



Operational Profile Training

September 5, 2019



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?

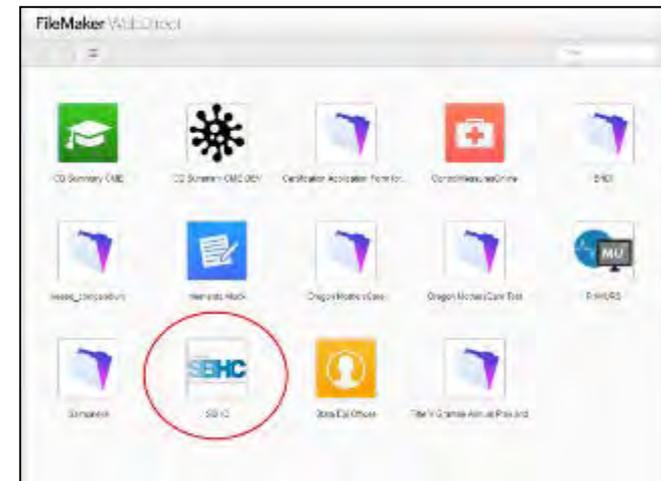
1. It's **required for Certification**
2. It demonstrates that sites are in compliance with the Standards for Certification, Version 4 such as:
 - Staffing roles & shifts, hours of operation, identify services offered on-site or by referral, waivers, Key Performance Measures & financial information
3. 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 application has been approved.
- After certification – October 1st Deadline: Yearly renewal **no later than October 1** to remain certified
- As changes occur throughout the year: Sites are required to keep their Operational Profile up to date
- Prior to a verification site visit

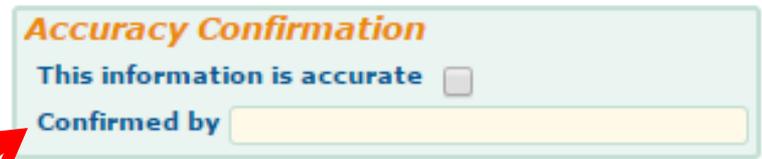
Where to get started

- Access the **login** page:
<http://epiweb.oha.state.or.us/fmi/webd#>
- Link is posted on our SPO website (Certification Standards page)
- Login information is issued by SPO
- Email with any access issues:
sbhc.program@dhsoha.state.or.us



Operational Profile structure

- You must review and update the following tabs/pages:
 - Details
 - County, Medical Sponsor, Mental Health and Dental Health agency contact
 - Operations
 - Staff
 - Individual Staff pages (Staff & Shift Hours)
 - Shift Hours
 - Services
 - KPMs
 - Financial
- Be sure to mark the accuracy confirmation boxes. If you don't we will assume your Operational Profile is not done.



Accuracy Confirmation
This information is accurate
Confirmed by

Reminder:

- **SBHC details, operations, staff, shift hours and services** information should be for the current fiscal year (July 1, 2019 to June 30, 2020).
- **KPM and Financial data** should be from the previous fiscal year (July 1, 2018 to June 30, 2019).

Staff to include in the Operational Profile

Include staff who have on-site shifts at the SBHC:

- Staff whose hours are not used to meet certification requirements
- Staff whose data is not submitted to the SPO
 - > Support staff, community health workers, health educators, etc.
- Staff who work in the SBHC less frequently than every week

Staff - Roles

- SBHCs are required to assign the following roles:
 - Immunization Coordinator
 - Laboratory Coordinator
 - Medical Director
 - Office/Health/Medical Assistant
 - Primary Care Provider
 - Privacy Official
 - Quality Assurance Coordinator
 - SBHC Administrator
 - SBHC Site Coordinator
- Staff can 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???

