**Stage 1 – Year 1**

**Meaningful Use**

**Guide for Eligible Hospitals**

**Last Revision: 6/14/11**

The Medicare and Medicaid EHR incentive programs provide incentive payments to eligible professionals and hospitals to promote adoption and Meaningful Use (MU) of a certified Electronic Health Record (EHR). MU occurs in three stages: Stage 1 (data capture and sharing) 2011-2012; Stage 2 (advanced clinical processes) 2013-2014; and Stage 3 (improved outcomes) 2015+. In general, eligible hospitals will demonstrate MU in Stage 1 by using certified EHR technology to meet MU objectives and report on clinical quality measures.

This Guide lists detailed steps to take to achieve MU and qualify for incentive payments in Year 1. It is intended for facility staff and the Area MU team. Whenever possible, links for further information are provided. As the checklist suggests, consult with the Area MU Coordinator and MU Consultant for information and support. The Indian Health Service’s (IHS) intent is to make it as easy as possible for eligible professionals and hospitals to achieve MU.

 A quick overview checklist of the essential tasks needed to accomplish MU is attached.

**Create Facility MU Team**

An MU facility team may include a clinical application Coordinator (CAC), site manager, at least one EHR Super User, subject matter experts, such as those with expertise in pharmacy and labs, among others. The Area MU Coordinator and MU Consultant will work closely with the team.

* Identify and contact Area MU Coordinator and MU Consultant.
* To locate the Area Coordinator and Consultant, check the [MU resources Web page](http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use_resources).
* Appoint a facility MU point-of-contact/Coordinator.
* Establish a facility MU team.
* Send to Area MU Coordinator and MU Consultant the name and contact information of facility’s MU point-of-contact
* Collaborate with Improving Patient Care (IPC) and Government Performance and Performance Act (GPRA) Coordinators to integrate MU, IPC and GPRA.

**Communicate MU Information**

Regular communication among MU facility team members and with the MU Coordinators and Consultants is essential to the process of achieving MU. Numerous mechanisms are available for discussing MU and keeping up-to-date.

* Schedule regular **MU team meetings** for updates, report metrics, and other information.
* Report data, metrics, and progress to Area MU Coordinator and MU Consultant regularly (determine frequency).
* Check [MU FAQs](http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use_faq).
* Sign up for [IHS MU Listserv](http://www.ihs.gov/listserver/index.cfm?module=signUpForm&list_id=168).
* Review information on IHS’s MU Web site
* Sign up on State Medicaid Health Plan Listserv (if available)
* Sign up on State HIE/HIT Listserv (if available)
* Sign up for Centers for Medicare & Medicaid Services [Centers for Medicare & Medicaid Services (CMS) Listserv](http://www.cms.gov/EHRIncentivePrograms/65_CMS_EHR_Listserv.asp).
* Conduct facility briefings/trainings on MU requirements, roles, challenges, and progress
* Share information from area and MU national teams.
* Identify issues and propose solutions.

**Receive and Provide MU Training**

Many opportunities are available for MU training, including area conferences, PowerPoint presentations, and WebEx training sessions. The Area MU Coordinator and MU Consultant are resources for such opportunities.

* Check with MU Coordinator and MU Consultant for all relevant information, such as area newsletters, area conference schedules, MU presentations, and WebEx training sessions.
* Provide refresher MU training as needed to EPs and facility staff
* Contact area MU team about assisting with or providing local training
* Check [CMS’s EHR Incentive Program Overview](http://www.cms.gov/EHRIncentivePrograms/01_Overview.asp#TopOfPage)
* Review [IHS Summary of CMS Final Rule Meaningful Use Stage 1 Requirements](http://www.ihs.gov/recovery/mu_documents/Summary_MU%20Stage%201_CMS%20Final%20Rule.pdf%20).
* Review complete final rule at [CMS Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule](http://edocket.access.gpo.gov/2010/pdf/2010-17207.pdf).

