

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2018 to June 30, 2019

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

AGENCY NAME: _____	Page _____
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 Fee-for-Service and Medicare					
5	Medicaid Managed Care and Medicare					
6	Medicaid Fee-for-Service 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					
Safety Net:						
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 1-9, 11, 12, 13 and 14)					
16	Visits Eligible for Safety Net Reimbursement (Sum Lines 11-14)					
17	Safety Net Visits (Line 16) as Percent of Total Visits (Line 15)					