



The following report options are based on the most recent NC License Renewal Application for Home Care, Nursing Pool and Hospice.

If the total number of patients disagrees across reports, start a chat so that we can review the audit reports with you.

Before running any reports for the license application, we strongly suggest print the audit reports and correcting any patient data issues. You should run these audit reports at least monthly, for two months prior to printing date.

Reports > Audit > 07.01 Verify Admit and DC Dates

- Select a wider date range than your fiscal year for the license application.
- At least run options 01, 04, 05, 06, 07, 08, 09, 10 and 11.
- See article link below if you would like to use the first three check boxes on this report to update patient referral. This feature runs automatically and cannot be reversed.

[07.01 Article Link](#)

Reports > Audit > 07.02 Verify Sex/Race/DOB etc

- Select the button at the bottom **Update Missing Race Codes From Oasis M0140**
- This will update the Referral to fix some of the blank Race codes. It will use the Race from the OASIS to copy to the Referral
- This part of the report ignores dates and filters

Reports > Audit > 07.02 Verify Sex/Race/DOB etc

- Check the box for Print a report of patients admitted more than once with different SSNs
- Print and fix any issues on this report

After the first two options from above have been ran and fixed, proceed to the last option on report 07.02

Reports > Audit > 07.02 Verify Sex/Race/DOB etc

- Select a wider date range than your fiscal year
- Check boxes for **Skip payer differences**, **Skip team differences**, and **Skip marital status difference**
- Run these options and print

[07.02 Article Link](#)

[Section B Client Residence Part-time Intermittent HH](#)

[Section C Client Residence Home Care Part-time Intermittent](#)

[Section C Client Residence Home Care](#)

Reports > Agency Data > 06.24

- Select the **Fiscal Year** button - if you are using Oct-Sep as the date range, click +1 Month as needed to adjust the dates
- Check the box for **Calculate age on date of first visit during reporting period**
- Make sure the **Age Ranges** field matches the report requirements. Use 17 = 0-17 years, 40 = 18-40, 59 = 41-59, etc. So the Age Ranges field may look something like this: 17,40,59,64,74,84
- **Print**

There's a column for the different payer types: Home Health, CAP/PCS, Hospice.

This calculates the age as of the from date of the report, or the admit date, if they were admitted after the from date. To fix unknown County, run audit report 07.02 from above.

Section D Clients/Visits by Payer Source

Reports > Agency Data > 06.07

- Select the **Fiscal Year** button - if you are using Oct-Sep as the date range, click +1 Month as needed to adjust the dates
- Check the box **Print by Category instead of Payer**
- Check the bullet **All Payers**
- As needed, fill in select program/payers for the different report sections
- **Print**

[06.07 Article Link](#)

Section D Clients/Visits by Payer Source Medicare Episodes Count

Reports > Billing > 15.09

- Select the **Fiscal Year** button - if you are using Oct-Sep as the date range, click +1 Month as needed to adjust the dates
- Select **Thru Dates**
Select **All Episodes (RAP Created)**
- Select **Medicare Only**
- **Print**
- The totals are on the last page
- a. **Number of Medicare Episodes** = Episodes column, Grand Totals row
- b. **Average Number of Medicare episodes per beneficiary** = Last comment below Grand Totals
- c. **Average Number of Medicare Visits per Episode (all disciplines)** = Total column, Grand Totals row
- d. **For Medicare – the Percent of Lupus** = % column, LUPA row

[15.09 Article Link](#)

Section E Staff - Home Health (Total Staff and FTEs)

Reports > Agency Data > 06.29

- Select the **Fiscal Year** button - if you are using Oct-Sep as the date range, click +1 Month as needed to adjust the dates
- As needed, fill in select program/payers for the different report sections
- Select **Combine Skilled Revenue Codes**
- If your agency does not enter any nonvisit time, use 18 for the hours/week
- Fill in the **Nurse Supervisor Employee numbers** (4-digit numbers separated by commas)
- If the nonvisit time includes On Call time, fill in the Time Codes to Skip with those codes (3-digit numbers separated by commas)
- **Print**
- **Note:** Average Cost Per Visit should be completed by your agency CPA

Section E Staff - Home Health (Total Clients and Total Visits)

Section F Staff – Home Care Non Part-time Intermittent

Reports > Agency Data > 09.06 Pts Visits by Disc

- Select the **Fiscal Year** button or key in dates
- Select **Consolidate Revenue Codes**
- If needed, key in payers to exclude or key in a program in the filter
- **Print**

The top number in the same row as the discipline is the number of patients. The number below that is the number of visits for that discipline.