**Conduct MU Readiness Assessment**

An assessment will be done to evaluate the hospital’s MU readiness and progress toward meeting MU core and menu set objectives and Health Information Technology (HIT) adoption. The assessment also will estimate the hospital’s incentive payment under Medicare and Medicaid depending on eligibility. IHS will use this information to evaluate the staff’s training needs and then provide the support needed.

* Set a date with MU Consultant to complete MU readiness assessment.
* Evaluate the facility’s MU readiness and progress toward meeting MU core and menu set objectives.
* Work with MU Coordinator and MU Consultant to develop an action plan to help achieve MU. Complete plan within 2-3 weeks after assessment.
* Implement action plan
* Evaluate outcome of implementation
* Report on action plan progress to Area MU Coordinator and MU Consultant

**Meet State Medicaid Health Plan and Health Information Exchange Requirements**

The State Medicaid Health Plan (SMHP) and Health Information Exchange (HIE) may have different or additional MU requirements than those required at the federal level. Requirements may vary from state-to-state, so pay special attention to the state’s specific requirements. These requirements may include Medicaid and hospital registration, certification of EHR A/I/U, data transmission and submission, and public health objectives.

* Sign up for State Medicaid Health Plan (SMHP) listserv (if available).See the list of [State Medicaid Web sites.](http://www.cms.gov/apps/files/statecontacts.pdf)
* Confer with Area MU Coordinator and MU Consultant on SMHP and HIE requirements:
* Medicaid registration Web site opening
* Hospital registration requirements
* Proof of certified EHR A/I/U
* HIE/HIT requirements for data transmission/submission
* Additional MU requirements from State Medicaid (encounter definition & additional public health objectives)

**A/I/U Certified EHR**

The facility must verify (attest) that it is using an EHR program certified by the ONC. Take these steps to assure the facility is using appropriate EHR technology for achieving MU.

* Adopt/Implement/Upgrade (A/I/U) to a certified EHR
* If utilizing Resource and Patient Management System (RPMS) EHR, evaluate system to determine if complete certified EHR package is installed. Refer to Attachment X (RPMS Certified Electronic Health Record for MU: Application Checklist) for packages needed for a certified RPMS EHR, including all applications and specific versions and patches.
* Work with the Area MU Coordinator and MU Consultant to run the RPMS Certified MU report (date available TBD). This tool performs an automated check to determine if the site has everything on the list of current certified EHR versions/patches. It will show what is missing, if anything.
* For Non- RPMS facilities, a comprehensive listing of certified EHR productscan be found at [Certified Health IT Product List](http://onc-chpl.force.com/ehrcert).
* Check with the Area MU Coordinator and MU Consultant to determine your State’s requirements to document/attest A/I/U.

**Obtain EHR Training/Support**

To use the certified EHR technology, appropriate EHR training and support will be needed. Suggestions on how to obtain training and support are provided below.

* For RPMS support, contact the local CAC. Your local CAC also can request assistance from the Area CAC and/or EHR Deployment and Training Team.
* For non-RPMS support, contact the EHR vendor.
* Support may be needed for:
	+ Implementation and training
	+ Configuration and optimization
	+ Training for providers on utilization
* Properly use the configured, optimized functionality currently available.
* For RPMS EHR users, ensure facility support has taken EHR Team’s MU Guide and EHR Report training
* Check the Office of Information Technology (OIT) Training Schedule for upcoming RPMS Training events go to [Resource and Patient Management System Training](http://www.ihs.gov/RPMS/index.cfm?module=Training&option=index&sortChoice=Title&newquery=1)

**Complete Regional Extension Center Provider Agreement**

Regional Extension Centers (RECs) are funded by the Office of the National Coordinator (ONC) for Health Information Technology (HIT) and provide support to health care providers and medical facilities in adopting a certified EHR and achieving MU. The National Indian Health Board (NIHB) supports the same activities, but specifically to providers of IHS, tribes, urban, and tribal organization facilities (I/T/U). The NIHB is the only National REC.