Details 'tab' – collecting additional contact info

Fake SBHC

SBHC ID 753

- Details
- Operations
- Staff
- Shift Hours
- Services
- Cert Waiver
- KPM
- PH Revenue
- MH Revenue

SBHC Name Fake SBHC Host School Name Fake High School

SBHC Info

SBHC Physical Address	SBHC Mailing Address	<input type="checkbox"/> Same as Physical
Address Line 1 555 Ne 9th ave	Mail Address Line 1 555 Ne 9th Ave	
Address Line 2	Mail Address Line 2	
Portland or 97211	Portland OR 97211	
Phone 555-555-5555	InfoSystem Epic	Bill 3rd party <input checked="" type="radio"/> Yes <input type="radio"/> No
Fax 555-555-5555	Primary Care EMR Fancy EMR	Electronic Claim <input type="radio"/> Yes <input checked="" type="radio"/> No
	Mental Health EMR Fancy EMR	

County Info [Edit County Info](#)

County Cascadiaq	
Primary Contact Testy	Smithtest
Phone 555-555-5553	
Email TS@cascadiaq.co.com	

System/Medical Sponsor Info [Edit System Info](#)

System zCascadiaTest	
Primary Contact kjsdf	Willam
Phone 503-123-4564	
Email joe@testsystem.com	

Mental Health Agency

Mental Health Oregon Mental Health Agency
Primary Contact Thanos
Phone 123-971-1101
Email OMHA@OMHA.com

Dental Health Agency

Dental Health Oregon Dental Agency
Primary Contact Captain America
Phone 123-123-1234
Email ODA_Dental@Dental

PLEASE!! add primary contact details for mental health and dental services

Accuracy Confirmation

This information is accurate 8/7/2019

Confirmed by Fake Staff

Operations 'tab' – no changes

Fake SBHC

SBHC ID 753

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

	Regular Hours		Open During Summer	Summer Hours	
	Open	Close		Open	Close
Monday	7:00 AM	12:00 PM	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Tuesday					
Wednesday					
Thursday					
Friday					

Populations Served

Serves students from other schools Yes No

Names of schools or districts that your SBHC serves

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

FQHC

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

PCPCH

PCPCH Status Yes No

Tier 4

Date of Last Recognition 6/1/2018

Youth Advisory Council

Do you have a Youth Advisory Council?

Accuracy Confirmation

This information is accurate 8/7/2019

Confirmed by Fake Staff

Main Staff 'tab' – no changes

HOME SBHC Detail - Web LIST

Oregon Health Authority Oregon SBHC School-Based Health Centers

Fake SBHC SBHC ID 753

Details Operations **Staff** Shift Hours Services Cert Waiver KPM PH Revenue MH Revenue

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	Credentials
To Staff Strawberry Ice Cream	Health Department Administrator, Health Department SBHC Primary Contact, Laboratory Coordinator, Medical Director, Oral Health Provider, Qualified Mental Health Professional –	LPN, MA/CMA, M... CADC I/II/III, LPC,
To Staff 1st Name 2nd Name	Immunization Coordinator, Primary Care Provider, SBHC Administrator, SBHC Coordinator	NP

Missing Privacy Official
Missing Quality Assurance Coordinator
Missing Office/Health/Medical Assistant

Accuracy Confirmation
This information is accurate 8/7/2019
Confirmed by Fake Staff

Individual Staff 'tab' – changes Roles & Credentials

Staff Detail - Web HOME LIST Oregon Health Authority SBHC Staff ID: 548

Jennifer Smithson

Staff **Shift Hours**

First: Jennifer Last: Smithson

Email of staff member: jsmith@fakeemail.com staff phone #: 503-555-1234

Employer: County Z Public Health Department Alt. Phone #: 503-555-1236

(If mailing address other than SBHC)

Organization: County Z Public Health Department

Address Line 1: 1234 S. 1st Street

Address Line 2: Suite 145

City: Same city State: OR Zip: 97454

Certification Roles

- Health Department Administrator
- Health Department 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 - Licensed
- Qualified Mental Health Professional - Unlicensed
- Quality Assurance Coordinator
- SBHC Administrator
- SBHC Coordinator

Other Roles

- Alcohol and Drug Counselor
- Behavioral Health Counselor/Provider
- Community Health Worker
- Eligibility Specialist
- Health Educator
- Mental Health Counselor/Therapist
- Outreach Worker
- Psychiatrist
- Psychologist
- Qualified Mental Health Associate
- Traditional Health Worker
- YAC/SHAC Advisor/Coordinator

Credentials - Physical Health

- DO
- LPN
- MA/CMA
- MD
- ND
- NP
- PA
- RN

Credentials - Mental/Behavioral Health

- CADC I/II/III
- LCSW
- LMFT
- LPC

Credentials - Oral Health

- DOS
- DMD
- EFDA
- EFDH
- EPDH
- RDH

Enter in Credential(s), if not listed above

SBHCs associated with Jennifer Smithson Add SBHC

To SBHC	From SBHC
To SBHC	Fake SBHC
To SBHC	Fake2

Systems associated with Jennifer Smithson

zCascadiaTest

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

LOOK at the NEW Roles check boxes!

