



Operational Profile Training

Thursday, August 3rd, 2017



Agenda

- ✓ SBHC Site Coordinator role
- ✓ Why, When & Where
- ✓ Operational Profile structure
- ✓ Staff – Who to include/Roles
- ✓ State Program Office (SPO) changes to Operational Profile
- ✓ Helpful Hints
- ✓ Audit Process
- ✓ Operational Profile User's Guide

SBHC Site Coordinator role

- Manage Operational Profile
 - Oct 1st deadline
 - Update as changes occur throughout the year
- Fill required SBHC roles
- Attend Coordinators Meetings
 - October (In-person)
 - Winter (webinar)
 - Spring (webinar)
- Communicate with partners
 - LPHA, SBHC Staff, SPO, etc.
- Submit Encounter Data
 - Mid-year, year-end
- Submit Satisfaction Surveys
 - Mid-year, year-end

Why have an Operational Profile?

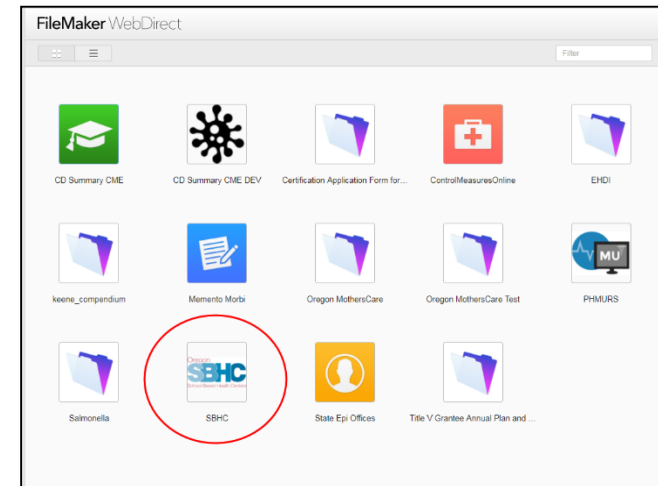
1. It's **required for Certification**
2. It demonstrates that sites are in compliance with the Standards for Certification, Version 4 such as:
 - Staffing roles & shifts, hours of operation, identifying on-site vs. by referral services, Key Performance Measures & financial information
3. Enables SPO to answer questions from legislators or partners regarding information such as:
 - PCPCH Status, number of centers with Youth Advisory Councils, number of centers with Oral Health Providers, etc.

When to fill out the profile

- After initial certification application approval: By date provided by SPO after initial certification application has been approved.(A.1.d.2)
- After certification – October 1st Deadline: Yearly renewal **no later than October 1** to remain certified (A.1.g)
- As changes occur throughout the year: Sites are required to keep their Operational Profile up to date
- Prior to a verification site visit

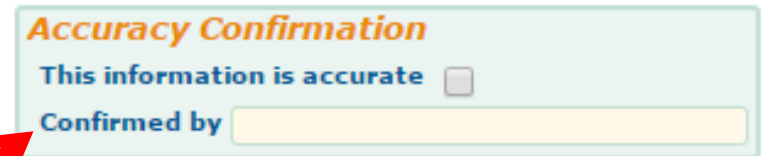
Where to get started

- Access the **NEW login** page by visiting:
<http://epiweb.oha.state.or.us/fmi/webd#>
- Link can also be found on SPO website (Certification Standards page)
- Login information is issued by SPO to new sites and existing sites who have a new medical sponsor
- Login information does not change from year to year
- Feel free to contact us if you lose or forget your login information
sbhc.program@dhsoha.state.or.us



Operational Profile structure

- You must review and update the following tabs/pages:
 - Details
 - Including County, System and Medical Sponsor information
 - Operations
 - Staff
 - Individual Staff pages (Staff & Shift Hours)
 - Shift Hours
 - Services (NEW!)
 - KPMs
 - Financial
- Be sure to mark the accuracy confirmation boxes. If you don't we can only assume your Operational Profile is not done.



The screenshot shows a light green rectangular box with a thin border. At the top, the text 'Accuracy Confirmation' is written in orange. Below it, the text 'This information is accurate' is in blue, followed by an unchecked checkbox. At the bottom, the text 'Confirmed by' is in blue, followed by a yellow rectangular input field. A red arrow points from the bottom left towards the checkbox.