* Ensure the hospital completes a provider agreement with a REC and electronically submit agreement.
* **IHS Federal & Urban Sites** - complete a National Indian Health Board REC provider (includes facilities) agreement package ASAP. For the Provider Agreement Package, go to [Indian Health Board home page](http://www.nihb.org/rec/rec.php).
* **Tribal Sites** - sign a Provider Agreement Package with a REC of your choice, on the [Indian Health Board home page](http://www.nihb.org/rec/rec.php) **OR** go to the[ONC list of State RECs](http://healthit.hhs.gov/portal/server.pt?open=512&objID=1495&mode=2).
* Hospitals should sign up as soon as possible to enable the release of the ONC funding necessary to support Indian Country in the achievement of MU.
* For assistance with filling out the Provider Agreement for RPMS Users:
* A variety of RPMS tools can be used to facilitate the data collection that is required to complete the REC agreement. A new RPMS Business Office management report, released on 1/5/11 in RPMS TPB v2.6, Patch 5, will provide **practice** demographics, including the number of patients, number of patient encounters, and number of unique patients. This report will also provide **patient** demographics, including percent of patients on Medicaid, Medicare, private insurance, and are uninsured.

**Appendix A** , “Certified EHR-MU Application Checklist “ and **Appendix B**, “Creating a Printout of NPI Numbers” provides two options that RPMS users can use to identify the provider NPI numbers at I/T/U facilities using RPMS. These reports report provide the data that is needed to sign up with an REC.

**Determine Eligibility for Medicare and Medicaid EHR Incentives**

To qualify for incentive payments, hospitals must meet certain eligibility criteria for Year 1.

|  |  |
| --- | --- |
| **Medicare** | **Medicaid** |
| * A/I/U of a Certified EHR
 | * A/I/U of a Certified EHR
 |
| * Be an Eligible Hospital
 | * Be an Eligible Hospital
 |
| * Demonstrate Meaningful Use
 | * Acute Care Hospitals and Critical Access Hospitals (CAHs) (must meet patient volume)
 |

* Confer with MU Coordinator and MU Consultant to determine additional requirements for MU from the state Medicaid agency

**Qualifying as Eligible Hospitals**

Eligible hospitals can determine if they meet the eligibility requirements for Medicare and Medicaid EHR Incentive Programs by reviewing the following table. Hospitals that qualify for Medicare **and** Medicaid programs may participate in both programs.

Hospital-based eligible professionals are not eligible for incentive payments. An eligible professional is considered hospital-based if 90% or more of his or her services are performed in a hospital inpatient (Place of Service code 21) or emergency room (Place of Service code 23) setting.

|  |  |
| --- | --- |
| **Medicare** | **Medicaid** |
| If you check one of the categories below, you may qualify as an eligible hospital under the **Medicare** program. | If you check either of the main two items below, you may qualify as an eligible hospital under the **Medicaid** program. |
| * Acute care hospitals (Subsection (d) hospitals in the 50 states or DC that are paid under the Inpatient Prospective Payment System).
* Critical access hospitals (CAH)
* Medicare Advantage (MA-Affiliated) Hospitals
 | * Acute care hospitals (including CAHs and cancer hospitals) with at least 10% Medicaid patient volume
* Children’s hospitals (no Medicaid patient volume requirements)
 |

**Qualifying for an Incentive Payment under the Medicare and Medicaid EHR Incentive Programs**

|  |  |
| --- | --- |
| **Medicare** | **Medicaid** |
| To qualify for an incentive under the **Medicare** EHR, there is not a Patient Volume requirement; however, eligible hospitals must **demonstrate Meaningful Use** for 90 consecutive days within the first Federal fiscal year (FFY) of participating in the program.  | To qualify for an incentive under the ***Medicaid*** EHR, acute care hospitals must have at least 10% Medicaid patient volume during a consecutive 90-day period in the preceding FFY of participating in the program.  |

**\*\*For 2015 and later, Medicare eligible hospitals and CAHs that do not successfully demonstrate meaningful use will have a payment adjustment in their Medicare reimbursement\*\***

* For more information on eligibility, go to [CMS EHR Incentive Program Eligibility](http://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp#TopOfPage).

