HRSN Online Invoice Submission Form

(Last Update 11/05/2026)

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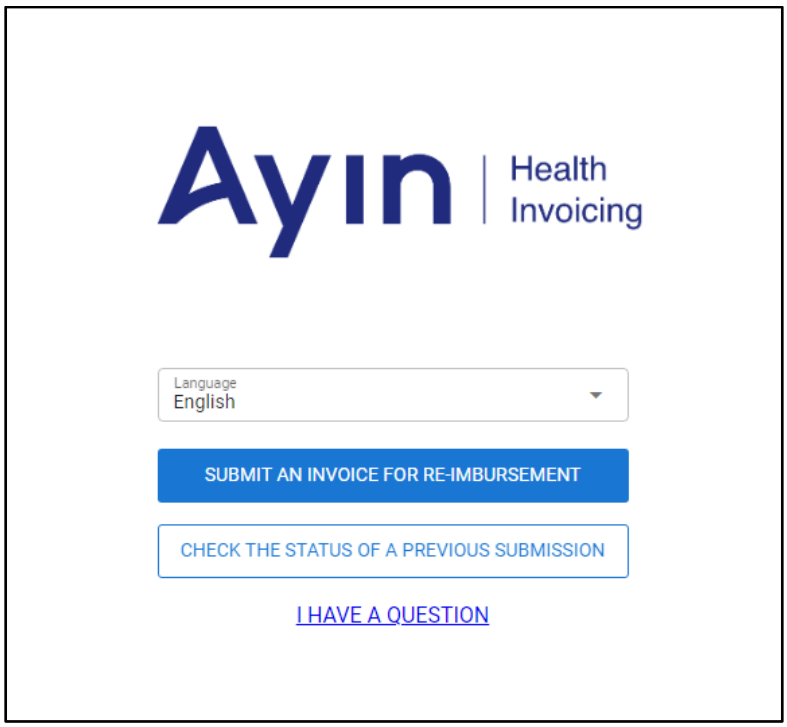
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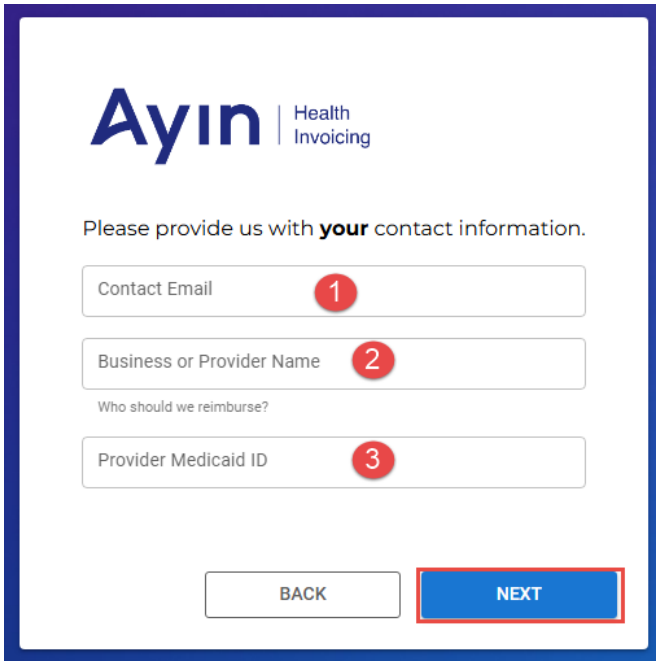
Getting Started

To get started, please select the language you would like to proceed with, either English or Spanish. Then click **SUBMIT AN INVOICE FOR REIMBURSEMENT**



Your Information

First you will need to provide **YOUR** contact information. Field descriptions are listed below the image. All lines are required to move forward.



1. Contact Email - This address will be used for communicating with you about your submission. **Important Note:** Emails may come from Ayin.com or PHTECH.com email domains.

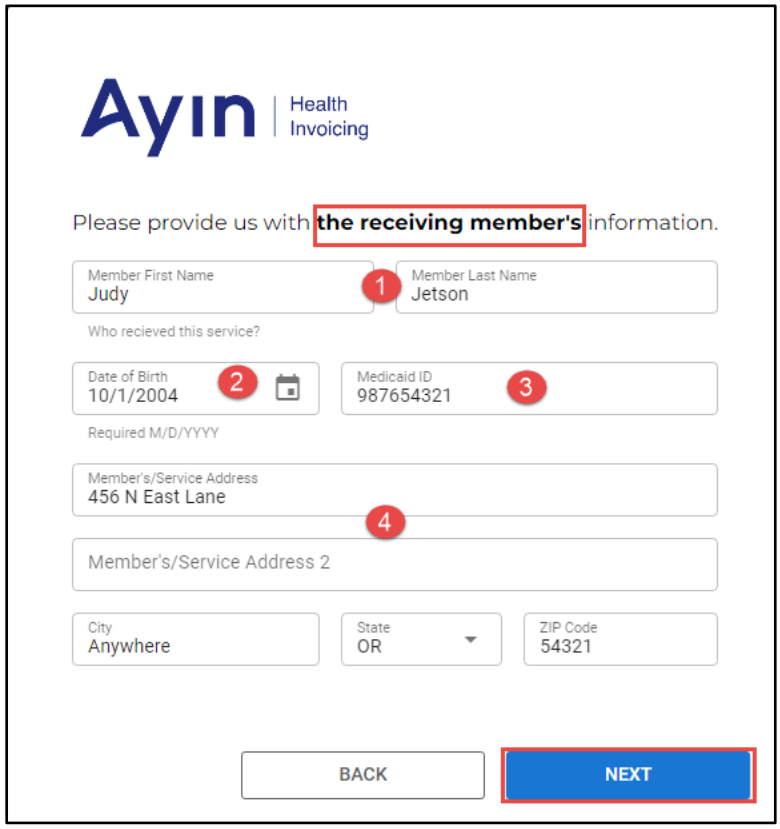
2. Business or Provider Name - This should match the name enrolled with the State of Oregon, the provider's CCO contract (if applicable) and the name on the W9.

3. Medicaid ID - This must be a valid, HRSN enrolled provider ID with the State of Oregon for the HRSN program for which reimbursement is being submitted. If the ID is invalid or not enrolled an HRSN provider, submissions will be rejected.

