

Print Authorized Hours Versus Number of Hours Used

This report will compare the authorized hours/visits to the number of actual hours/visits made for the patient. This will help track that the hours/visits made are within the authorized time, without going over or under.

In order for this report to work properly, the following features will need to be used: 1) [Patient Authorizations](#) 2) Visits added (Point of Care, EVV, manually keyed).

The number of hours/visits used comes from entries within the Employee Activity > Visit Entry screen. The number of hours authorized comes from the Patient Histories (CAP/PCS) Authorization screen for each patient.

Pull up any patient from the **Select Patient** screen. From **Barnestorm Office > Patient Histories > Authorizations**, click on **17.34 Auth Used** tab; or from **Referrals > Authorizations**.

How to Run the Report

- **Programs / Payers / Teams** = Filter report by entering program, payer, team numbers. Or leave blank to select all.
- **Weekly / Monthly / Yearly / Discipline Authorizations** = Select which authorization tracking you want to run. Ex. If you select per Week, the report will only run patients that have weekly authorization entered. It will not show patients with month or year auths entered.
- **From / Thru** = Enter the dates you want to audit. The report will add up the visit hours between this date range; and will go by the most recent auth entry between the date range.
- **PCS / CAP / All** = Select if you want to run the report for PCS and/or CAP or select All.
- **Include All Patients With Visits** = This will include patients with visits even if they do not have an authorization entered into Barnestorm.
- **Summary+Excel** = This will work with Weekly, Monthly, and Monthly+Weekly options. It will give a summary of the data used on

the detailed report. Note: VA Respite, CAP Live-in, and CAP Respite for the Auth only uses the actual hours used instead of the auth. This is due to the unusual data that is keyed for respite.

- *With the Monthly Authorizations Only option* Additional options to run the report:

- **Use Visit Charges Thru This Date** = Will use visit charges up to the date selected here; then uses scheduled visits for the rest of the month. Helps to get a better picture of the monthly totals planned

- **Use Schedules Instead of Charges** = Does just as it says.

- **Only print those with hours over or under** = Eliminates any auths where Hours Limit and Hours Used equal out to the same

- When **Discipline Authorizations** is selected you have the option to check a box for LUPA Episodes. This will pull episodes that end today or later that are potential LUPAs based on the number of visits completed.
- CAP/PCS customers only: Has an option to print on-hold patients on a separate report.
- You can print this report by patient name or by payer then patient.
- Click on Print.

How to Read Report

Weekly/Monthly/Yearly Option:

- Payer = The program/payer number and payer name.
- Tm = Team number.
- Hours Used = The number of hours based on the charges entered that falls between the from and thru date selected.

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- **Hours Limit** = The number of hours that is authorized per week, month or year. If line is blank then no authorization has been entered.
- **Hours Under** = The number of hours left after subtracting the Hours Used from Hours Limit.
- **Hours Over** = The number of hours that exceed the Hours Limit column.
- **Facility** = The number of days the patient was in a facility. This will adjust the hours limit and over/under hours to exclude the number of days in the facility. The information must be keyed into the Facility History screen.

Discipline Authorizations Option:

- **Disc** = The discipline you selected for the authorization.
- **Vx Auth** = The number of visits authorized for the select discipline.
- **Vx Done** = The number of visits entered in Barnestorm between the from and thru dates selected.
- **AuthThru** = The ending authorization date.
- **Days Auth** = Number of days for the From and Thru date.
- **Days Done** = Number of days from the From date thru to the date the report was ran.
- **Days Left** = The number of days until the end of the authorization. This can be a negative number if the Thru date has expired.
- **Authorization#** = The authorization number assigned on the **Add/Change/Delete Patient Time/Visit Authorization** tab.

If you do not see a patient on the report:

- Verify the dates are correct.
- Make sure you are running the correct report; by week, month or year.
- Try selecting **All** instead of PCS or CAP.
- Verify the authorization was keyed for that patient missing.

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- Try selecting the **Include All Patients With Visits** bullet and rerun the report.

If the Hours Over or Hours Under number looks incorrect:

- Check to make sure the patient does not have duplicate auth entries or that dates do not overlap. If so, verify and correct the entries.
- Make sure the entry is correct with number of hours or visits and the correct week/month/year is selected.
- Go to **Employee Activity > Visit Entry**, from the bottom section enter the patients chart number, date range, program and payer number. Click on Refresh. Verify entries keyed.

Knowledgebase

<http://kb.barnestorm.biz/KnowledgebaseArticle50374.aspx>