Reminder:

- **SBHC details, operations, staff, shift hours and services** information should be for the current fiscal year (July 1, 2017 to June 30, 2018).
- **KPM and Financial data** should be from the previous fiscal year (July 1, 2016 to June 30, 2017).
 - **NOTE:** Brand new SBHCs that are certified on or after January 1 are not required to submit KPM or financial data for that fiscal year. SBHCs who undergo a transfer of medical sponsorship on or after January 1 are not required to submit KPM data for that fiscal year, but do need to submit financials for whatever portion of the year they sponsored the SBHC.

Staff – Who to include

- Please include all staff that have clinical on-site shifts at the SBHC including:
 - Staff whose hours are not used to meet certification requirements
 - Staff whose data is not submitted to the SPO
 - I.e.: Support staff, community health workers, health educators, etc.
- Also include staff who do not have weekly on-site clinical shifts but have other roles associated with the SBHC
 - I.e.: Health Department Administrator, SBHC Administrator, monthly Oral Health Providers, etc.
 - Use the 'Comments' box on their individual Shift Hour page to list their role, physical work location and typical weekly shift schedule (days/hours).
 - I.e.: HD Administrator. Works Mon-Fri, 8am-5pm at the county health dept.

Staff - Roles

- SBHCs are required to assign the following roles:
 - Health Department Administrator
 - Health Department Primary SBHC Contact
 - Immunization Coordinator
 - Laboratory Coordinator
 - Medical Director
 - Office/Health/Medical Assistant
 - Primary Care Provider
 - Privacy Official
 - Quality Assurance Coordinator
 - SBHC Administrator
 - SBHC Site Coordinator
- Some staff may hold multiple roles
- Additional roles are available and should be assigned to appropriately reflect the SBHC staffing model (i.e.: QMHP, Oral Health Provider, etc.).
- SBHC role descriptions can be found in the Certification Standards, Version 4 on the Certification Standards page of our website
(www.healthoregon.org/sbhc).

QUESTIONS???

SPO Changes to Operational Profile

The whole site has a new look!

We have added
the following 'tab':

- Services

We have made
changes to the
following 'tabs':

- Operations
- Individual Staff &
Shift Hours
- Waiver
- Annual Revenue
Detail

We have not made
changes to the
following 'tabs':

- Details
- Staff
- Shift Hours
- KPM
- Financial

Details 'tab' – no changes



HOME

SBHC Detail - Web



LIST

Oregon
Health
Authority

Oregon
SBHC
School-Based Health Centers

Fake SBHC

SBHC ID 9999

Details

Operations

Staff

Shift Hours

Services

Cert Waiver

KPM

Financial

SBHC Name Fake SBHC

Host School Name Yogurt High School

SBHC Info

SBHC Physical Address

Address Line 1 999 Fake St.

Address Line 2 Suite 2756

Corvallis

OR

972133

Phone 503-222-8884

Fax 503-222-8883

SBHC Mailing Address

☐ Same as Physical

Mail Address Line 1 123 D ST

Mail Address Line 2

Corvallis

OR

97213

InfoSystem Info System

Primary Care EMR The EMR

Mental Health EMR Different EMR

Bill 3rd party ☒ Yes ☐ No

Electronic Claim ☒ Yes ☐ No

County Info

Edit County Info

County Cascadiaq

Primary Contact Testy

Smithtest

Phone 555-555-5553

Email TS@cascadiaq.co.com

System Info

Edit System Info

System zCascadia Fakey

Primary Contact lkjsdf

William

Phone 503-123-4564

Email joe@testsystem.com

Medical Sponsor Info

Medical Sponsor zCascadia Fakey

Primary Contact lkjsdf

William

Phone 503-123-4564

Email joe@testsystem.com

Accuracy Confirmation

This information is accurate ☒ 7/27/2017

Confirmed by Fake Staff

Changes to Operations 'tab'



HOME

SBHC Detail - Web



LIST

Oregon
Health
Authority

Oregon
SBHC
School-Based Health Centers

Fake SBHC

SBHC ID 9999

Details **Operations** Staff Shift Hours Services Cert Waiver KPM Financial

Hours Open for Clinical Services (physical, behavioral and oral health)

	Regular Hours		Open During Summer	Summer Hours	
	Open	Close		Open	Close
Monday	10:00 AM	2:00 PM	<input checked="" type="radio"/> Yes <input type="radio"/> No	Monday	10:30 AM
Tuesday	8:30 AM	4:30 PM		Tuesday	8:30 AM
Wednesday	9:00 AM	2:00 PM		Wednesday	9:30 AM
Thursday	8:30 AM	4:30 PM		Thursday	9:30 AM
Friday				Friday	8:30 AM
					2:30 PM

Populations Served

Serves students from other schools ☒ Yes ☐ No

Names of schools or districts that your SBHC serves

Names of schools or districts

Serves Non School-aged Population ☒ Yes ☐ No

Population Served

- ☒ Pre-K (Children from birth through 5 years of age)
- ☒ Post High School individuals
- ☒ Faculty and Staff of the school
- ☐ Other

Please enter any other non-student populations served by this SBHC

Fake SBHC is open to adult community members.

