



# **SBHC Operational Profile**

**Financial Revenue Entries**

**Medical Sponsors  
and  
Outside Mental Health Agencies**

At the bottom of the slide, there are two light blue, rounded rectangular shapes that appear to be part of a larger graphic or design element.

# Background on SBHC Financial Entry

- All certified SBHCs are required to submit Financial Revenue and Funding entries every Fall (October 1st).
- Financial data should reflect the previous service year (July 1, 2023 to June 30, 2024).
- Entries are created in the web-based SBHC Operational Profile database
  - PH Revenue (Primary care and Dental services)
    - Federal, State, County, School District, Grants, Fees/Billing
  - MH Revenue (Mental health services only)
    - SPO Mental health funding, Fees/Billing, Grants/Other

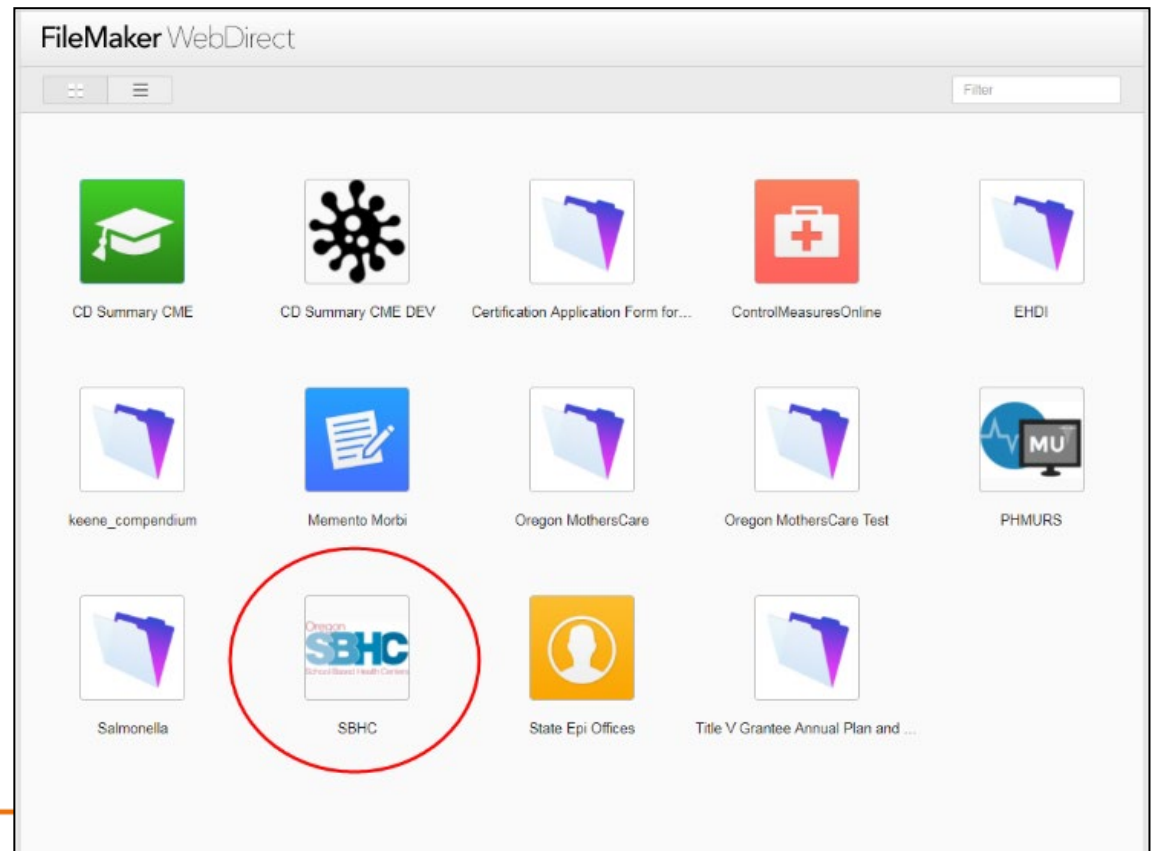
# Operational Profile database

- Review the SBHC Operational Profile User's Guide for detailed step-by-step instructions on how to create and modify a Financial entry.
- The User's Guide is posted on the SPO website:  
[Link to User's Guide](#)
- Email SBHC State Program Office for OP Login:  
[SBHC.program@odhsoha.Oregon.gov](mailto:SBHC.program@odhsoha.Oregon.gov)
- Outside Mental Health agencies are assigned a separate login from the SBHC Medical sponsor.
  - MH Agency requesting OP login should indicate the name of their agency and SBHC(s) in their email request.