Make sure staff credentials are correct!

Individual Shift Hours 'tab' – no changes



Staff Detail - Web



LIST

Oregon Health Authority

Oregon SBHC School-Based Health Centers

FirstName LastName

*Shift Hours entry is missing information

Staff ID 548

Staff

Shift Hours

Day	Shift Frequency	Start	End	Shift Duration	SBHC Name	Add Shift
Monday	Three times a month	12:30 PM	5:30 PM	5	Fake SBHC	<input type="button" value="Add Shift"/>
Tuesday	Weekly	1:30 PM	5:30 PM	4	Fake SBHC	<input type="button" value="X"/>
	Weekly	7:00 AM	7:00 AM	0		<input type="button" value="X"/>
					Fake SBHC	

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

- Weekly
- Once a month
- Twice a month
- Three times a month

Shift Incomplete

A listed shift is incomplete. Each shift must include the day, start time, end time, and SBHC the shift takes place. Please correct or delete the shift before continuing.

Comments

Comments text area

SBHC Shift Hours 'tab' – no changes

Fake2

SBHC ID 754

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	Shift Frequency	Start	End	Shift Duration	Staff Member	Role
To Staff	Monday	Weekly	7:00 AM	7:00 PM	12	Emily Test	Nurse
To Staff	Tuesday	Weekly	7:00 AM	7:30 PM	12.5	Jackie Smithson	Qualified Mental Health Professional - Licensed
To Staff	Wednesday	Weekly	7:00 AM	2:00 PM	7	Emily Test	Nurse
To Staff	Thursday	Weekly	7:00 AM	5:00 PM	10	Test First Test Last	Health Department Administrator, Primary Care Provider

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 8/7/2019

Confirmed by

Services 'tab' – collecting info on birth control services

HOME **SBHC Detail - Web** LIST Oregon Health Authority **SBHC** School-Based Health Centers SBHC ID 754

Fake2

Details Operations Staff Shift Hours **Services** Cert Waiver KPM PH Revenue MH Revenue

Comprehensive Pediatric Health Care Services
SPO wants to know about the following services and whether the SBHC is providing them **on-site or by referral**.
Please collaborate with SBHC providers (physical, mental, and oral health) to complete this section.

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
Family counseling and treatment On-site By referral
Group counseling and treatment On-site By referral
Individual counseling and treatment On-site By referral
Prescriptions for mental health services On-site By referral
Social Services assessment and treatment On-site By referral

Oral Health Services

Comprehensive oral health examination and treatment On-site By referral
Fluoride varnish application On-site By referral

Reproductive Health Services

HIV treatment On-site By referral
Prenatal care On-site By referral

	Dispense on-site	Prescription to pharmacy	Refer to other clinic or provider
Birth control pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical Barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injectable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IUD/IUS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Condoms	Available on-site - Yes <input type="radio"/>		No <input type="radio"/>

Accuracy Confirmation
This information is accurate
Confirmed by _____

Birth control: dispense on-site, RX to pharmacy or by referral

Cert Waiver 'tab' – no changes

HOME
LIST



Fake SBHC
SBHC ID 753

Details
Operations
Staff
Shift Hours
Services
Cert Waiver
KPM
PH Revenue
MH Revenue

Certification Waivers Add Waiver

	Date Created	Section Letter	Expected Completion	Approved	Date Approved	Date Resolved	
Select	8/7/2019						⊗
Select	5/30/2019	A: Certification Process		No	6/25/2019	6/24/2019	⊗

Waiver Submission Confirmation

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

OK

Waiver

Instructions 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: 8/7/2019

First

Last

Title

Email

Phone

County Contact

Has County Public Health been notified? Yes No

First

Last

Title

Email

Phone

Certification Section

Which standard is not being met?

