**Limited Review Application**

# Schedule LRA 7

**State of New York Department of Health**

**Office of Primary Care and Health Systems Management**

**Proposed Operating Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget** | **Current Year** | **First Year****(Projected)** | **Third Year****(Projected)** |
| **Revenues** |
|      Service Revenue |       |       |       |
|      Grants Funds |       |       |       |
|      Foundation |       |       |       |
|      Other |       |       |       |
|      Fees |       |       |       |
| Other Income |  |  |  |
| **(1)** Total Revenues | $      | $      | $      |
| **Expenses** |
|      Salaries and Wage Expense |       |       |       |
|      Employee Benefits |       |       |       |
|      Professional Fees |       |       |       |
|      Medical & Surgical Supplies |       |       |       |
|      Non-Medical Equipment |       |       |       |
|      Purchased Services |       |       |       |
|      Other Direct Expense |       |       |       |
|      Utilities Expense |       |       |       |
|      Interest Expense  |       |       |       |
|      Rent Expense |       |       |       |
| Depreciation Expense |  |  |  |
| Other Expenses |  |  |  |
| **(2)** Total Expense | $      | $      | $      |
| ***Net Total - (1-2)*** | ***$***      | ***$***      | ***$***      |

*(Rev. 7/2015)*

**Limited Review Application**

# Schedule LRA 7A

**State of New York Department of Health**

**Office of Primary Care and Health Systems Management**

Various inpatient services may be reimbursed as discharges or days. Applicant should indicate which method applies to this table by choosing the appropriate checkbox.

Patient Days [ ]  Patient discharges [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Inpatient ServicesSource of Revenue | Total Current Year | First Year Incremental | Third Year Incremental |
| PatientDays or dis-charges  | Net Revenue\* | PatientDays or dis-charges | Net Revenue\* | PatientDays or dis-charges | Net Revenue\* |
| % | Dollars ($) | % based on days or discharges | Dollars-$ | % based on days or discharges | Dollars-$ |
| Commercial | Fee for Service |        |       |       |       |       |       |       |       |       |
| Managed Care |       |       |       |       |       |       |       |       |       |
| Medicare | Fee for Service |       |       |       |       |       |       |       |       |       |
| Managed Care |       |       |       |       |       |       |       |       |       |
| Medicaid | Fee for Service |       |       |       |       |       |       |       |       |       |
| Managed Care |       |       |       |       |       |       |       |       |       |
| Private Pay |       |       |       |       |       |       |       |       |       |
| OASAS |       |       |       |       |       |       |       |       |       |
| OMH |       |       |       |       |       |       |       |       |       |
| Charity Care |       |       |       |       |       |       |       |       |       |
| Bad Debt |       |       |       |       |       |       |       |       |       |
| All Other |       |       |       |       |       |       |       |       |       |
| Total |       | 100% |       |       | 100% |       |       | 100% |       |

*(Rev. 7/2015)*

|  |  |  |  |
| --- | --- | --- | --- |
| Outpatient ServicesSource of Revenue | Total Current Year | First Year Incremental | Third Year Incremental |
| Visits | Net Revenue\* | Visits | Net Revenue\* | Visits | Net Revenue\* |
| % | Dollars ($) | % | Dollars ($) | % | Dollars ($) |
| Commercial | Fee for Service |       |       |       |       |       |       |       |       |       |
| Managed Care |       |       |       |       |       |       |       |       |       |
| Medicare | Fee for Service |       |       |       |       |       |       |       |       |       |
| Managed Care |       |       |       |       |       |       |       |       |       |
| Medicaid | Fee for Service |       |       |       |       |       |       |       |       |       |
| Managed Care |       |       |       |       |       |       |       |       |       |
| Private Pay |       |       |       |       |       |       |       |       |       |
| OASAS |       |       |       |       |       |       |       |       |       |
| OMH |       |       |       |       |       |       |       |       |       |
| Charity Care |       |       |       |       |       |       |       |       |       |
| Bad Debt |       |       |       |       |       |       |       |       |       |
| All Other |       |       |       |       |       |       |       |       |       |
| Total |       | 100% |       |  | 100% |       |       | 100% |       |
|  |  |  |  |  |  |  |  |  |  |  |
| Total of Inpatient and Outpatient Services |  |  |       |  |  |       |  |  |       |

|  |  |  |
| --- | --- | --- |
|  | **Title of Attachment** | **Filename of attachment** |
| 1. In an attachment, provide the basis and supporting calculations for all revenues by payor. |       |       |
| 2. In an attachment, provide the basis for charity care. |       |       |

\*Net of Deductions from Revenue

*(Rev. 7/2015)*