All fields are required to move forward. Once all fields are complete, please click **NEXT**.

Receiving Members Information

Next, please enter the information on the receiving member.



1. Member First Name & Member Last Name - Enter the name of the person receiving the services. This should match the information on the member's enrollment with the Oregon Health Plan.

2. Date of Birth - Enter the date of birth of the person receiving the services. This should match the information on the member's enrollment with the Oregon Health Plan. Otherwise, submissions will be rejected.

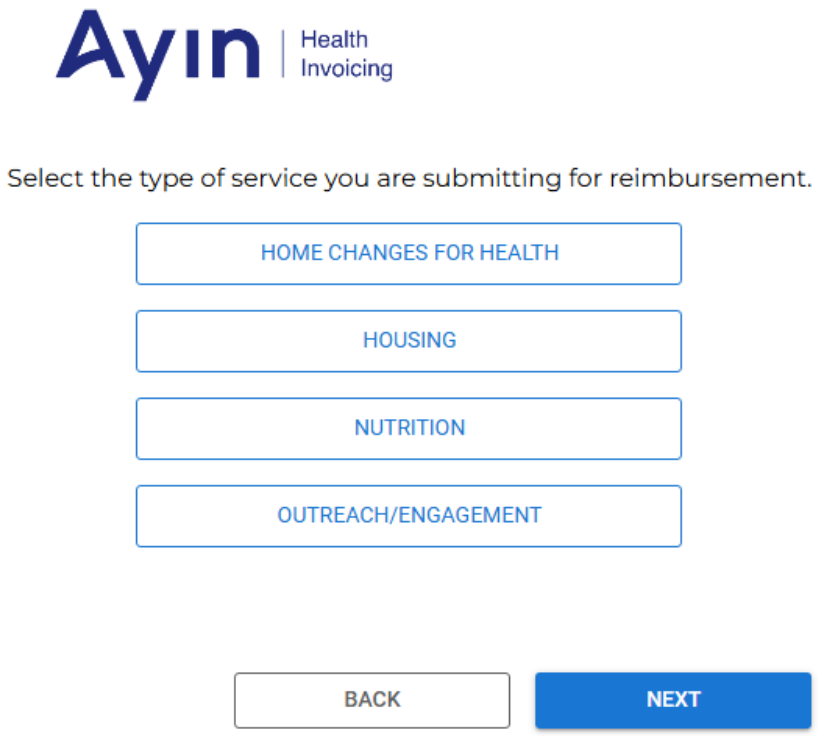
3. Medicaid ID - This must be a valid and active member ID eligible to receive HRSN services. If the ID is invalid or not effective, submissions will be rejected. ***THIS WILL ALWAYS START WITH LETTERS***

4. Member/Service Address - This is the member's physical address if available. Otherwise, the member's mailing address.

All fields are required to move forward. Once all fields are complete, please click **NEXT**.

Service Type Selection

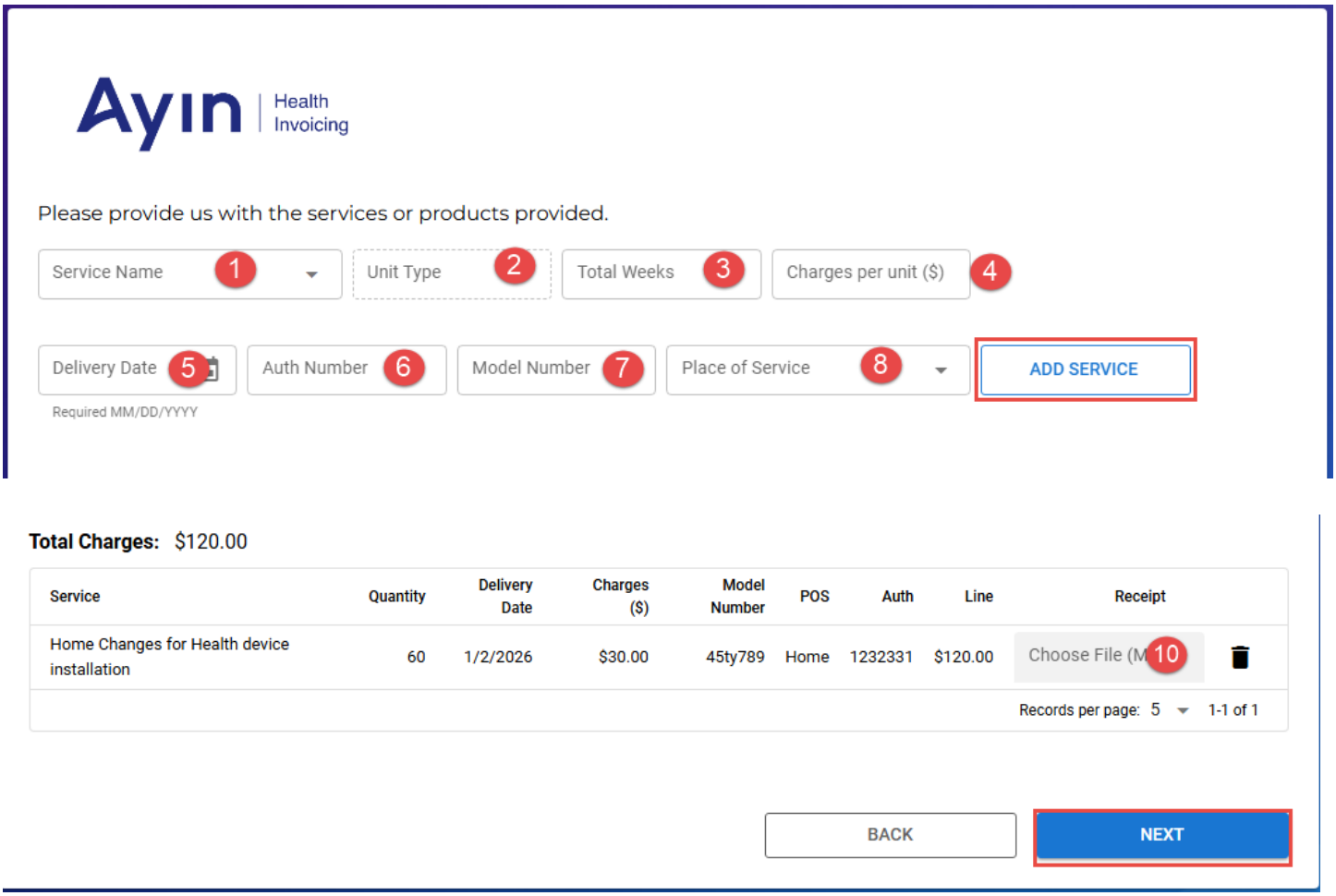
Next, choose which service you would like to submit an invoice for - Home Changes for Health, Housing, Nutrition or Outreach/Engagement - and then click **NEXT**



Home Changes For Health Services

Service Submission

Use this screen to submit one or more HRSN Home Changes for Health-related service reimbursement requests. Enter the required information based on what service is selected.