FQHC

Are you a Federally Qualified Health Center (FQHC) site? ☐ Yes ☒ No

PCPCH

PCPCH Status ☒ Yes ☐ No

Tier 2

Date of Last Recognition 10/3/2016

Youth Advisory Council

Do you have a Youth Advisory Council? ☒

PCPCH

PCPCH Status ☒ Yes ☐ No

Tier 2

Date of Last Recognition

Youth Advisory Council

Do you have a Youth Advisory Council?

- 1
- 2
- 3
- 4
- 5 STAR (Tier 5)

Accuracy Confirmation

This information is accurate ☒ 7/27/2017

Confirmed by Fake Staff

Main Staff 'tab' – no changes

 SBHC Detail - Web

 LIST

 Oregon Health Authority

 Oregon SBHC School-Based Health Centers

Fake SBHCSBHC ID 9999

Details

Operations

Staff

Shift Hours

Services

Cert Waiver

KPM

Financial

Staff

To see all existing staff in system, ADD an existing staff member to this SBHC or CREATE a new staff member click here: [Staff List](#)


Staff Name	Roles
To Staff Test First Test Last	Nurse, Health Dept Administrator, Health Dept SBHC Primary Contact
To Staff Crystal Test	Health Dept Administrator
To Staff Starr Lord	SBHC Administrator
To Staff Bob Salomon	Primary Care Provider
To Staff Staffy Stafferson	Office/Health/Medical Assistant
To Staff John Testy	Medical Director, Health Dept Administrator, Health Dept SBHC Primary Contact
To Staff Test Person	Primary Care Provider
To Staff Needle Happy	Immunization Coordinator, SBHC Site Coordinator, Quality Assurance Coordinator, Laboratory Coordinator, Nurse, Privacy Official
To Staff Newest SuperStaffer	Nurse


Accuracy Confirmation



This information is accurate ☒ 6/15/2017

Confirmed by Fake Staff

Changes to Individual Staff 'tab'

 **Staff Detail - Web**

 **LIST**

Test First Test Last Staff ID 360

Staff **Shift Hours**

First

Last

Email of staff member

staff phone #

Employer

Alt. Phone #

(If mailing address other than SBHC)

Organization

Address Line 1

Address Line 2

City State Zip

Roles

- ☐ Health Dept Administrator
- ☐ Health Dept SBHC Primary Contact
- ☐ Immunization Coordinator
- ☐ Laboratory Coordinator
- ☐ Medical Director
- ☒ Nurse
- ☐ Office/Health/Medical Assistant
- ☐ Oral Health Provider
- ☐ Primary Care Provider
- ☐ Privacy Official
- ☐ Qualified Mental Health Professional
- ☐ Quality Assurance Coordinator
- ☐ SBHC Administrator
- ☐ SBHC Site Coordinator

Credentials

- ☐ Alcohol & Drug Counselor
- ☐ Community Health Worker
- ☐ CNA
- ☐ Dentist (DMD)
- ☐ DO
- ☐ Expanded Function Dental Assistant
- ☐ Health Educator
- ☐ LCSW
- ☐ LPC
- ☐ LPN
- ☐ MD
- ☐ Medical Assistant
- ☐ ND
- ☐ NP
- ☐ PA
- ☐ QMHA
- ☐ QMHP
- ☐ Registered Dental Hygienist (RDH)
- ☒ RN

Other Roles

Other Credentials


SBHCs associated with Test First Test Last **Add SBHC**

To SBHC


Systems associated with Test First Test Last


Staff members can be associated with a system, even if they aren't staff members at any SBHC in that system.