Explanation of why standard is not met:

Action plan to meet standard

Expected date of compliance

WAIVER INFORMATION COMPLETE: Submit to SPO

QUESTIONS BREAK

KPM Chart Audits for 2018-19

SBHC must audit 20% of charts from eligible population

- Minimum of 30 charts, maximum of 50. 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 if the patient is not in the target population.

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

Required Chart Audit Documents

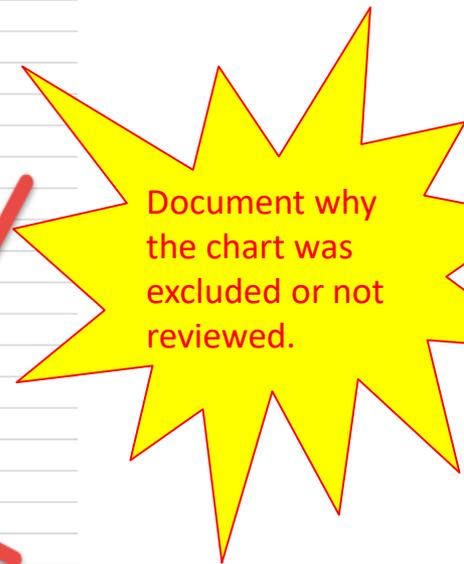
SBHCs must submit two documents before entering the KPM results into the Operational Profile

- 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 chart audit spreadsheet

	A	B	C	D	E	F	G
1	SBHC name	Patient ID	Age of Patient	Core - Well Visit	Core - Health Assess	Optional Measure	Comments OR Explanation for Exclusion or Not reviewed
2	Your sbhc	ptid1	16	Compliance	Refused	Non-compliance	
3	Your sbhc	ptid12	14	Non-compliance	Compliance	Compliance	
4	Your sbhc	ptid13	8	Compliance	Compliance	Not reviewed/Not in population	Client too young
5	Your sbhc	ptid24	19	Compliance	Compliance	Compliance	
6	Your sbhc	ptid26	17	Refused	Compliance	Refused	
7	Your sbhc	ptid36	12	Compliance	Compliance	Compliance	
8	Your sbhc	ptid37	13	Non-compliance	Non-compliance	Non-compliance	
9	Your sbhc	ptid44	16	Excluded	Excluded	Compliance	2 no-show appts
10	Your sbhc	ptid49	18	Non-compliance	Compliance	Compliance	
11	Your sbhc	ptid51	6	Compliance	Compliance	Not reviewed/Not in population	Client too young
12	Your sbhc	ptid55	7	Compliance	Compliance	Compliance	
13	Your sbhc	ptid62	17	Refused	Non-compliance	Compliance	
14	Your sbhc	ptid67	13	Excluded	Excluded	Excluded	Attempt parental consent
15	Your sbhc	ptid70	14	Non-compliance	Compliance	Non-compliance	
16	Your sbhc	ptid73	16	Excluded	Compliance	Non-compliance	Attempt to get records from PCP
17	Your sbhc	ptid79	15	Non-compliance	Compliance	Compliance	
18	Your sbhc	ptid80	9	Compliance	Compliance	Not reviewed/Not in population	Client too young
19	Your sbhc	ptid87	17	Excluded	Compliance	Compliance	Confidential visit
20	Your sbhc	ptid88	20	Refused	Compliance	Compliance	
21	Your sbhc	ptid91	12	Compliance	Compliance	Compliance	
22	Your sbhc	ptid92	16	Non-compliance	Non-compliance	Non-compliance	
23	Your sbhc	ptid93	13	Excluded	Non-compliance	Non-compliance	Attempt to get records from PCP
24	Your sbhc	ptid94	18	Excluded	Excluded	Excluded	2 no-show appts
25	Your sbhc	ptid95	12	Non-compliance	Non-compliance	Compliance	
26							



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.
- Contact Loretta Jenkins if you need assistance with the secure email LORETTA.L.JENKINS@dhsosha.state.or.us
- If you chose the Optional Adolescent Immunization Measure, you must submit a spreadsheet via secure email with name, date of birth, gender, race and address of all 13-year old clients seen in the SBHC.