1. Service - Use this drop down to select the type of service provided. Options include:
    a. Air conditioner, including delivery
    b. Air filter replacement, including delivery
    c. Air filtration device, including delivery
    d. Home Changes for Health device installation
    e. Heater, including delivery
    f. Mini refrigerator, including delivery
    g. Portable power supply, including delivery
2. Unit Type - The unit type will be populated as **Per Item** or **Per 15 Min**, depending on the service selected.

3. Quantity - Enter either the **Total Items** or the **Total Minutes** depending on the service selected. Submission in minutes will be rounded to the nearest 15-minute increment.

4. Charges Per Unit - Enter the dollar amount being charged per unit.

5. Delivery Date - Enter the date the item was delivered, or the service was provided to the member.

6. Auth Number - Enter the authorization number that was provided by the CCO or OHA Contractor prior to the service being provided. **An authorization number is required for all Home Changes for Health services.**

7. Model Number - Provide the model number of the Home Changes for Health device that was purchased, delivered or installed (if applicable).

8. Place of Service - Select the place where the service occurred. The most appropriate option should be selected. Options include:
    a. Home
    b. Group Home
    c. Temporary Lodging
    d. Other

9. Click **ADD SERVICE**. You will see the entry populate in the table at the bottom of the screen.

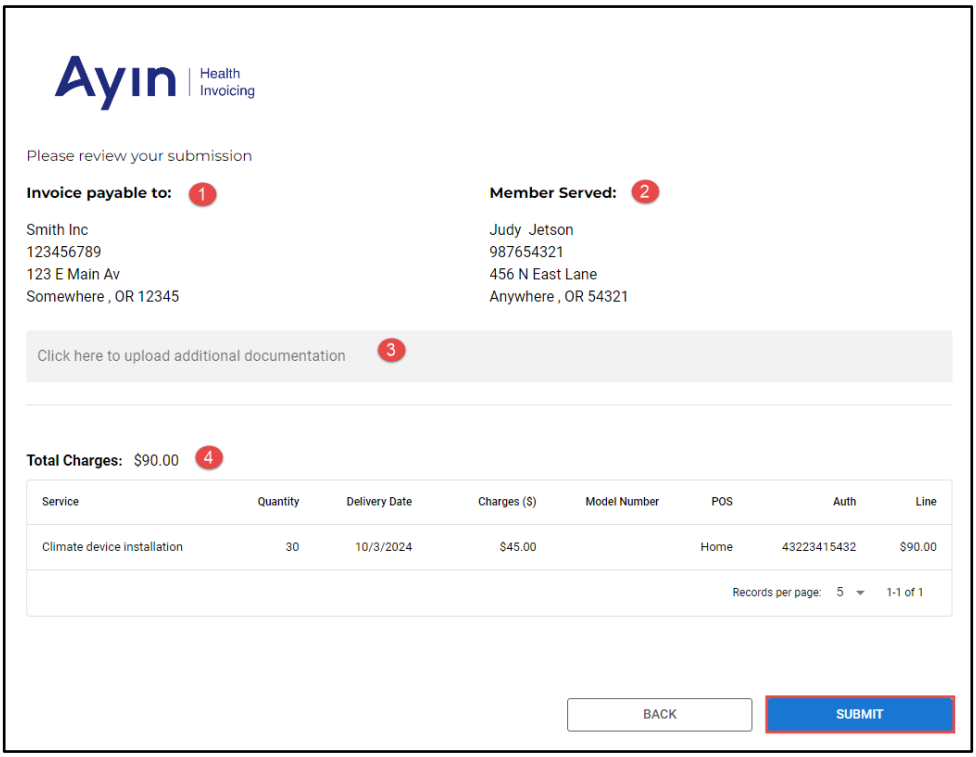
10. Click the **"Choose File"** to upload supporting documentation specific to this service. Supporting documentation requirements vary by the payer you are submitting to and by the service type.

OPTIONAL: If there are additional services for THIS SPECIFIC MEMBER, additional services can be added to this submission by repeating steps 1 through 10 above. **Services for additional members must be submitted separately.** Each service will be processed as its own claim even if they were originally part of a single submission. As a result, processing outcomes and timelines could vary.

Once all service lines for this member have been added, click **NEXT.**

Submission Review

The last step before submitting is to confirm that all the information entered is correct.



