

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period July 1, 2009 to June 30, 2010

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)			