Main Shift Hours 'tab' – no changes

 HOME

SBHC Detail - Web

 LIST

 Oregon Health Authority

 Oregon SBHC School-Based Health Centers

Fake SBHC

SBHC ID 9999

Details

Operations

Staff

Shift Hours

Services

Cert Waiver

KPM

Financial

Shift Hours

To see all existing staff in system, ADD a shift for an existing staff member to this SBHC or CREATE a new staff member click here: [Staff List](#)

	Day	Start	End	Shift Duration	Staff Member	Role
To Staff	Monday	7:00 AM	9:00 AM	2	John Test	
To Staff	Monday	8:00 AM	9:00 AM	1	Star Lord	
To Staff	Monday	8:00 AM	12:00 PM	4	Bob Salomon	Primary Care Provider
To Staff	Monday	12:30 PM	5:30 PM	5	Larry Test	Qualified Mental Health Professional, Health Dept SBHC Primary Contact
To Staff	Tuesday	8:00 AM	3:30 PM	7.5	Gary Test	Nurse
To Staff	Tuesday	1:30 PM	5:30 PM	4	Larry Test	Qualified Mental Health Professional, Health Dept SBHC Primary Contact
To Staff	Wednesday	7:00 AM	11:00 AM	4	Staffy Stafferson	Office/Health/Medical Assistant
To Staff	Thursday	9:00 AM	12:00 PM	3	Test First Test Last	Nurse

To EDIT or DELETE existing staff shifts for this SBHC, use the To Staff button on the left side of the shift row.

Accuracy Confirmation


This information is accurate ☐

Confirmed by


Changes to Individual Shift Hours 'tab'

[illegible]

Services 'tab' – New!

 HOME

SBHC Detail - Web

 LIST

Oregon Health Authority

Oregon SBHC
School-Based Health Centers

Fake SBHC

SBHC ID 9999

DetailsOperationsStaffShift Hours**Services**Cert WaiverKPMFinancial

Comprehensive Pediatric Health Care Services

Most of the clinical services required by the *SBHC Standards for Certification, Version 4*, must be provided on-site. However, the following required services can be offered either on-site or by referral.

Please identify whether you are providing the following services **on-site** or **by referral**.

Sensory Screening

Hearing

☒ On-site ☐ By referral

Physical Health Services

Medical specialty services

☒ On-site ☐ By referral

Developmental/Behavioral Services

Alcohol and other drug assessment

☒ On-site ☐ By referral

Prescriptions for mental health conditions

☒ On-site ☐ By referral

Individual, group, and family counseling and treatment

☒ On-site ☐ By referral

Social Services assessment and referral

☐ On-site ☒ By referral

Oral Health Services

Comprehensive oral health evaluation and treatment

☐ On-site ☒ By referral

Reproductive Health Services

Prescriptions for contraceptives

☒ On-site ☐ By referral

Condom availability

☒ On-site ☐ By referral

Prenatal care

☐ On-site ☒ By referral

HIV treatment


☐ On-site ☒ By referral


Accuracy Confirmation

This information is accurate ☐


Confirmed by


Changes to Cert Waiver 'tab'

 HOME

 LIST

SBHC Detail - Web

 Oregon Health Authority

 Oregon SBHC School-Based Health Centers

Fake SBHCSBHC ID 9999

Details

Operations

Staff

Shift Hours

Services

Cert Waiver

KPM

Financial

Certification Waivers

Add Wavier

	Date Created	Section Letter	Expected Completion	Approved	Date Approved	Date Resolved	
Select	11/4/2013	Data Collection/Reporting	11/21/2013	Yes	4/9/2014	1/8/2016	✕
Select	11/4/2013	Sponsoring Agency/Facility	12/25/2013	Yes	4/9/2014	12/29/2015	✕
Select	7/8/2013	Sponsoring Agency/Facility	1/15/2016	Yes	8/5/2013	12/29/2015	✕
Select	12/5/2012	Data Collection/Reporting	7/16/2014	Yes		12/29/2015	✕
Select	11/29/2012	Sponsoring Agency/Facility	7/11/2014	Yes	4/9/2014	4/9/2015	✕

Waiver Submission Confirmation

Waiver has been sent to Oregon SBHC State Program Office for review.

OK

Waiver Instructions

Instructions on how to fill out a waiver are in the Operational Profile User's Guide located on the State Program Office website under the Certification Standards tab.

To submit the waiver, click the red "WAIVER INFORMATION COMPLETE: Submit to SPO" button ONCE to send the waiver to the State Program Office for review.

Certification Waiver Info

Submitter Contact

Date Created: 7/20/2017

First Test First

Last Test Last

Title SBHC Site Coordinator

Email Test@testdomain

Phone 555-555-1234

County Contact

Has County Public Health been notified? ☒ Yes ☐ No

First County First

Last County Last

Title County Contact

Email County@county.com

Phone 555-333-2525

Certification Section C: Facility

Which standard is not being met?
Standard that is not being met.

Explanation of why standard is not met
Reason standard is not being met.

