

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2018 to December 31, 2018*

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

Page \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_  
 AGENCY CODE: \_\_\_\_\_

Line No.	PROGRAM CODE (PROGRAM CODE INDEX)	( )	
No.	PROGRAM TYPE		
	PROG/SITE ID. #		
			TOTAL VISITS
			REVENUE EARNED BY PAYOR
	<b>Payors:</b>		
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		
	<b>Safety Net:</b>		
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	<b>Total Visits (Sum of Lines 1-14)</b>		
16	<b>Visits Eligible for Safety Net Reimbursement (Sum Lines 11-14)</b>		
17	<b>Safety Net Visits (Line 16) as Percent of Total Visits (Line 15)</b>		