KPM 'tab' – no changes

You must submit the KPM audit process summary and audit tracking sheet to Loretta for review before the system will allow you to create a new KPM audit entry.

The screenshot shows the 'SBHC Detail - Web' interface with the 'KPM' tab selected. A modal dialog box titled 'KPM ENTRY IS LOCKED' is displayed, containing the following text:

Before creating a new KPM entry, you must submit the KPM Chart audit process and the KPM Chart audit tracking sheet.

Please contact the SBHC State Program Office for assistance.

OK

The background interface includes a navigation bar with 'HOME' and 'LIST' buttons, and a main header 'Fake SBHC'. Below the navigation bar are tabs for 'Details', 'Operations', 'Staff', 'Shift Hours', 'Services', 'Cert Waiver', and 'KPM'. The 'Key Performance Measures' section contains a table with columns for 'Date Created', 'Fiscal Year', 'REQUIRED Well Visit %', 'HA %', 'Opt. KPM %', and 'Date Submitted'. The table lists several entries, each with a 'Select' button and a close icon. Below this is the 'Optional KPM - Biennial Selection' section with a table listing biennial periods and optional KPM measures.

KPM 'tab' – Creating a new entry


SBHC Detail - Web


LIST




Fake SBHC
SBHC ID 753

Details

Operations

Staff

Shift Hours

Services

KPM

PH Revenue

MH Revenue

Key Performance Measures

	Date Created	Fiscal Year	REQUIRED		Opt. KPM %	Date Submitted	
			Well Visit %	HA %			
Select	8/7/2019		83%	67%			✕
Select	6/18/2019	7/1/2018 to 6/30/2019	100%	50%	67%	6/18/2019	✕

Add KPM

Key Performance Measure Info

Fiscal Year Date Created 8/7/2019

CORE MEASURES (Required)

Well-Care Visit

Reviewed Number of charts reviewed

In compliance Number of charts in compliance

83.3% Percent of charts in compliance

Comprehensive Health Assessment (HA)

Reviewed Number of charts reviewed

In compliance Number of charts in compliance

66.7% Percentage of charts in compliance

OPTIONAL MEASURE

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

Please provide any explanations/feedback

**KPM INFORMATION COMPLETE:
Submit to SPO**

Optional KPM - Biennial Selection Add Optional KPM

	Date Created	Biennium	Optional KPM Measure	
Select	6/3/2019	2019 - 2021		✕
Select	6/3/2019	2025 - 2027		✕

QUESTIONS BREAK

Financial Revenue Tab - changes

- New format/layout for Financial Entry
 - Primary care and dental services (PH Revenue tab)
 - Mental health services (MH Revenue tab)
- Separate login available for an outside Mental Health agency to submit a Financial entry (Email SPO for login)

SBHC Detail - Web HOME LIST Oregon Health Authority SBHC SBHC ID 753

Fake SBHC

Details **Operations** **Staff** **Shift Hours** **Services** **Cert Waiver** **KPM** **PH Revenue** **MH Revenue**

SBHC Name: Fake SBHC Host School Name: Fake High School

SBHC Info SBHC Physical Address SBHC Mailing Address Same as Physical

Address Line 1: 555 Ne 9th ave Mail Address Line 1: 555 Ne 9th Ave

Address Line 2: Portland or 97211 Mail Address Line 2: Portland OR 97211

Phone: 555-555-5555 InfoSystem: Epic Bill 3rd party Yes No

Fax: 555-555-5555 Primary Care EMR: Fancy EMR Electronic Claim Yes No

Mental Health EMR: Fancy EMR

County Info [Edit County Info](#)

County: Cascadiaq

Primary Contact: Testy Smithtest

Phone: 555-555-5553

Email: TS@cascadiaq.co.com

System/Medical Sponsor Info [Edit System Info](#)