Action plan to meet standard
Detailed action plan.

Expected date of compliance
7/28/2017

WAIVER INFORMATION COMPLETE: Submit to SPO

QUESTIONS BREAK

KPM 'tab' – no changes

HOME

SBHC Detail - Web

LIST

Oregon Health Authority

Oregon SBHC School-Based Health Centers

Fake SBHC

SBHC ID 9999

DetailsOperationsStaffShift HoursServicesCert WaiverKPMFinancial

Key Performance Measures

REQUIRED

Add KPM

	Date Created	Fiscal Year	Well Visit %	HA %	Opt. KPM %	Date Submitted	
Select	8/1/2017	7/1/2016 to 6/30/2017	83%	67%		8/1/2017	✕
Select	8/11/2016	7/1/2015 to 6/30/2016	17%	67%		8/11/2016	✕

Optional KPM - Biennial Selection

Add Optional KPM

	Date Created	Biennium	Optional KPM Measure	
Select	7/21/2017	2017 - 2019	Adolescent Immunization	✕
Select	1/7/2016	2015 - 2017	Adolescent Immunization	✕

Key Performance Measure Info

Fiscal Year

7/1/2016 to 6/30/2017

Date Created

8/1/2017

CORE MEASURES (Required)

Well-Care Visit

Reviewed

30

Number of charts reviewed

In compliance

25

Number of charts in compliance

83.3%

Percent of charts in compliance

Comprehensive Health Assessment (HA)

Reviewed

30

Number of charts reviewed

In compliance

20

Number of charts in compliance

66.7%

Percentage of charts in compliance

OPTIONAL MEASURE

Adolescent Immunization (Immunization data will be entered by SPO)

Reviewed

Number of charts reviewed

In compliance

Number of charts in compliance

Percentage of charts in compliance

REQUIRED DOCUMENTS

The following required documents have been submitted to the SPO:

☒ Chart audit process summary

☒ Chart audit tracking sheet

Submitted by

Tester

Please provide any explanations/feedback

Additional information

KPM INFORMATION COMPLETE: Submit to SPO

Oregon
SBHC
School-Based Health Centers

Oregon
Health
Authority

Reminder – KPM Reference Materials

Guidance Document for each KPM on the 'Data Requirements' page of SBHC website
(www.healthoregon.org/sbhc)

- Measure Description
- Eligible Population
- Exclusions (review new wording in documents: “Clients must be excluded if...” Refusals, 2 documented no-shows)
- Measure Specifications
- FAQs
- Resources

KPM Chart Audits

Each SBHC must audit 20% of charts from eligible population

- Minimum of 30 charts, maximum of 50. Charts that are excluded due to the patient's age do not count towards the minimum. Contact Loretta if you're uncertain as to how many charts must be audited.
- The same charts can be audited for each measure as long as the eligible populations are the same (e.g., well visit, health assessment and nutrition screening). For Optional KPMs, do not audit a chart if the patient is not in the age range for the measure.

Required Chart Audit Documents

SBHCs must submit two documents before entering the KPM results into the Operational Profile

- Chart Audit Process Summary: Explanation of how the SBHC identified patient charts eligible for the audit, how data was obtained and calculated for each KPM. Contact Loretta if you'd like your audit process reviewed before you do your chart audit.
- Chart Audit Tracking Sheet: For all audited charts, SBHC must provide patient ID/MRN, whether or not the chart was in compliance for each measure or if it was excluded (and why it was excluded). Sample spreadsheet is on SPO website.

Chart Audit – Results Tracking Sheet

Screenshot of sample submission

A23

:

✕

✓

fx

	A	B	C	D	E	F
1	SBHC name	Patient ID	Core - Well Visit	Core - Health Assess	Optional Measure	Comments
2	Your sbhc	ptid1	Compliance	Refused/Excluded	Non-compliance	
3	Your sbhc	ptid12	Non-compliance	Compliance	Compliance	
4	Your sbhc	ptid13	Compliance	Compliance	Not reviewed	
5	Your sbhc	ptid24	Compliance	Compliance	Compliance	
6	Your sbhc	ptid26	Refused/Excluded	Compliance	Refused/Excluded	
7	Your sbhc	ptid36	Compliance	Compliance	Compliance	
8	Your sbhc	ptid37	Non-compliance	Non-compliance	Non-compliance	
9	Your sbhc	ptid44	Compliance	Refused/Excluded	Non-compliance	
10	Your sbhc	ptid49	Non-compliance	Compliance	Compliance	
11	Your sbhc	ptid51	Compliance	Refused/Excluded	Not reviewed	
12	Your sbhc	ptid55	Compliance	Compliance	Compliance	