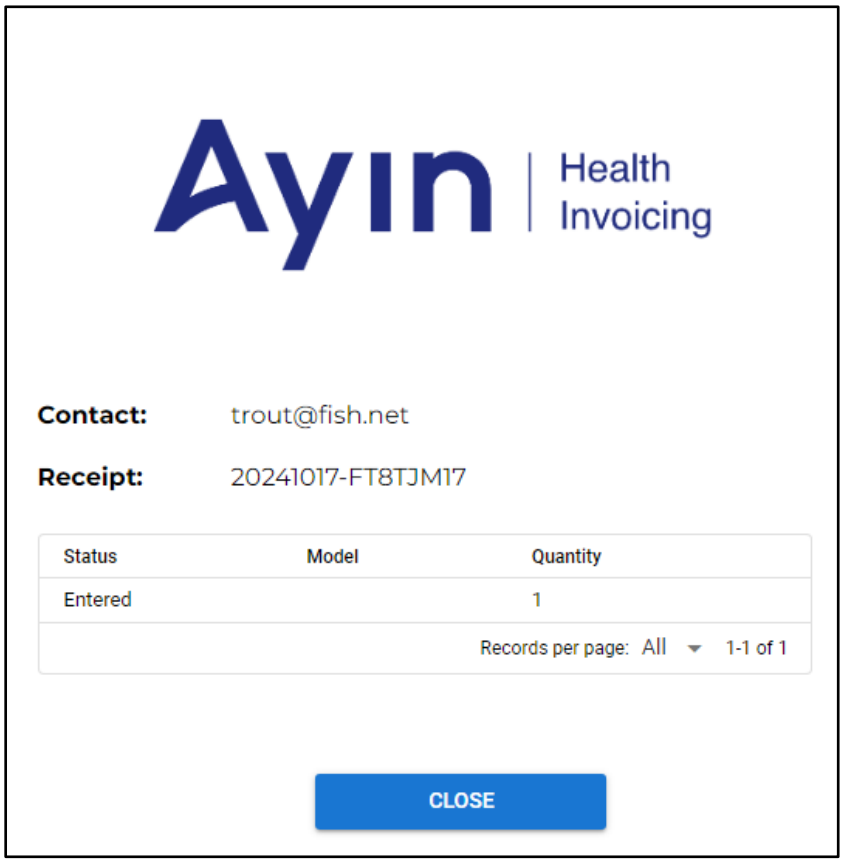
Review the following for accuracy:

1. Invoice Payable To: This should be who is registered with OHA and provided the service.
2. Member Served: This is the member who received the service.
3. Additional Documentation: You can add an invoice or additional documentation by clicking the field, selecting the file from your computer, and then click Open.
4. Total charges: Ensure total charges are correct, and all service rows are present.

Once reviewed, click **SUBMIT**

Receipt Confirmation

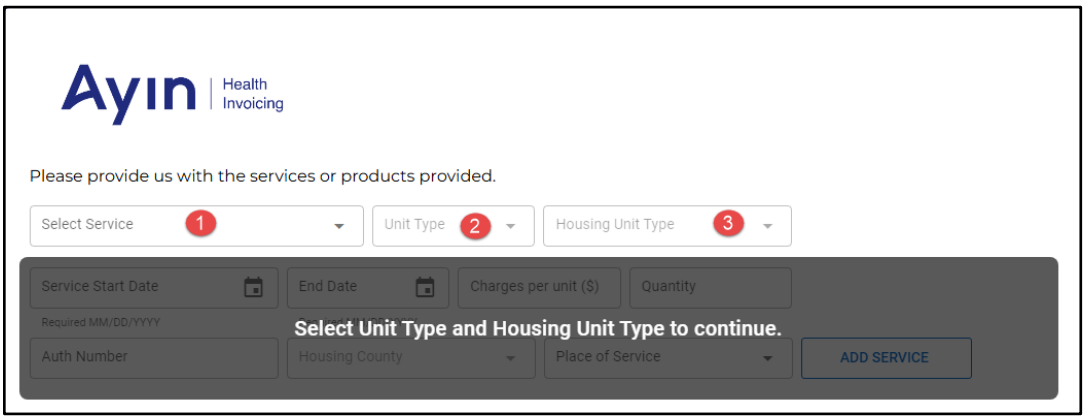
Once submitted, you will receive a receipt number. Please keep this for your records. You will need this and the contact email to check the status of a submission at a later date.



Housing Services

Service Submission

Use this screen to submit one or more housing related service reimbursement requests. To start the submission, you must first select which housing service you are submitting



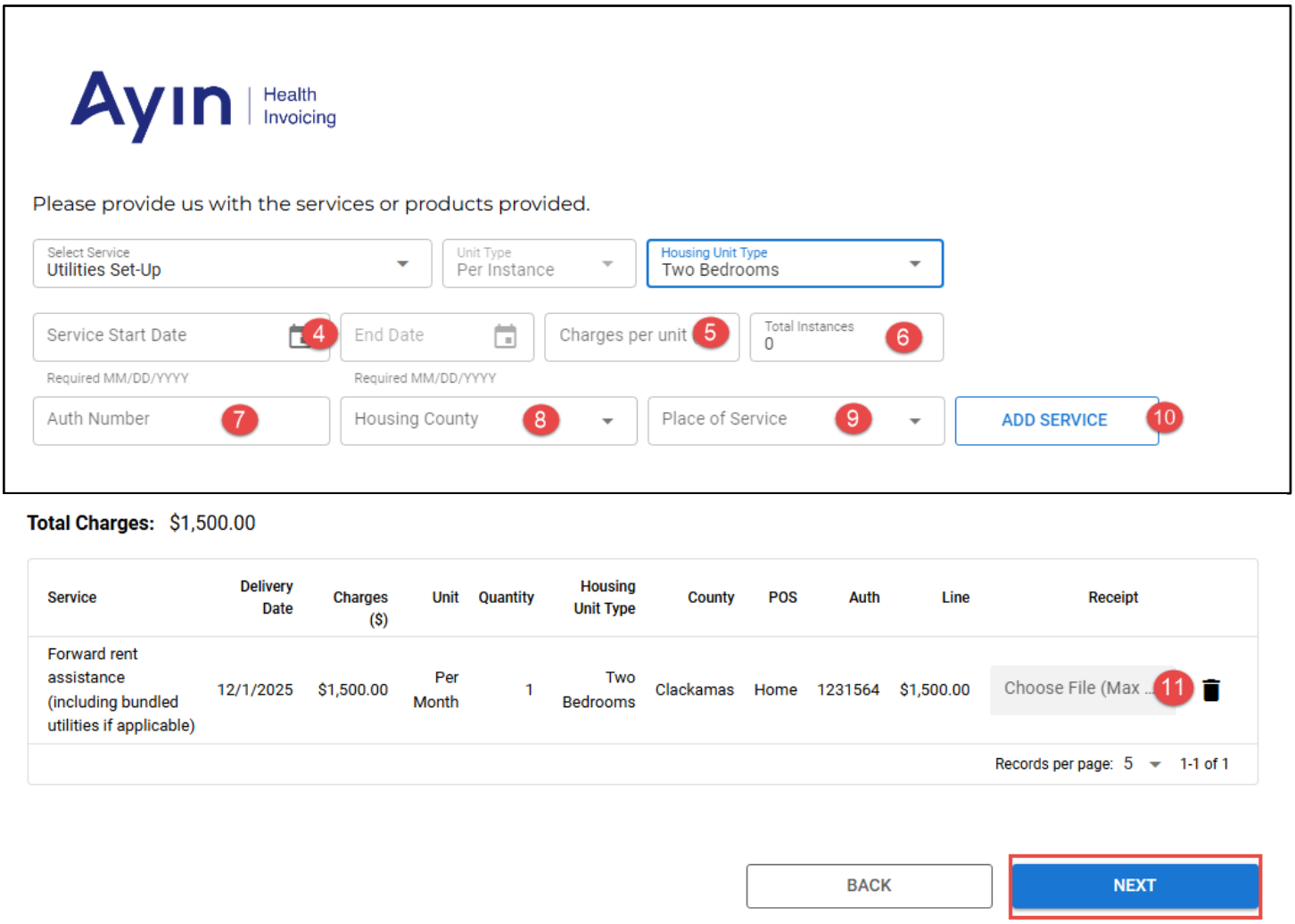
1. Housing Service - Use this drop down to select the type of service provided. Options include:
    a. Forward rent assistance (including bundled utilities if applicable)
    b. Forward utility assistance (not bundled with rent assistance)
    c. Hotel/Motel Stays
    d. Medically Necessary Home Accessibility Modifications
    e. Medically Necessary Home Remediations
    f. Pre-Tenancy, Housing Transition Navigation, and Tenancy Services
    g. Rent arrears assistance (including bundled utilities if applicable) - For Months Before Member was on Plan
    h. Rent arrears assistance (including bundled utilities if applicable) - For Months Member was on Plan
    i. Storage Fees
    j. Utilities Arrears
    k. Utilities Set-Up