**Calculating Patient Volume for Medicaid**

The calculation of patient volume under Medicaid is based on the total number of Medicaid ***paid*** patient encounters to the eligible hospital during a consecutive 90-day period in the preceding fiscal year prior to the MU payment year.

The numerator is the number of encounters during the same time period where Medicaid ***paid for*** all or part of the service, co-pay, premium, or cost share. Thus, the ***patient*** not only has to be Medicaid eligible, but Medicaid must have ***paid*** for some part of the encounter. If your state has an 1115 waiver, your facility will include both Medicaid and CHIP paid encounters into the numerator.

The denominator is all patient encounters for the same eligible hospital over the same 90-day period. For example, if the eligible hospital had 100 encounters and 10 were ***paid*** in full or in part by Medicaid, they would have a 10% patient ***volume***.

|  |
| --- |
| The calculation formula is: [Total (Medicaid) ***paid*** patient encounters in any representative continuous 90-day period in the preceding fiscal year/Total patient encounters in that same 90-day period] \*100 |

***\*\*An RPMS EHR report will be available in spring 2011 that will help you calculate patient volume. The hospital MUST be using the RPMS Third-Party Billing package for this Patient Volume Report to work. \*\****

**Calculating Incentive Payments for Medicare and Medicaid**

Tools are available to help the hospital calculate payments under Medicare and Medicaid.

* Go to the [MU Resources page](http://www.ihs.gov/recovery/index.cfm?module=dsp_arra_meaningful_use_resources) to calculate hospital payments. Scroll to center of page to hospital incentive payment estimator.

**Register for Medicare and Medicaid EHR Incentive Programs**

Hospitals that meet all the qualification for both Medicare and Medicaid incentive programs are eligible to participate in both programs. Choose both Medicare and Medicaid Incentive Programs if the hospital has at least 10% Medicaid volume. Otherwise, choose Medicare only. It is important for a dually-eligible hospital to select “Both Medicare and Medicaid” from the start of registration in order to maintain this option.

Hospitals that register only for one program will not be able to manually change their registration from one program to the other after a payment is initiated. This can cause significant delays in receiving a Medicare EHR incentive payment.

**Gathering Information for CMS Registration**

Prior to registering for the CMS Incentive Program, eligible hospitals will need to gather the following information. This will help expedite the registration process. Also verify eligible professionals and the hospital are enrolled in the CMS Medicare FFS or Medicaid programs.

|  |
| --- |
| * National Provider Identifier (NPI)
* To locate your hospital’s NPI number, go to [NPPES NPI Registry page](https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do).
* If your hospital does not have an NPI number, to apply go to [NPPES home page](https://nppes.cms.hhs.gov/NPPES/Welcome.do)
 |
| * An enrollment record in Provider Enrollment, Chain and Ownership System (PECOS). Note: If you do not have an enrollment record in PECOS, you should still register for the Medicare and Medicaid EHR incentive programs. For more information about PECOS, go to: [PECOS home page](https://pecos.cms.hhs.gov/pecos/login.do).
 |
| * CMS Identity and Access Management (I & A) User ID and Password. For more information, go to the [NPPES I & A Security Check Web page](https://nppes.cms.hhs.gov/NPPES/IASecurityCheck.do).
 |
| * CMS Certification Number (CCN). For CCN, go to [Certified Health IT Product List](http://healthit.hhs.gov/chpl).
 |
| * Hospital Tax ID Number
 |
| * Address from IRS form CP-575 and copy of form
 |

**How to Register for Incentive Programs**

Now that all the information has been gathered, the next step is to register with CMS. All eligible hospitals who are participating in the EHR Incentive Program must register for the Medicare and/or Medicaid Incentive programs through CMS. This can be done using CMS’s *Step-by-Step Guide* at [Registration and Attestation EHR Incentive Programs](http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp). [Click here for registration guide](http://www.cms.gov/EHRIncentivePrograms/Downloads/EHRHospital_RegistrationUserGuide.pdf).