Submit MRN or dummy PT ID (SBHC must document the actual MRN and dummy ID for reference)

Submitting Required KPM Documents to the SPO

- If chart audit tracking sheet contains actual medical record numbers, then it must be submitted via secure email.
- If you don't have a way to initiate a secure email, send Loretta Jenkins an email requesting one.
LORETTA.L.JENKINS@dhsosha.state.or.us
- If you chose the Optional Adolescent Immunization Measure, you must submit a spreadsheet with name, date of birth, gender, race and address on all 13-year old clients seen in the SBHC. This information must be submitted via secure email.

KPM 'tab'

SBHC Detail - Web **HOME** **LIST** **Oregon Health Authority** **Oregon SBHC** School-Based Health Centers **SBHC ID 9999**

Fake SBHC

Details **Operations** **Staff** **Shift Hours** **Services** **Cert Waiver** **KPM** **Financial**

Key Performance Measures

REQUIRED **Add KPM**

	Date Created	Fiscal Year	Well Visit %	HA %	Opt. KPM %	Date Submitted	
Select	8/1/2017	7/1/2016 to 6/30/2017	83%	67%		8/1/2017	✕
Select	8/11/2016	7/1/2015 to 6/30/2016	17%	67%		8/11/2016	✕

Optional KPM - Biennial Selection **Add Optional KPM**

	Date Created	Biennium	Optional KPM Measure	
Select	7/21/2017	2017 - 2019	Adolescent Immunization	✕
Select	1/7/2016	2015 - 2017	Adolescent Immunization	✕

Key Performance Measure Info

Fiscal Year **7/1/2016 to 6/30/2017** Date Created **8/1/2017**

CORE MEASURES (Required)

Well-Care Visit

Reviewed **30** Number of charts reviewed
In compliance **25** Number of charts in compliance
83.3% Percent of charts in compliance

Comprehensive Health Assessment (HA)

Reviewed **30** Number of charts reviewed
In compliance **20** Number of charts in compliance
66.7% Percentage of charts in compliance

OPTIONAL MEASURE

Adolescent Immunization (Immunization data will be entered by SPO)

Reviewed Number of charts reviewed
In compliance Number of charts in compliance
Percentage of charts in compliance

REQUIRED DOCUMENTS

The following **required** documents have been submitted to the SPO:

☒ Chart audit process summary ☒ Chart audit tracking sheet

Submitted by **Tester**

Please provide any explanations/feedback

Additional information

KPM INFORMATION COMPLETE: Submit to SPO

QUESTIONS BREAK

Financial 'tab' – no changes



HOME

SBHC Detail - Web



LIST

Oregon
Health
Authority

Oregon
SBHC
School-Based Health Centers

Fake SBHC

SBHC ID 9999

Details Operations Staff Shift Hours Services Cert Waiver KPM **Financial**

Financial - Annual Revenue

Add Annual Rev

	Date Created	Fiscal Year	Total Op Rev	Date Submitted	
Select	7/21/2017	7/1/2016 to 6/30/2017	\$152,241		⊗
Select	6/2/2016	7/1/2015 to 6/30/2016	\$1,853,948	7/21/2017	⊗
Select	9/21/2015	7/1/2014 to 6/30/2015	\$127,715	9/21/2015	⊗
Select	7/14/2015	7/1/2012 to 6/30/2013	\$68,131	7/31/2015	⊗
Select	8/5/2013	7/1/2013 to 6/30/2014	\$1,986	7/14/2015	⊗
Select	9/4/2012	7/1/2011 to 6/30/2012	\$5,000	7/14/2015	⊗

Annual Revenue Info

Date Created 7/21/2017

Revenue Breakdown by Source

Fiscal Year 7/1/2016 to 6/30/2017

Public funds (federal, state, county, city): \$15,020

Medical Sponsor Funds:

One time grants or awards (public or private):

Fundraising and in-kind donations:

Patient fees: \$3,000

Third party billing: \$134,221

Other:

Total Operating Revenue: **\$152,241**


SBHC explanations/feedback

View/Edit Entry

Changes to Annual Revenue Detail 'tabs'

 **Annual Revenue Detail - Web**

The purpose of this report is to identify all sources of operating revenue Oregon State-Funded SBHCs receive every year.

