristic	Details	
Description	The Willow Pharmacy File is a master list of all Willow codes along with their charge amounts, description, default HCPCS and other information used within the Willow Module.	
Recommended File Name	xxxxxxxxx_CDM_Willow_yyyymmdd.txt (see File Naming Conventions)	
Suggested Source	Patient accounting system – Willow Module	
Facility Extract Logic	Historical	The file must contain all items active at any time over the required historical period.
	Ongoing	The file must contain all active items.

DATA ELEMENT SUMMARY

The table below describes the data elements included in the file.

#	Epic Field Name	Description	Max Length	Type	Need	Comments
1	CDM Code	NDC with a "RX" prefix	25	String	R	"RX" + NDC FinThrive Field Name: Charge Code
2	Location	Client-assigned unique identifier for a facility.	25	Numeric	C	
3	Pharmacy Location	Identifies the location associated with the record.	25	String	R	Can affect price
4	Procedure External ID	Also known as the shell code.	25	String	R	EAP "shell code"
5	Effective Date	Identifies when the charge became active	8	Date	R	Format: MM/DD/YYYY
6	File Date	Date file was generated	8	Date	P	Format: MM/DD/YYYY
7	Description	Description of the NDC	100	String	R	
8	Active Flag	Identifies whether the charge information is currently active	10	Category	R	Typical values: INACTIVE ACTIVE
9	Default HCPCS	Default HCPCS or CPT4 procedure code associated with the NDC	5	String	R	
10	Default Price	Default unit charge amount for this item.	15	Money	R	Format: 999999.99
11	Default Cost	Cost of the item purchased	15	Money	R	Format: 999999.99
12	Override HCPCS 1	First override HCPCS code	5	String	C	Override criteria configurable

#	Epic Field Name	Description	Max Length	Type	Need	Comments
13	Override HCPCS 2	Second override HCPCS code	5	String	C	Override criteria configurable
14	Override Price 1	First override price	15	Money	R	Override criteria configurable Format: 999999.99
15	Override Price 2	Second override price	15	Money	R	Override criteria configurable Format: 999999.99
16	Override Cost 1	First override cost	15	Money	R	Override criteria configurable Format: 999999.99
17	Override Cost 2	Second override cost	15	Money	R	Override criteria configurable Format: 999999.99
18	Dose Form		100	Category	P	
19	Strength		100	String	P	Includes units
20	Package Size		100	Numeric	P	
21	Package Size Units		100	Category	P	
22	Package Description		100	Category	P	
23	Generic Name	Generic name of the drug	100	String	P	First generic name if multiple found
24	Charge Amount		100	String	P	The quantity of the medication on which the charge calculation was based. For example, if the Default Price field is based on a dose of 10 milliliters, this data element would be 10.
25	Charge Amount Units		100	Numeric	P	Units of previous field
26	Billing Quantity		100	Numeric	P	The quantity in billing that corresponds to the unit charge amount. For example, suppose that the Default Price field is based on a dose of 10 milliliters, but the claim would actually show the number of 5 milliliter vials. This data element would then be 2 (corresponding to two 5 milliliter vials).

#	Epic Field Name	Description	Max Length	Type	Need	Comments
27	Default Dispense Entire Package		10	Category	P	
28	Medication ID		100	Numeric	P	
29	Implied Quantity		100	Numeric	P	
30	Implied Quantity Units		100	Numeric	P	
31	Route of Administration		100	Category	P	
32	Default Revenue Code	Default revenue code associated with the charge. This is the UB code.	4	Numeric	R	This requires facility to set up the Rev Codes in EAP (EAP 550)
33	Unit of Measure		100	String	P	
34	Package Quantity		100	String	P	

Epic - Optime

Characteristic	Details	
Description	The Optime Supply File is a master list of all Optime codes along with their charge amounts, description, default HCPCS and other information used within the Optime Module.	
File Naming	xxxxxxxxx_CDM_Optime_yyyymmdd.txt (see File Naming Conventions)	
Suggested Source	Patient accounting system – Optime Module	
Facility Extract Logic	Historical	The file must contain all items active at any time over the required historical period.
	Ongoing	The file must contain all active items.

DATA ELEMENT SUMMARY

The table below describes the data elements included in the file.

#	Epic Field Name	Description	Max Length	Type	Need	Comments
1	CDM Code	Supply identifier	25	String	R	"SX" + Internal Supply ID
2	Location	Client-assigned unique identifier for a facility.	25	Numeric	C	
3	Inventory Location	Identifies the location associated with the record.	25	String	R	Can affect price
4	Procedure External ID	Also known as the shell code.	25	String	R	EAP "shell code"
5	Supply ID	Charge code that maps the charge item to the CDM.	25	Numeric	R	Supply ID from Materials Management system (will need to be configured per hospital) FinThrive Field Name: Charge Code
6	File Date	Date file was generated	8	Date	R	Format: MM/DD/YYYY
7	Effective Date	Identifies when the charge became active	8	Date	R	Format: MM/DD/YYYY
8	Description	Description of the charge.	100	String	R	
9	Active Flag	Identifies whether the charge information is currently active	10	String	R	Typical values: INACTIVE ACTIVE
10	Price	Default unit charge amount for this item.	15	Money	R	Format: 999999.99
11	Cost	Cost of the item purchased	15	Money	p	Format: 999999.99
12	Manufacturer Catalog #	Number associated with the item given by the manufacturer	100	String	P	