Eligible hospitals who intend to participate in the Medicaid Incentive Program also must register on their state Medicaid Web site. Although the Medicaid EHR incentive programs opened in January 2011, some states are not ready to participate. Information on when registration will be available for Medicaid EHR incentive programs in specific states is posted at [EHR Incentive Programs Medicaid State Information.](http://www.cms.gov/apps/files/statecontacts.pdf)

|  |
| --- |
| ***CMS recommends waiting until your state Medicaid site is available before registering with CMS.*** |

* Confer with MU Coordinator and MU Consultant to determine when the hospital’s state’s registration site for Medicaid EHR incentive programs is available. [You can also check state](http://www.cms.gov/apps/files/statecontacts.pdf) launch dates by clicking here.

**Demonstrate Achievement of Meaningful Use in Stage 1**

As stated under the section “Eligibility for Medicare and Medicaid Incentive Payments”, eligible hospitals must demonstrate MU. This section covers how to demonstrate MU, calculate the MU reporting period, and verify achievement of MU.

|  |  |
| --- | --- |
| **Medicare** | **Medicaid** |
| * Demonstrate MU of a certified EHR in all participation years of a certified EHR.
 | * In the first year of Stage 1, adopt, implement, or upgrade (AIU) to a certified EHR.
* **After the first year,** demonstrate MU of a certified EHR as noted in the next three rows.
 |
| * Report on 14 core objectives and five objectives from a menu set of 10.
 | * Report on 14 core objectives and five objectives from a menu set of 10.
 |
| * Meet performance targets on most objectives.
 | * Meet performance targets on most objectives.
 |
| * Report on all 15 hospital clinical quality measure. Note: There are no performance targets.
 | * Report on all 15 hospital clinical quality measure. Note: There are no performance targets.
 |

Review [IHS Summary of CMS Final Rule Meaningful Use Stage 1 Requirements](http://www.ihs.gov/recovery/mu_documents/Summary_MU%20Stage%201_CMS%20Final%20Rule.pdf%20) to see a complete listing of MU objectives and measures. An MU Cheat Sheet, which is forthcoming, will help the hospital determine how to meet these objectives and measures.

**Reporting Period for Demonstrating Meaningful Use**

The reporting periods for demonstrating MU for Medicare and Medicaid are listed below. The 90-day reporting period begins AFTER the hospital has installed all versions/patches that will comprise the certified version of RPMS EHR in a hospital setting for Medicare. Use the same reporting period for all measures.

|  |  |
| --- | --- |
| **Medicare Reporting Period** | **Medicaid Reporting Period** |
| * For **Medicare**, eligible hospitals must satisfy MU requirements (see above) for 90 consecutive days within the **first FFY** of participating in the program. Note: In subsequent **years**, the EHR reporting period for eligible hospitals will be the entire **FFY**.
 | * For **Medicaid**, eligible hospitals must A/I/U MU certified EHR technology during the **first** **FFY**. If the Medicaid eligible hospital A/I/U in the **first** **year** of payment and demonstrates MU in the second **year** of payment, then the EHR reporting period in the second **year** is a continuous 90-day period within the **FFY**. Subsequent to that, the EHR reporting period is the entire **FFY**.
 |

July 3, 2011 – Last day for eligible hospitals to begin their 90-day reporting period to demonstrate MU for the Medicare EHR Incentive Program September 30, 2011 – Reporting year ends for eligible hospitals and CAHs

**Verify Achievement of Meaningful Use**

Reports will be available to help you verify achievement of MU requirements.