 **SBHC**

SBHC Name Fake SBHC

Fiscal Year 7/1/2016 to 6/30/2017

First Name Test First

Last Name Test Last

Phone 503-555-1234

Title SBHC Fiscal Officer

Email fiscal@sbhc.com

Back to SBHC Detail

Public Funds/Grants/Donations

Fees/Billing

Other and Total

Please enter total revenue received for each category below for the entire fiscal year (July 1 - June 30).

Revenue Source Breakdown: Public/Medical Sponsor Funds
(This does NOT include billing revenue)

Federal Funds \$15,000.00
Description of Federal Funds

State Funds
SPO Base Funding \$60,000.00
SPO/AMH (Mental Health) Funds
Other State Funds
Description of Other State Funds

County Funds
City Funds
School District Funds \$20.00
Medical Sponsor Funds

Public/medical sponsor funds TOTAL \$75,020.00

Revenue Source Breakdown: Grants

Grantor Name **Grant Name** **Amount**

Grants or awards TOTAL

Add Grant

Revenue Source Breakdown: Donations

Donor Name **Revenue**

Donations TOTAL

Add Event

Totals might not calculate until you leave the revenue entry and come back to it.

Next Page >>

Changes to Annual Revenue Detail 'tabs'



HOME

Annual Revenue Detail - Web

The purpose of this report is to identify all sources of operating revenue Oregon State-Funded SBHCs receive every year.



SBHC Name Fake SBHC

Fiscal Year 7/1/2016 to 6/30/2017

First Name Test First

Last Name Test Last

Phone 503-555-1234

Title SBHC Fiscal Officer

Email fiscal@sbhc.com

Back to SBHC Detail

Public Funds/Grants/Donations

Fees/Billing

Other and Total

Please enter total revenue received for each category below for the entire fiscal year (July 1 - June 30).

Revenue Source Breakdown: Patient Fees

Registration fees \$0.00

Co-pays/deductibles \$2,500.00

Sliding scale fees from uninsured \$500.00

Other patient fees \$0.00

Description of other patient fees

Patient

Billing revenue should be adjusted charges – e.g., total charges minus any adjustments; if this is not possible, then enter payments.

Revenue Source Breakdown: Third Party Billing

Does your SBHC receive any revenue from mental health billing? ☒ Yes ☐ No

If your SBHC did not receive any mental health billing revenue, please leave the mental health billing revenue section blank.

Payor Type	Mental health billing revenue	Does mental health billing revenue include PMPM or Incentive Payments?	All other billing revenue (physical, dental, etc.)	Does all other billing revenue include PMPM or Incentive Payments?
OHP (DMAP - FFS)	\$4,500.00	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$25,400.00	<input checked="" type="radio"/> Yes <input type="radio"/> No
OHP (CCOs)	\$150.00	<input checked="" type="radio"/> Yes <input type="radio"/> No	\$50,620.00	<input checked="" type="radio"/> Yes <input type="radio"/> No
C-Care (Family Planning)	N/A	N/A	\$500.00	<input checked="" type="radio"/> Yes <input type="radio"/> No
Private Insurance	\$7,800.00	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$45,251.00	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other third party payor(s)	\$0.00	<input type="radio"/> Yes <input checked="" type="radio"/> No	\$0.00	<input type="radio"/> Yes <input checked="" type="radio"/> No

Mental Health TOTAL \$12,450.00

Physical Health TOTAL \$121,771.00

Third party billing GRAND TOTAL \$134,221.00

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Next Page >>

Changes to Annual Revenue Detail 'tabs'



HOME

Annual Revenue Detail - Web

The purpose of this report is to identify all sources of operating revenue Oregon State-Funded SBHCs receive every year.



SBHC Name Fake SBHC

Fiscal Year 7/1/2016 to 6/30/2017

First Name Test First

Last Name Test Last

Phone 503-555-1234

Title SBHC Fiscal Officer

Email fiscal@sbhc.com

Back to SBHC Detail

Public Funds/Grants/Donations

Fees/Billing

Other and Total

Revenue Source Breakdown: Other funding source

Add Other

Source Description

Amount

Details	Operations	Staff	Shift Hours	
Financial - Annual Revenue				
Add Annual				
Date Created	Fiscal Year	Total Op Rev	Date Submitted	
Select	6/2/2016	7/1/2015 to 6/30/2016	\$1,853,948	7/21/2017
Select	9/21/2015	7/1/2014 to 6/30/2015	\$127,715	9/21/2015
Select	7/14/2015	7/1/2012 to 6/30/2013	\$68,131	7/31/2015
Select	8/5/2013	7/1/2013 to 6/30/2014	\$1,986	7/14/2015
Select	9/4/2012	7/1/2011 to 6/30/2012	\$5,000	7/1/2015