2. Unit Type - The unit used for billing based on the OHA HRSN housing fee schedule. For *Forward rent assistance (including bundled utilities if applicable)* select:
    a. Per Month - Used for full month services.
    b. Per Day - Used for partial month services (limited to 28 days).

    For all other service types, this field will default to the correct unit type based on which housing service you select.

3. Housing Unit Type - This field is only required for certain services. Please select the correct item from the drop down.
    a. Zero to One Bedroom
    b. Two Bedrooms
    c. Three or More Bedrooms

Once these fields are completed, the rest of the form will open for completion.



4. Service Start Date and End Date - Enter the Start Date of the service using the guidance in the table below.

   Important Note: For all submissions where the member has eligibility with the plan being billed for the dates of service being submitted, use the following guidance. Specific instructions for submitting rent or utilities arrears that pre-date the member's eligibility with their plan are located in the next section.

Monthly Rent/Temporary Housing and Utility Costs

	Date of Service	Example
Forward rent assistance (including bundled utilities if applicable)	The **first** calendar date of the month the rent is for. **Important Note:** If you are submitting for multiple months of rent, you must enter multiple service lines - one for each month of rent with the appropriate date of service for each entry.	Rent is for December 2024. The date of service is **12/1/24**. No date ranges are allowed.
Forward utility assistance (not bundled with rent assistance)	*Monthly Bill:* • The provider can bundle rent and/or any number of forward utilities payments into a single service line provided that all bundled payments are for the same month and are covered under the same procedure code on the HRSN fee schedule. • The provider can select any date of service that falls within the month that the utilities are authorized for as long as that provider only submits **one claim per date of service** and the date selected is not the first or second of the month. If a provider submits multiple claims for the same service or uses a date of service of the first or second of the month, claims may be rejected for the provider to correct.	Utilities Bill is for 12/15/24 – 1/14/25. The date of service is **12/15/24**. No date ranges are allowed.
	Multi-month Bill: A submission is required for each month of the utility service. The dollar amount billed should be divided over the number of months included in the utility service. The date of service for the first submission should be selected based on the guidance in the *Monthly BIll* section above. The date of service for each subsequent month, will be the same calendar day of that following month. All dates of service will fall within the service period.	Utilities Bill is for 12/15/24 – 3/14/25 and a total of $300. Dates of service will be **12/15/24**, **1/15/25**, and **2/15/25** with $100 billed on each service date. Calculate monthly amount using total cost divided by number of months. Calculate date of service by estimating the first date of the service period for each month in the quarter Each DOS should reflect a different month. No date ranges are allowed.
Rent arrears assistance (including bundled utilities if applicable) - For Months Member was on Plan	The **second** calendar date of the month the rent is for. **Important Note:** If you are submitting for multiple months of rent, you must enter multiple service lines - one for each month of rent with the appropriate date of service for each entry.	Rent arrears for October 2024. The date of service is **10/02/24**. No date ranges are allowed.

Utilities Arrears & Setup

	Date of Service	Example
Utilities Arrears	*Monthly Bill:* ● The provider can bundle any number of utilities arrears payments into a single service line provided that all bundled payments are for the same month and are covered under the same procedure code on the HRSN fee schedule. ● The provider can select any date of service that falls within the month that the utilities are authorized for as long as that provider only submits **one claim per date of service** and the date selected is not the first or second of the month. If a provider submits multiple claims for the same service or uses a date of service of the first or second of the month, claims may be rejected for the provider to correct.	Utilities Bill is for 11/15/24 – 12/14/24. The date of service is **11/15/24**. No date ranges are allowed.
	Multi-month Bill: A submission is required for each month of the utility service. The dollar amount billed should be divided over the number of months included in the utility service. The date of service for the first submission should be selected based on the guidance in the *Monthly BIll* section above. The date of service for each subsequent month, will be the same calendar day of that following month. All dates of service will fall within the service period.	Utilities Bill is for 9/15/24 – 12/14/24 and a total of $300. Dates of service will be **9/15/24**, **10/15/24**, and **11/15/24** with $100 billed on each service date. Calculate monthly amount using total cost divided by number of months. Calculate date of service by estimating the first date of the service period for each month in the quarter Each DOS should reflect a different month. No date ranges are allowed.
Utilities Set-Up	The date of the utilities set up. The start and end date should be the same.	Utilities we set-up on 12/16/24. The date of service is **12/16/24**. No date ranges are allowed.

