NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2019 to December 31, 2019

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

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 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)**		