Revenue Breakdown by Source

Public funds (federal, state, county, city) \$75,020

Medical Sponsor Funds

One time grants or awards (public or private)

Fundraising and in-kind donations

Patient fees \$3,000

Third party billing \$134,221

Other

**GRAND TOTAL OPERATING REVENUE
for 7/1/2016 to 6/30/2017: \$212,241**

Please provide any explanations/feedback

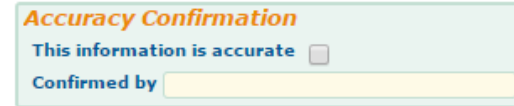
FINANCIAL
INFORMATION
COMPLETE:
Submit to SPO

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QUESTIONS BREAK

Helpful Hints

- Do not use the browser 'back' button. Use the buttons provided in the Operational Profile.
- Any change you make will be automatically saved
- Check all the accuracy confirmation boxes
 - Located on Details, Operations, Staff , Shift Hours and Services 'tabs'
- Make sure staff information is complete and accurate (i.e.: email, shift hours, off site addresses, etc.)
- Please use Chrome, Safari, Edge or Internet Explorer (11 or higher).
 - Firefox and older versions of Internet Explorer (10 and below) may not work.
- Make sure all KPM percentages are under or at 100%
 - If it's over 100% the information entered is incorrect.



Accuracy Confirmation
This information is accurate ☐
Confirmed by

QUESTIONS BREAK

SPO Operational Profile Audit Process

- Existing Certified SBHCs:
 - The profile audit begins after the October 1st deadline
 - What we are looking for:
 - All the required areas are complete and confirmed
 - » Details, Operations, Staff, Shift Hours, Services, KPM & Financial information
 - SBHC has met minimum operating hours
 - SBHC has met minimum staffing requirements
 - SBHC has met minimum KPM requirements
 - Sites will be notified if they are out of compliance

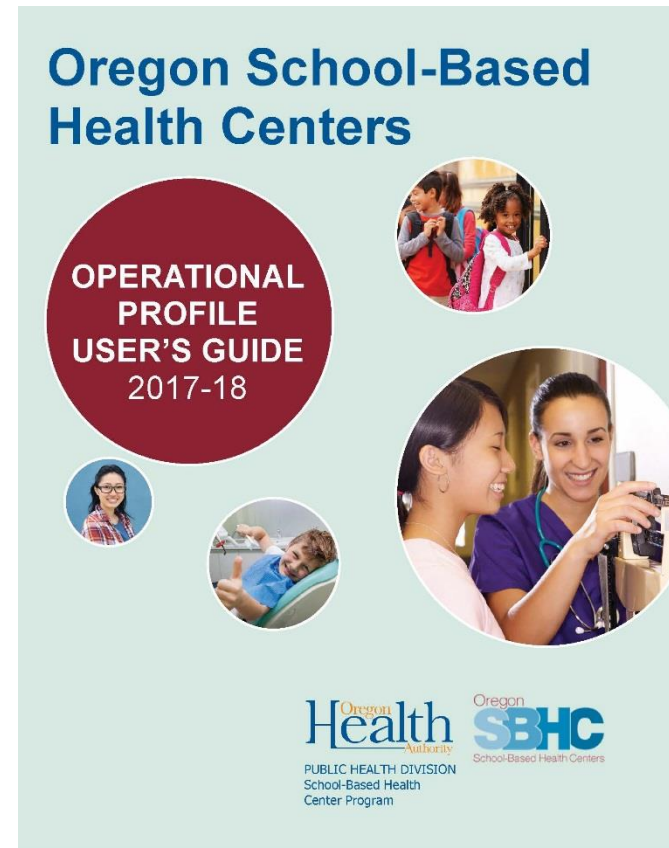
Don't forget...

WE ARE HERE TO HELP!

The audit process is not meant to be an iron hammer. If things look amiss we will help you. Just like the verification site visits, we are your partners and want you to succeed!

Operational Profile User's Guide

- Step-by-step instructions for making changes in the Operational Profile
- Can be found on the Certification Standards page of our website at: www.healthoregon.org/sbhc



Contact Information

School-Based Health Center Program

Oregon Public Health Division

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Portland, OR 97232

P: 971-673-0249

F: 971-673-0250

sbhc.program@dhsosha.state.or.us

www.healthoregon.org/sbhc

Oregon
Health
Authority