#	Epic Field Name	Description	Max Length	Type	Need	Comments
13	Name of Manufacturer	Name of the manufacturer of the item	100	String	P	
14	Supply Type		100	String	P	
15	Supply Alias		100	String	P	First alias only if multiple are defined
16	Default Revenue Code	Default revenue code associated with the charge. This is the UB code.	4	String	R	This requires facility to set up the Rev Codes in EAP (EAP 550)
17	Default CPT/HCPCS	Default HCPCS or CPT4 procedure code associated with the charge.	5	String	C	

Epic – Revenue and Usage

Characteristic	Details	
Description	The Revenue and Usage file provides volume and total revenue by CDM charge code broken out by department, patient type, and insurance plan.	
File Naming	xxxxxxxxx_RU_RevUsage_yyyymmdd.txt (see File Naming Conventions)	
Suggested Source	Patient accounting system	
Facility Extract Logic	Historical	Prior fiscal year usage ensuring charge codes match those on the Procedures, Optime and Willow files, if applicable.
	Ongoing	Cumulative fiscal year-to-date usage ensuring charge codes match those on the Procedures, Optime and Willow files, if applicable.

DATA ELEMENT SUMMARY

The table below describes the data elements included in the file.

#	Epic Field Name	Description	Max Length	Type	Need	Comments
1	Identifier	Client-assigned unique identifier for a facility.	100	String	R	"PX" + HTR 251 or "RX" + HTR 277 or "RX" + HTR 267 or "SX" + SUP .1
2	CDM Code	Unique identifier for the charge transaction.	25	String	R	EAP 100 from HTR 251 or NDC 6 from HTR 277 or HTR 267 or SUP 1 line 1
3	SA	Identifies the service area that issued the charge.	25	Numeric	R	HTR 149
4	Location		25	Numeric	C	HTR 146
5	Cost Center Code	Identifies the department that issued the charge	25	Numeric	R	BCC 100 from HTR 145
6	Modifier	Modifier	100	String	P	HTR 147
7	Base Class		15	String	P	"I", "O", or "E" calculated from HTR 195
8	Patient Class	.	100	Numeric	R	HTR 195
9	Primary Financial Class	This field identifies the primary financial class associated with the CDM Code.	100	Numeric	R	HTR 190
10	Primary Insurance Plan	Insurance plan code for primary payors only. Used to categorize CDM charge item usage.	100	Numeric	R	HTR 199 if populated else "0" (Self Pay)
11	Primary Insurance Payor		100	Numeric	R	EPP 100 from HTR 199 if populated else "0" (Self Pay)

#	Epic Field Name	Description	Max Length	Type	Need	Comments
12	YTD Amount	Cumulative FYTD revenue for the specific charge code.	15	Money	R	YTD sum of HTR 300
13	YTD Quantity	Cumulative FYTD volume for the specific charge code.	20	Integer	R	YTD sum of HTR 255
14	MTD Amount	Cumulative month to date revenue for the specific charge code.	15	Money	R	MTD sum of HTR 300
15	MTD Quantity	Cumulative month to date volume for the specific charge code.	20	Integer	R	MTD sum of HTR 255
16	File Date	Date the extract was created.	8	Date	R	Ending Extract Date Format: YYYYMMDD
17	Category		100	String	P	EDP .2 from EAP 200 from HTR 251
18	Procedure Code	Standard code used to describe specific services provided.	100	String	P	EAP 100 from HTR 251
19	Medication ID	ERX ID assigned to Medication records only.	100	String	R	HTR 267 in the HSP_TRANSACTIONS table

Epic CDM Volume Extract

- Produces "|" delimited file
- Selects charge HTR records (HTR 50 = 1) posted during period (based on HTR 40). Batch settings can define the length of the Procedure Code and beginning of the Procedure Name.
- Extract includes one record for each Identifier/SA/Location/Department/Modifier/Base Class/Patient Class/FC/Payor/Plan/Product Type combination.

Template	SQL
SQL Query Name	E_HB_CDM_VOLUME_BY_CVG_AND_PRD
UID	User ID with security to run batches and permissions to write to file
SQL M Code	<p>s zedate=\$\$din^HULIBFN("End Date or Date Mnemonic")</p> <p>zSA=comma delimited list of Service Areas (" ,10,20,")</p> <p>s zLoc=comma delimited list of Locations (" ,100,200,") - OPTIONAL</p> <p>s device=device_ - "_\$\$dout^HULIB2(zedate,"PPPO")_".txt" - OPTIONAL</p> <p>s zProcNm=beginning of procedure's name to include in file - OPTIONAL</p> <p>s zCdLen=number of characters in Procedure Code to include in file - OPTIONAL</p> <p>s zRxLvl="ERX" to summarize charges by medication. If blank, charges will be summarized by NDC – OPTIONAL (NOTE: zRxLvl should be set in the same way as the "Rx Data at ERX or NDC Level" setting in the CDM extract is set.)</p> <p>s zSUP="N" to not summarize charges by supply. If blank, charges will be summarized by supply - OPTIONAL (Note: zSUP should be set in the same way as the "Include Supply Information?" setting in the CDM extract is set.)</p> <p>s zTmpSUP="Y" to summarize charges by supply even if the supply record is a temporary supply record. If blank, charges will not be summarized by temporary supplies – OPTIONAL (Note: zTmpSUP should be set in the same way as the "Include Temporary Supply Records?" setting in the CDM extract is set.)</p> <p>s ESQLOK=1</p>
SQL Var List	(blank)
Print Mode	4
Device	Full path and file name for output file