

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2013 to December 31, 2013

SCHEDULE OMH-4
UNITS OF SERVICE
BY PAYOR
BY PROGRAM/SITE

Page _____

AGENCY NAME: _____
 AGENCY CODE: _____

Line No.	PROGRAM CODE (PROGRAM CODE INDEX)	()	PROGRAM TYPE	PROG/SITE ID. #	TOTAL VISITS	REVENUE EARNED BY PAYOR
	Payors:					
1	Medicare Only					
2	Medicaid Fee-for-Service Only					
3	Medicaid Managed Care					
4	Medicaid and Medicare					
5	Medicaid Managed Care and Medicare					
6	Medicaid and Other Private Insurance					
7	Medicaid Managed Care and Other Private Insurance					
8	Child Health Plus or Family Health Plus					
9	Other Private Insurance					
10	Participant Fees- Co-pays and Deductibles					
	Uncompensated Care:					
11	Participant Fees- Not Including Co-pays					
12	Third Party - Not Paid - Non-Covered Services					
13	Third Party - Not Paid - Non-Eligible Licensed Staff					
14	Third Party - Not Paid - Non-Eligible Out of Network					
15	Total Visits (Sum of Lines 1-14)					
16	Visits Eligible for Uncompensated Care Reimbursement (Sum Lines 11-14)					
17	Uncompensated Care Visits (Line 16) as Percent of Total Visits (Line 15)					