Other Housing Services

	Start Date	End Date
Forward rent assistance (including bundled utilities if applicable) - Per Day	The first date for which reimbursement has been authorized and is being requested.	The last date for which reimbursement has been authorized and is being submitted.
Hotel/Motel Stays	The first date of the hotel/motel stay.	The last date of the hotel/motel stay.
Medically Necessary Home Accessibility	The start date of work on the modifications.	The final date of work on the modifications.

Modifications		
Medically Necessary Home Remediations	The start date of work on the remediations.	The final date of work on the remediations.
Pre-Tenancy, Housing Transition Navigation and Tenancy Services	The date of the services. The start and end date should be the same. If these services were provided on more than one day, please enter multiple service lines - one for each day.	
Storage Fees	The first date of the month that storage fees were for. The start and end date should be the same. **Important Note:** If you are submitting for multiple months of storage fees, you must enter multiple service lines - one for each month with the appropriate start and end dates for each entry.	

Important Note: If there is a break in services each date range must be entered on its own service line. For example:

- A member has a Hotel/Motel stay from 10/1/24-10/5/24 and then from 10/7/24-10/10/24.
- The provider must enter one service line for 10/1/24-10/5/24 and a separate service line for 10/7/24-10/10/24.

Special Guidance for Rent and Utilities Arrears that pre-date the member's eligibility

	Date of Service	Example
Rent arrears assistance (including bundled utilities if applicable) For Months Before Member was on Plan	Month: Month that the Member receives Service Day: Closest day **after the first** of the month, and OHP enrollment effective Date that is not a date that already has a monthly rent payment billed. If multiple arrears months, order DOS from most recent month to least recent month.	Member has rent arrears for September, October, and November 2024; Member enrolled in OHP/health plan November 11, 2024 and authorized for HRSN services on November 18. DOS for November rent: 11/11/24 DOS for October rent: 11/12/24 DOS for September rent: 11/13/24 --- Member has rent arrears for September, October, and November 2024; Member enrolled in OHP/health plan December 1, 2024 and authorized for HRSN services on December 8. DOS for November rent: 12/2/24 DOS for October rent: 12/3/24 DOS for September rent: 12/4/24 --- Member has rent arrears for September, October, and November 2024; Member enrolled in OHP/health plan November 1, 2024 and authorized for HRSN services on November 8th.

		DOS for November rent: 11/2/24 DOS for October rent: 11/3/24 DOS for September rent: 11/4/24
Utilities Arrears	Month: Month that the Member receives service. Day: First day OHP enrollment effective date and closest day that falls after the first day of the utilities billing period. If multiple utilities months, order from most recent month to least recent month.	Member is eligible for HRSN in November, needs utilities arrears for September and October. DOS for utilities accrued in Oct: Nov. 1 DOS for utilities accrued in Sept: Nov. 2, etc.

5. Charges per Unit ($) - Please enter the amount charged for this service per unit. Refer to the unit type in step 3 if you need to calculate the correct charges.
6. Quantity - Enter the quantity of units being submitted. Based on the service type the quantity may be a measure of minutes, days, months or instances. Be sure you are using the right quantity based on the measure.

   Important Notes:
   a. Be sure to list each month of *Rent/Temporary Housing and Utilities Costs* on a separate service line with a quantity of one month.
   b. For per day benefits like Hotel/Motel Stays and per diem *Rent/Temporary Housing and Utilities Costs* be sure the quantity aligns with the date range. For example: 10/1/24-10/1/24 service dates submission should have 1 unit entered while a 10/1/24-10/3/24 service date submission should have 3 units
   c. There is a limit of 360 minutes 24 units per day of Tenancy Services. Please be sure you are splitting services by the date they were performed so as to not exceed this daily limit as overages will not be paid.

7. Auth Number - Enter the authorization number that was provided by the CCO or OHA Contractor prior to the service being provided. **An authorization number is required for all housing services.**
8. Housing County - This field is only required for certain services. Please select the correct county of where the apartment or housing is located and was authorized to be delivered.
9. Place of Service - Select the place that the service occurred. The most appropriate option should be selected. Depending on the services selected, the list will be filtered to which options are available. Options include:
   a. Home
   b. Group Home
   c. Office
   d. Outreach Site/Street
   e. Telehealth
   f. Temporary Lodging
   g. Other
10. Click ADD SERVICE - You will see the entry populate in the table at the bottom of the screen.
11. Click the “Choose File” to upload supporting documentation specific to this service. Supporting documentation requirements vary by the payer you are submitting to and by the service type.

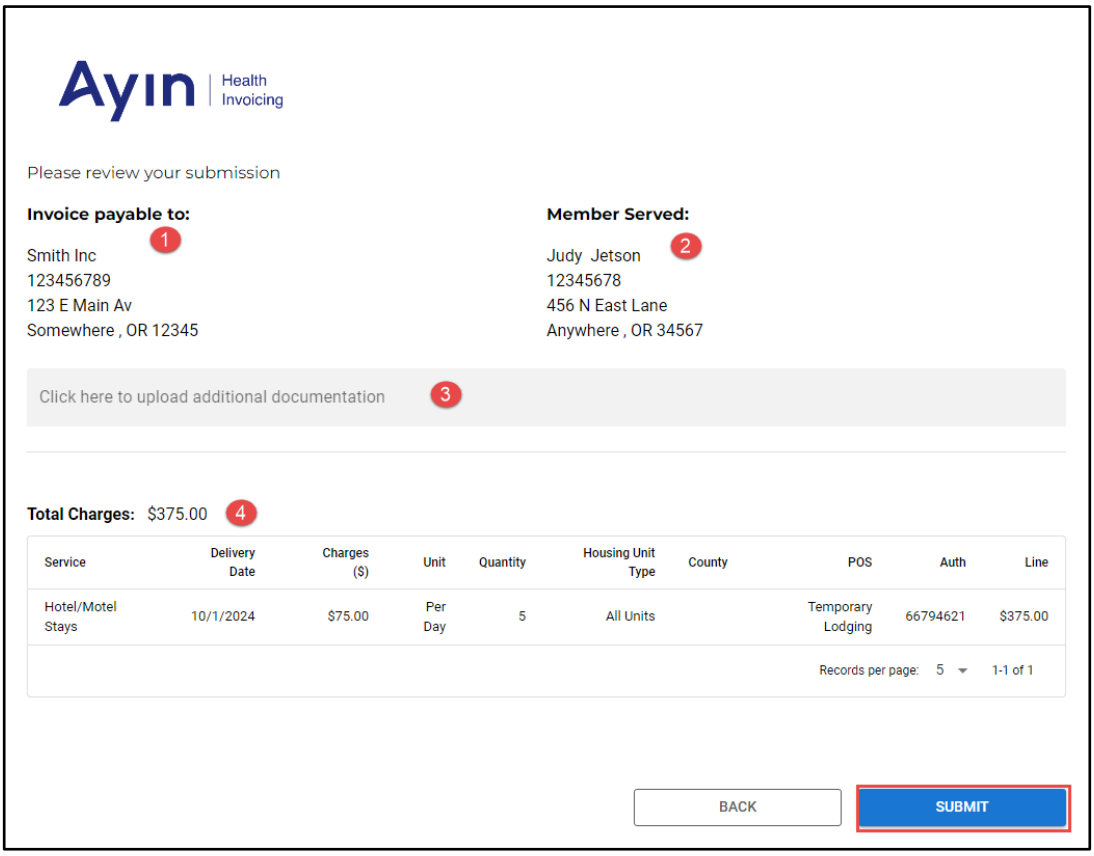
OPTIONAL: If there are additional services for THIS SPECIFIC MEMBER, additional services can be added to this submission by repeating steps 1 through 11 above. **Services for additional members must be submitted**