# Where to get started

- Access the Operational Profile **login** page using Chrome or Internet Explorer:

<http://mchweb.oha.state.or.us/fmi/webd>



# Financial Revenue Tabs

- Below is a view of the Operational Profile from the Medical sponsor's Login
- Primary care and dental services (PH Revenue tab)
- Mental health services (MH Revenue tab)

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

**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 ☐ 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 kjsdf 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

 **SBHC Detail** - Web 

HOME LIST

Fake SBHC 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 |   |
|------------------------|--------------|-----------------------|--------------|----------------|---|
| <a href="#">Select</a> | 8/7/2019     |                       |              |                | ✕ |
| <a href="#">Select</a> | 7/26/2019    | 7/1/2018 to 6/30/2019 |              |                | ✕ |
| <a href="#">Select</a> | 7/9/2019     |                       |              |                | ✕ |
| <a href="#">Select</a> | 6/14/2019    | 7/1/2018 to 6/30/2019 | \$975,626    | 7/1/2019       | ✕ |
| <a href="#">Select</a> | 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**


[explanations/feedback](#)

[View/Edit Entry](#)


Click "Add Annual Rev" button to create a new PH entry.

Click "Select" button to view previous entries.

# 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.

 **Oregon Health SBHC**  
School-Based Health Centers

**SBHC Name** Fake SBHC

**Fiscal Year** 7/1/2023 to 6/30/2024

**First Name** First Test **Phone** 5035555555 **Back to SBHC Detail**

**Last Name** Last Test **Title** SBHC Fiscal Officer

**Email** fiscal@sbhc.com

**Public Funds/Grants/Donations** **Fees/Billing** **Other and Total**

Select Fiscal Year and provide Contact Information.

**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

**Revenue Source Breakdown: Grants** **Add Grant**

| Grantor Name | Grant Name | Amount |
|--------------|------------|--------|
|              |            |        |
|              |            |        |
|              |            |        |
|              |            |        |

Add grants, fundraising and in-kind donations.

**Revenue Source Breakdown: Fundraising and in-kind donations** **Add Event**

| Event Name | Revenue |
|------------|---------|
|            |         |
|            |         |
|            |         |
|            |         |

**Donations TOTAL**

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# 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 7/1/2023 to 6/30/2024

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 SBH  
C 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 \$80,000.00

Co-pays/deductibles

Sliding scale fees from uninsured

Other patient fees

Description of other patient fees

Patient fees TOTAL \$80,000.00

### Revenue Source Breakdown: Third Party Billing

| 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


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

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# 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** 7/1/2023 to 6/30/2024

**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

### Source Description

| Source Description | Amount     |
|--------------------|------------|
| LKJSD STUFF        | \$9,870.00 |
|                    |            |
|                    |            |
|                    |            |
|                    |            |

Other funding sources TOTAL \$9,870.00

**Add Other**

If there are other funding sources that support physical or oral health services related to the SBHC, click the Add Other button and enter the description.

## 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

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

Please provide any explanations/feedback

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**FINANCIAL INFORMATION COMPLETE: Submit to SPO**



# MH Revenue Tab

- Separate Account Login and Password for an outside Mental Health agency to enter SBHC-related revenue and funding into the OP database.  
Email request for login: [SBHC.PROGRAM@ODHSOHA.OREGON.GOV](mailto:SBHC.PROGRAM@ODHSOHA.OREGON.GOV).
- Medical sponsors providing direct MH services will use their existing OP Login and Password.
- The Medical sponsor will not have viewing access to the revenue entry when the outside Mental Health agency uses their own OP Login. *SPO will ensure MH Financial entries are submitted by MH agency.*

# MH Revenue Entry for Outside Mental Health Agency

After logging into the Operational Profile, you will see a list of all SBHCs in the database. Scroll down and click on the “To SBHC” button for the SBHC you want to create a Mental Health Billing/Revenue entry.