System: zCascadiaTest

Primary Contact: kjpdf William

Phone: 503-123-4564

Email: joe@testsystem.com

Mental Health Agency

Mental Health: Oregon Mental Health Agency

Primary Contact: Thanos

Phone: 123-971-1101

Email: OMHA@OMHA.com

Dental Health Agency

Dental Health: Oregon Dental Agency

Primary Contact: Captain America

Phone: 123-123-1234

Email: ODA_Dental@Dental

Accuracy Confirmation

This information is accurate 8/7/2019

Confirmed by: Fake Staff

PH Revenue Tab

HOME **SBHC Detail - Web** LIST  SBHC ID 753

Details Operations Staff Shift Hours Services Cert Waiver KPM **PH Revenue** MH Revenue

Financial - Annual Revenue [Add Annual Rev](#)

Date Created	Fiscal Year	Total Op Rev	Date Submitted	
Select 8/7/2019				✕
Select 7/26/2019	7/1/2018 to 6/30/2019			✕
Select 7/9/2019				✕
Select 6/14/2019	7/1/2018 to 6/30/2019	\$975,626	7/1/2019	✕
Select 6/12/2019	7/1/2017 to 6/30/2018	\$24	6/13/2019	✕

Annual Revenue Info Date Created 6/14/2019

[Revenue Breakdown by Source](#)

Fiscal Year **7/1/2018 to 6/30/2019**

Public funds (federal, state, county, city): \$778,979

Medical Sponsor Funds: \$98,777

One time grants or awards (public or private):

Fundraising and in-kind donations:

Patient fees: \$80,000

Third party billing: \$8,000

Other: \$9,870

Total Operating Revenue: \$975,626

SBHC explanations/feedback

[View/Edit Entry](#)

PH Revenue Detail 'tabs'

Physical Health Revenue Detail - Web HOME The purpose of this report is to identify all sources of operating revenue Oregon State-Funded SBHCs receive every year. **Oregon Health Authority SBHC** School-Based Health Centers

SBHC Name: Fake SBHC [Back to SBHC Detail](#)

Fiscal Year: 7/1/2018 to 6/30/2019

First Name: First Test Phone: 5035555555
 Last Name: Last Test Title: SBHC Fiscal Officer
 Email: fiscal@sbhc.com

[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 \$2.00
 Description of Federal Funds: Stuff

State Funds

SPO Base Funding \$69,879.00

SPO/AMH (Mental Health) Funds

Other State Funds \$8,000.00
 Description of Other State Funds: more stuff

County Funds \$465.00

City Funds \$654,987.00

School District Funds \$45,646.00

Medical Sponsor Funds \$98,777.00

Public/medical sponsor funds TOTAL \$877,756.00

State General Funds (PE 44)

Revenue Source Breakdown: Grants [Add Grant](#)

Grant Name	Amount

One time grants or awards TOTAL

Revenue Source Breakdown: Fundraising and in-kind donations [Add Event](#)

Event Name	Revenue

Donations TOTAL

PH Revenue Detail 'tabs'



Physical Health 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 7/1/2018 to 6/30/2019

First Name First Test

Phone 5035555555

Back to SBH C Detail

Last Name Last Test

Title SBHC Fiscal Officer

Email fiscal@sbhc.com

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

Revenue Source Breakdown: Third Party Billing

This section is for viewing historic entry only. The MH Billing Revenue has been moved to a separate tab on the SBHC Detail page.

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

Payor Type	Physical / dental health revenue	Does billing revenue include PMPM or Incentive Payments?
OHP (DMAP - FFS)	\$8,000.00	<input checked="" type="radio"/> Yes <input type="radio"/> No
OHP (CCOs)		<input type="radio"/> Yes <input type="radio"/> No
C-Care (Family Planning)		<input type="radio"/> Yes <input type="radio"/> No
Private Insurance		<input type="radio"/> Yes <input type="radio"/> No
Other third party payor(s)		<input type="radio"/> Yes <input type="radio"/> No

Physical Health TOTAL \$8,000.00

Third party billing GRAND TOTAL \$8,000.00

Payor Type	Mental health billing revenue	Does mental health billing revenue include PMPM or Incentive Payments?
OHP (DMAP - FFS)		<input type="radio"/> Yes <input type="radio"/> No
OHP (CCOs)		<input type="radio"/> Yes <input type="radio"/> No
C-Care (Family Planning)		<input type="radio"/> Yes <input type="radio"/> No
Private Insurance		<input type="radio"/> Yes <input type="radio"/> No
Other third party payor(s)		<input type="radio"/> Yes <input type="radio"/> No