* Run Performance Measures Report to verify achievement of MU requirements (forthcoming)
* Run Clinical Quality Measure Report to verify achievement of MU requirements (forthcoming)
* Run MU iCare report
* Upon release of reports, export data to Area MU Coordinator and MU Consultant.
* Review reporting data to estimate status.

**Attest for Incentive Payments**

Once the hospital has verified achievement of MU through the performance measures and clinical quality measure report, you can attest for incentive payments. Hospitals who have elected to participate in the **Medicare** EHR incentive program must attest with CMS that they have demonstrated MU of a certified EHR technology. Hospitals who select the **Medicaid** EHR incentive program must demonstrate their eligibility and attest through their state Medicaid agency's system. The steps for attestation are listed below.

**Medicare and Medicaid**

* Find the [certified EHR number](http://onc-chpl.force.com/ehrcert). This number is needed for attestation.

**Medicare**

* Medicare providers must return to the [EHR Incentive Program Registration & Attestation System to complete attestation](https://ehrincentives.cms.gov/hitech/login.action).
* Enter your information in our [Meaningful Use Attestation](http://www.cms.gov/apps/ehr/) Calculator prior to submitting your attestation to see if you would be able to meet all of the necessary measures to successfully demonstrate meaningful use and qualify for an EHR incentive payment.
* November 30, 2011: Last day for eligible hospitals and critical access hospitals to register and attest to receive an Incentive Payment for FY 2011. **Note:** Demonstration of Achieving MU must be completed by September 30, 2011.

**Medicaid**

* Check with Area MU Coordinator and MU Consultant to find out when and how to attest with your state Medicaid system.

**Appendix A**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** **space** | **Package or Application** | **Version** | **Patch** | **Cert** | **MU** | **Functionality** | **Alpha** | **Beta** | **Nati’ly Released** | **Release Date\*** | **Comments/Notes** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AG | Patient Registration | 7.1 | 8&9 | x |  |  |  |  | X |  |  |
| Patient Registration MPI | 7.2 |   | x |   |   |  | X |  |  |   |
| **f**BJMD | C32  | 1.0 |  1.0 | x |   |   |  | X |  |  |   |
| LR | Lab Patch  | 5.2  | 1027 | x |   |   |  |  | X |  | Control release |
| BQI | iCare  | 2.1 |   | x |   |   |  | X |  |  |  Ready for national release |
| BJPC | PCC  Suite | 2.0  | 5&6 | x |   |   | 6 |  | 5 |  |  |
| APCL | PCC Mgmt Reporting/ ILI Export/HL7 | 3.0  |  26 | x |   |   |  |  | X | **11/10/11** |  Patch 27 released on 11/10/10 and installed on MUMAS AND WOCRT |
| BYIM | Immunization Exchange Message    | 2.0  | 01 | x |   |   |  |  | X |  |   |
| EHR | Electronic Health Record |  1.1 | 8 | x |   |   | X |  |  | *4/15/11* |  Waiting for beta files |
| **A**APSP | Pharmacy MOD - ePrescribing  | 7.0  | 1010 | x |   |   | X |  |  |  |  Waiting for beta files |
|  | VanDyke/IPSEC |   |   | x |   |   |  |  |  |  |   |
| **P**PHR | PHR   | 1.0  |   | x |   |   | X |  |  |  |  Waiting for beta files |
| BGP | CRS       |  11.0 | 2 | x |   | ambulatory     | X |  |  |  |  SQA helped installing alpha on MUMAS |
| CRS – Clinical Reporting System | 11.0 | 3 |  x | x | 15 hospital measure | X |  |  | ***4/29/11*** |   |
| CRS – Clinical Reporting System | 11.0 | 2 | x | x | 9 EP measures |  |  |  | ***4/4/11*** |  |
| CRS – Clinical Reporting System | 11.1 |  |   | x | 35 EP measures | X |  |  | **6/20/11** |   |
|  | WinHasher |   |   | x |   |   |  |  |  |  |   |
|  | GuardianEdge/Symantec |   |   | x |   |   |  |  |  |  |   |
| BMC | RCIS – Referred Care Information System |  4.0 | 7 t1 | x |   |   | X |  |  |  |  |
| BRN | ROI – Release of Information |  2.0 | 3 | x |   |   | X |  |  |  |  SQA helped installing alpha on MUMAS |
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Appendix B