 **SBHC Menu - Web Mental Health Billing**


 

|                | Name                                 | System                                 | County      |
|----------------|--------------------------------------|--|-------------|
| <b>To SBHC</b> | Eagle Point High School              | Rogue Community Health                 | Jackson     |
| <b>To SBHC</b> | Ensworth Community SBHC              | Mosaic Medical                         | Deschutes   |
| <b>To SBHC</b> | Estacada High School                 | Orchid Health                          | Clackamas   |
| <b>To SBHC</b> | Evergreen Elementary School          | Siskiyou Community Health Center       | Josephine   |
| <b>To SBHC</b> | Fake SBHC                            | zCascadiaTest                          | Cascadiaq   |
| <b>To SBHC</b> | Fake2                                | zCascadiaTest                          | Fake County |
| <b>To SBHC</b> | Forest Grove High School             | Virginia Garcia Memorial Health Center | Washington  |
| <b>To SBHC</b> | Franklin High School                 | Multnomah County Health Department     | Multnomah   |
| <b>To SBHC</b> | George Middle School                 | Multnomah County Health Department     | Multnomah   |
| <b>To SBHC</b> | Gilchrist School Based Health Center | La Pine Community Health Center        | Klamath     |
| <b>To SBHC</b> | Grant High School                    | Multnomah County Health Department     | Multnomah   |
| <b>To SBHC</b> | Grant Union                          | Grant County Health Department         | Grant       |
| <b>To SBHC</b> | Grants Pass High School              | Siskiyou Community Health Center       | Josephine   |
| <b>To SBHC</b> | Hanby Middle School                  | La Clinica                             | Jackson     |


**Log Out**


If you require any assistance or have questions, please contact the Oregon SBHC Program Office at: 971-673-0249 or send an email to [SBHC.Program@DHSOHA.STATE.OR.US](mailto:SBHC.Program@DHSOHA.STATE.OR.US)


# MH Revenue Tab for Medical Sponsor

 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**

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 | 8/27/2019    | 7/1/2017 to 6/30/2018 | \$5,625      | 8/19/2019      | ⓧ |
|        |              |                       |              |                |   |
|        |              |                       |              |                |   |

Click the "Select" button to view or modify an entry

Click the "Add MH Billing" button to create 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](#)

**SBHC Name** Fake SBHC

**Fiscal Year** 7/1/2023 to 6/30/2024

**First Name** test person 5

**Last Name** supa 5

**Phone** 555-5555

**Title** Master 5

**Email** big5@email.5

[back to SBHC Detail](#)

**Billing Revenue and State Funds**

**Other and Total**

Revenue received for each category during 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**

Select Fiscal Year and provide Contact Information.

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

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# 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.

**Oregon Health Authority** **SBHC**  
School-Based Health Centers

**HOME**

**SBHC Name** Fake SBHC

**Fiscal Year** 7/1/2023 to 6/30/2024

**First Name** test person 5

**Last Name** supa 5

**Phone** 555-5555

**Title** Master 5

**Email** big5@email.5

**Back to SBHC Detail**

**Billing Revenue and State Funds**

**Other and Total**

**Revenue Source Breakdown:**  
**Other funding source**

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

**Other funding sources TOTAL** \$11.00

**Add Other**

**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.

**FINANCIAL INFORMATION COMPLETE: Submit to SPO**

**<< Previous**

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

# Helpful Hints

- The OP User's Guide can be found on the Certification Standards page as well as the Data Requirements page of the SPO website at: [www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)
- 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 made in the database is automatically saved.

# SPO Operational Profile Audit Process

- Audit begins after the October 1<sup>st</sup> deadline
- SBHCs or Outside Mental health agencies will be notified if their Financial Revenue entry is incomplete or if there are questions about the submission.



# Contact Information

School-Based Health Center Program

Oregon Public Health Division

800 NE Oregon St., Ste. 805

Portland, OR 97232

[sbhc.program@odhsoha.Oregon.gov](mailto:sbhc.program@odhsoha.Oregon.gov)

[www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)