Mental Health TOTAL

<< Previous

Next Page >>

PH Revenue Detail 'tabs'



HOME

Physical Health 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 7/1/2018 to 6/30/2019

First Name First Test

Last Name Last Test

Phone 5035555555

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
LKJSD STUFF	\$9,870.00

Other funding sources TOTAL \$9,870.00

Revenue Breakdown by Source

Public funds (federal, state, county, city) \$778,979

Medical Sponsor Funds \$98,777

One time grants or awards (public or private)

Fundraising and in-kind donations

Patient fees \$80,000

Third party billing \$8,000

Other \$9,870

GRAND TOTAL OPERATING REVENUE
for 7/1/2018 to 6/30/2019: \$975,626

Please provide any explanations/feedback

Click this button when you've finished your submission. We will assume it is INCOMPLETE until then.

<< Previous

FINANCIAL INFORMATION COMPLETE: Submit to SPO

MH Revenue Tab – NEW!!

- Mental health revenue now submitted in new MH Revenue tab.
- Separate Account Login and Password is available for an outside Mental Health agency to enter SBHC-related revenue and funding.
 - Send email to: SBHC.PROGRAM@DHSOHA.STATE.OR.US and indicate the name of your agency and which SBHC(s) you will be submitting revenue information..
- Medical sponsor who provides direct MH services will use their EXISTING Account Login and Password.

MH Revenue Tab

SBHC Detail - Web

HOME LIST

Oregon Health SBHC
SBHC ID 753

Fake SBHC

Details Operations Staff Shift Hours Services Cert Waiver KPM PH Revenue **MH Revenue**

Financial - Mental Health Billing

Add MH Billing

	Date Created	Fiscal Year	Total Op Rev	Date Submitted	
Select	8/7/2019				⊗
Select	8/7/2019				⊗
Select	6/27/2019	7/1/2017 to 6/30/2018	\$5,625	8/19/2019	⊗

Click the Add MH Billing button to create a new entry

MH Revenue Detail tabs

Mental Health Revenue Detail The purpose of this report is to identify all sources of mental health revenue Oregon State-Funded SBHCs receive every year.

HOME **Oregon Health Authority** **Oregon SBHC** Statewide Health Centers

SBHC Name Fake SBHC **First Name** test person 5 **Phone** 555-5555 [Back to SBHC Detail](#)

Fiscal Year 7/1/2018 to 6/30/2019 **Last Name** supa 5 **Title** Master 5

Email big5@email.5

Billing Revenue and State Funds **Other and Total**

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

State Funds

SPO Mental Health Funding \$555

Revenue Source Breakdown: Third Party Billing

Payor Type	Mental health billing revenue	Does mental health billing revenue include PMPM or Incentive Payments?
OHP (DMAP - FFS)	\$55.00	<input checked="" type="radio"/> Yes <input type="radio"/> No
OHP (CCOs)	\$5.00	<input checked="" type="radio"/> Yes <input type="radio"/> No
Private Insurance	\$5.00	<input checked="" type="radio"/> Yes <input type="radio"/> No
Other third party payor(s)	\$5.00	<input checked="" type="radio"/> Yes <input type="radio"/> No

Mental Health TOTAL \$70.00

[Next Page >>](#)

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

MH Revenue Detail tabs

Mental Health Revenue Detail

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

SBHC Name

Fiscal Year

First Name

Last Name

Phone

Title

Email

[Back to SBHC Detail](#)

Billing Revenue and State Funds

Other and Total

Revenue Source Breakdown:
Other funding source

Add Other

Source Description	Amount	
Test 5	\$5.00	✕
test 2	\$6.00	✕

Other funding sources TOTAL \$11.00

Revenue Breakdown by Source

State funds \$555

Third party billing \$70

Other \$11

GRAND TOTAL OPERATING REVENUE
for 7/1/2017 to 6/30/2018: **\$636**

Please provide any explanations/feedback

Enter any comments, additional information here.