separately. Each service will be processed as its own claim even if they were originally part of a single submission. As a result, processing outcomes and timelines could vary.

Once all service lines for this member have been added, click **NEXT.**

Submission Review

The last step before submitting is to confirm all the information entered is correct.



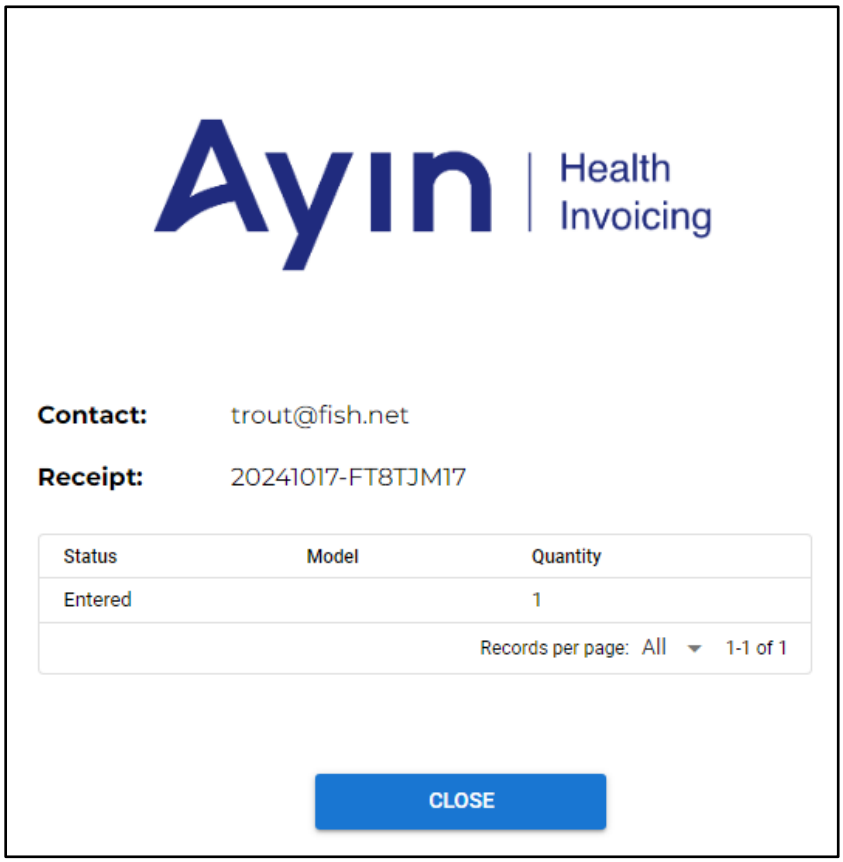
Review the following for accuracy:

1. Invoice Payable To: This should be who is registered with OHA and provided the service.
2. Member Served: This is the member who received the service.
3. Additional Documentation: You can add an invoice or additional documentation by clicking the field, selecting the file from your computer, and then click Open.
4. Total Charges are Correct: Is the right service listed with the correct details?