Creating a Printout of NPI Numbers

DRAFT for Review

**Last Revision: 2/20/11**

**OPTION #1**

Kernel Management Menu namespace.  It that identifies provides with NPI numbers.  See below:

 NPI (National Provider ID) Menu ...

          Add/Edit NPI values for Providers

          Mark/Unmark Provider Exempt from requiring an NPI

          Print Local NPI Reports

Local NPI Reports:

Select one of the following:

           1         All providers

           2         All providers without NPI numbers

Select a report option: : (1-2): **1// [ENTER]**

Sort by DIVISION? NO// **[ENTER]**

Sort by SERVICE/SECTION? YES// **[ENTER]**

DEVICE: HOME/

**OPTION #2**

//**^VA FILEMAN <ENTER>**

 1 VA FileMan Management [DI MGMT MENU]

 2 VA FileMan [DIUSER]

Type '^' to stop, or choose a number from 1 to 2 :**2 <ENTER>** VA FileMan

 VA FileMan Version 22.0

 Enter or Edit File Entries

 Print File Entries

 Search File Entries

 Modify File Attributes

 Inquire to File Entries

 Utility Functions ...

 Data Dictionary Utilities ...

 Transfer Entries

 Other Options ...

Select VA FileMan Option: SEARCH File Entries

OUTPUT FROM WHAT FILE: NEW PERSON// **NEW PERSON <ENTER>**

 -A- SEARCH FOR NEW PERSON FIELD: **NPI <ENTER>**

 1 NPI

 2 NPI ENTRY STATUS

CHOOSE 1-2: **1 <ENTER>** NPI

 -A- CONDITION: **?? <ENTER>**

 Choose from:

 1 NULL

 2 CONTAINS

 3 MATCHES

 4 LESS THAN

 5 EQUALS

 6 GREATER THAN

YOU CAN NEGATE ANY OF THESE CONDITIONS BY PRECEDING THEM WITH "'" OR "-"

SO THAT "'NULL'" MEANS "NOT NULL"

 -A- CONDITION: **'1 <ENTER>** NULL

 -B- SEARCH FOR NEW PERSON FIELD: **<ENTER>**

IF: A// **<ENTER>** NPI NOT NULL

STORE RESULTS OF SEARCH IN TEMPLATE: **CCL-NPI TESTLIST <ENTER>**

 Are you adding 'CCL-NPITESTLIST' as a new SORT TEMPLATE? No// **Y <ENTER>** (Yes)

DESCRIPTION: **<ENTER>**

 1> **<ENTER>**

SORT BY: NAME// **<ENTER>**

START WITH NAME: FIRST// **<ENTER>**

FIRST PRINT FIELD: **NPI <ENTER>**

 1 NPI

 2 NPI ENTRY STATUS

CHOOSE 1-2: **1 <ENTER>** NPI

THEN PRINT FIELD: NAME

 1 NAME

 2 NAME COMPONENTS

CHOOSE 1-2: **1 <ENTER>** NAME

THEN PRINT FIELD:

Heading (S/C): NEW PERSON SEARCH// **<ENTER>**

DEVICE: Home VT Right Margin: 80// **<ENTER>**

NEW PERSON SEARCH NOV 19,2010 11:59 PAGE 1

NPI NAME

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1234567890 LAST, FIRST

1234567890 LAST, FIRST

1234567890 LAST, FIRST

1234567890 LAST, FIRST