Click this button when you've finished your submission. We will assume it is INCOMPLETE until then.

<< Previous

FINANCIAL INFORMATION COMPLETE: Submit to SPO

QUESTIONS BREAK

Helpful Hints

- ONLY use Chrome, Safari, Edge or Internet Explorer (11 or higher).
 - Firefox and older versions of Internet Explorer will not work reliably.
- Do not use your internet browser 'back' button. Use the buttons in the Operational Profile.
- Any change is automatically saved.
- Check all the accuracy confirmation boxes.
- Staff information (roles, credentials, shift hours, off site addresses) should be double-checked for accuracy
- Send Loretta the KPM audit process document before performing the chart audit.



Accuracy Confirmation
This information is accurate
Confirmed by

QUESTIONS BREAK

SPO Operational Profile Audit Process

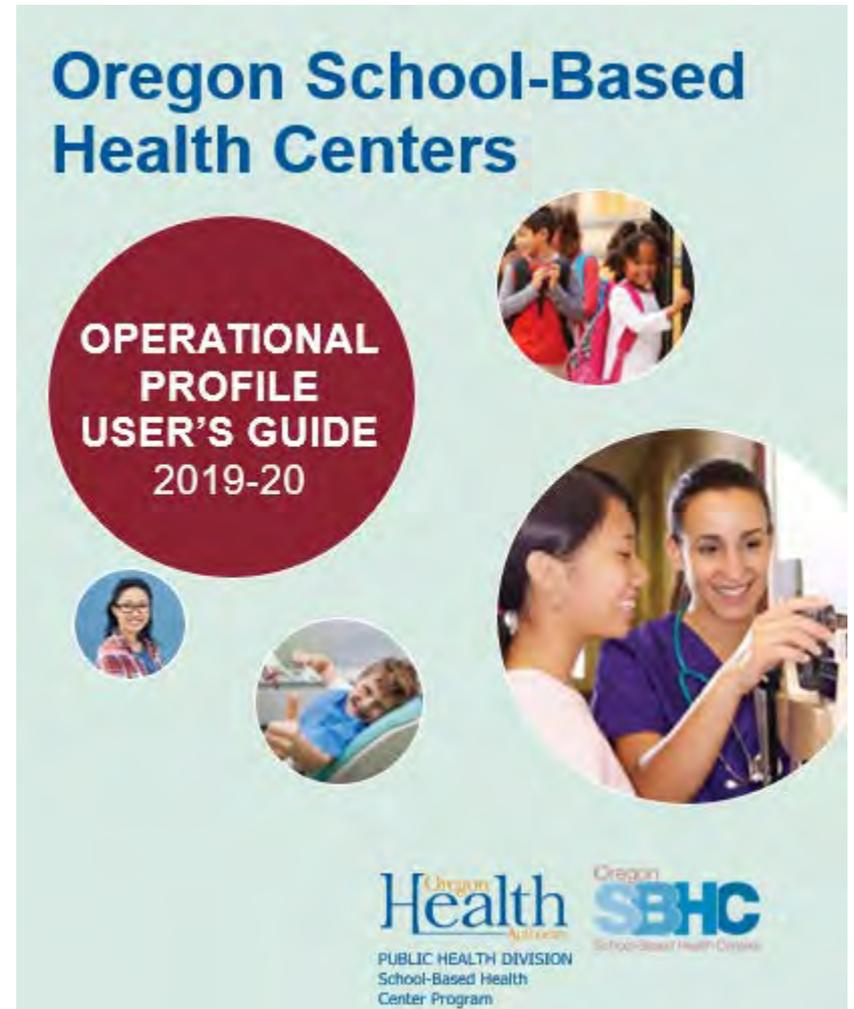
- The profile audit begins after the October 1st deadline

What we will review:

- 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
 - Financial entry is complete
- Sites will be notified if they are out of compliance

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

800 NE Oregon St., Ste. 805

Portland, OR 97232

P: 971-673-0249

F: 971-673-0250

sbhc.program@dhsoha.state.or.us

www.healthoregon.org/sbhc



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