Once reviewed, click **SUBMIT**

Receipt Confirmation

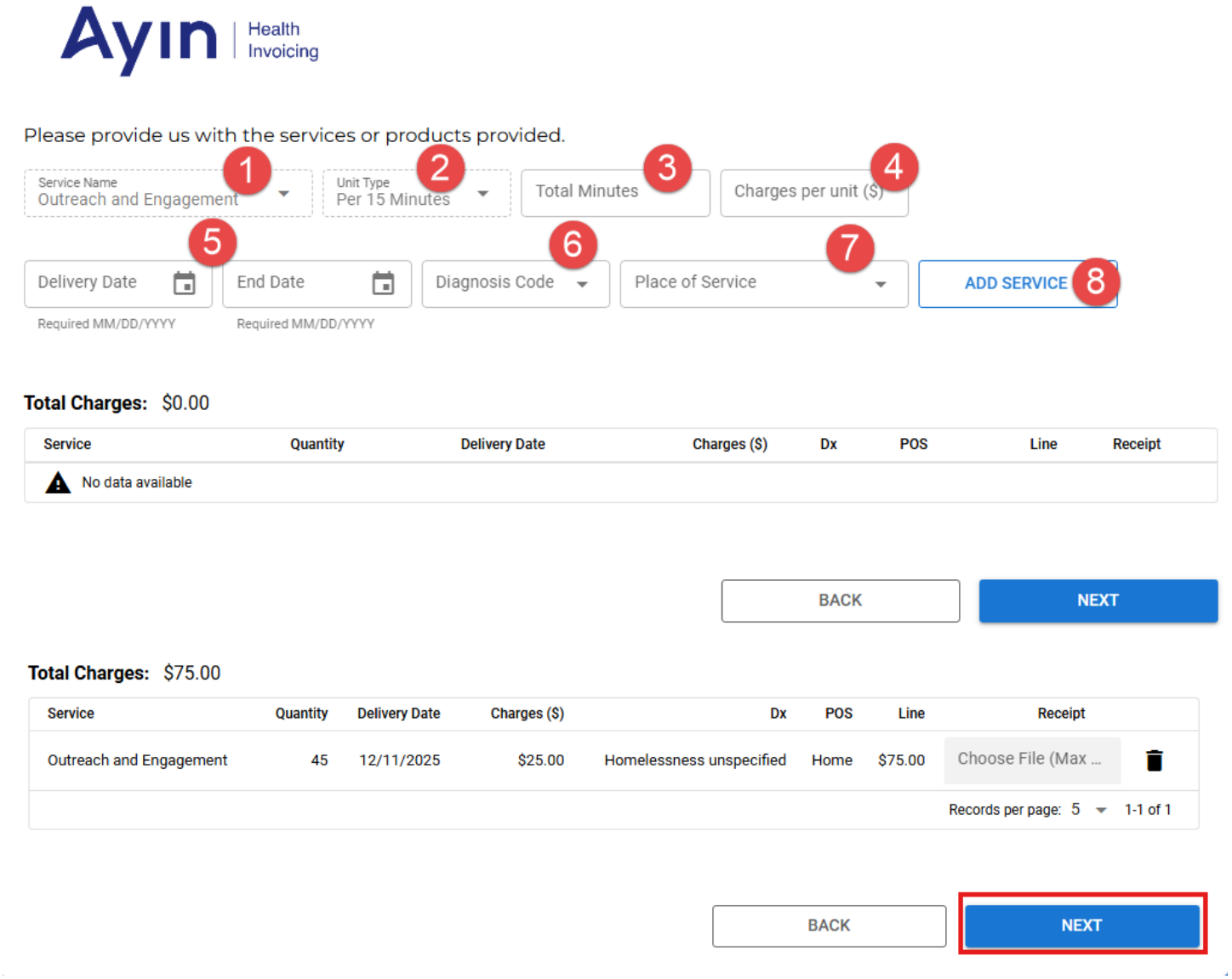
Once Submitted, you will receive a receipt number. Please keep this for your records. You will need this and the contact email to check the status of a submission at a later date.



Outreach & Engagement

Service Submission

Use this screen to submit one or more Outreach & Engagement service reimbursement requests.



1. Service Name - This will be pre-populated with Outreach and Engagement.
2. Unit Type - This will be set to Per 15 minutes
3. Total Minutes - Enter the total number of minutes in multiples of 15 for this engagement
    a. Important Note: There is a limit of 360 minutes 24 units per day of Outreach & Engagement services. Please be sure you are splitting services by the date they were performed so as to not exceed this daily limit as overages will not be paid.
4. Charges per Unit ($) - This should be what is charged for the 15 min increments based on the OHA fee schedule.

5. Delivery Date & End Date - This is the date services were performed.
    a. *In specific circumstances, a date range can be used. It must follow the week starting on Sunday and ending on Saturday.*

Special 7-day billing guidance:

Starting November 1st, 2025, billable time for either Outreach and Engagement or Tenancy Services can be added up across multiple dates of service to create a billable unit(s) if the following criteria are met:

- A service provider spends less than 8 minutes providing billable services to a single Member on one or more days in a single calendar week; AND
- The billable time occurs within a single calendar week (spanning Sunday to Saturday), not to exceed seven days; AND
- Combining billable time across multiple dates of service is strictly necessary, meaning a provider would not be compensated for their time but for this flexibility; AND
- The combined billable time totals at least 8 minutes (within seven days spanning Sunday to Saturday) for a single Member.

If the 8-minute threshold is met on a single date of service, then a claim should be submitted for that day only and not incorporated into a bundled date range. However, dates where the 8-minute threshold are met can be incorporated into a bundled date range if it is strictly necessary to ensure that billable time on other days in a given calendar week (including dates of service where the 8-minute threshold was not met) can be counted on a billed claim.

Examples:

	Service Description	Billing Guidance
Example A	HRSN Service Provider conducts 4 minutes of O&E with Member A on Tuesday, November 4, 2025. The same provider engages in 7 minutes of O&E with Member A on Thursday, November 6, 2025	Submit one claim for O&E [Billing codes T1017-U1-UD], since the total interaction (11 minutes) meets the minimum threshold to bill the per-15-minute unit. First/from DOS = 11/04/2025 Last/to DOS = 11/06/2025
Example B	HRSN Service Provider conducts 4 minutes of Tenancy Supports with Member B on Monday, November 3, 2025. The same provider engages in 32 minutes of Tenancy Supports with Member B on Wednesday, November 5. The same provider engages in 7 minutes of Tenancy Supports with Member B on Friday, November 7, 2025	Submit one claim for Tenancy Supports [Billing codes H2015-U1-UA]. Time spent providing services to Member B in calendar week 11/2-11/8 totals 43 minutes. Thus, the claim will reflect three (3), per-15-minute units. First/from DOS = 11/03/2025 Last/to DOS = 11/07/2025

6. Diagnosis Code - Please select the correct diagnosis code for this entry. Options are:
    a. Z58.81 - Basic services unavailable in physical environment
    b. Z59.86 - Financial insecurity

c. Z59.869 - Financial insecurity, unspecified
d. Z59.41 - Food insecurity
e. Z59.00 - Homelessness unspecified
f. Z59.819 - Housing instability, housed unspecified
g. Z59.812 - Housing instability, housed, homelessness in past 12 months
h. Z59.811 - Housing instability, housed, with risk of homelessness
i. Z59.11 - Inadequate housing environmental temperature
j. Z59.12 - Inadequate housing utilities
k. Z59.10 - Inadequate housing, unspecified
l. Z59.6 - Low income
m. Z59.87 - Material hardship due to limited financial resources, NEC
n. Z59.19 - Other inadequate housing
o. Z60.8 - Other problems related to social environment
p. Z59.9 - Problem related to housing and economic circumstances, unsp
q. Z60.9 - Problem related to social environment, unspecified
r. Z59.01 - Sheltered homelessness

7. Place of Service - Select the correct Place of Service from the following:
    a. Home
    b. Group Home
    c. Office
    d. Outreach Site/Street
    e. Telehealth
    f. Temporary Lodging
    g. Other

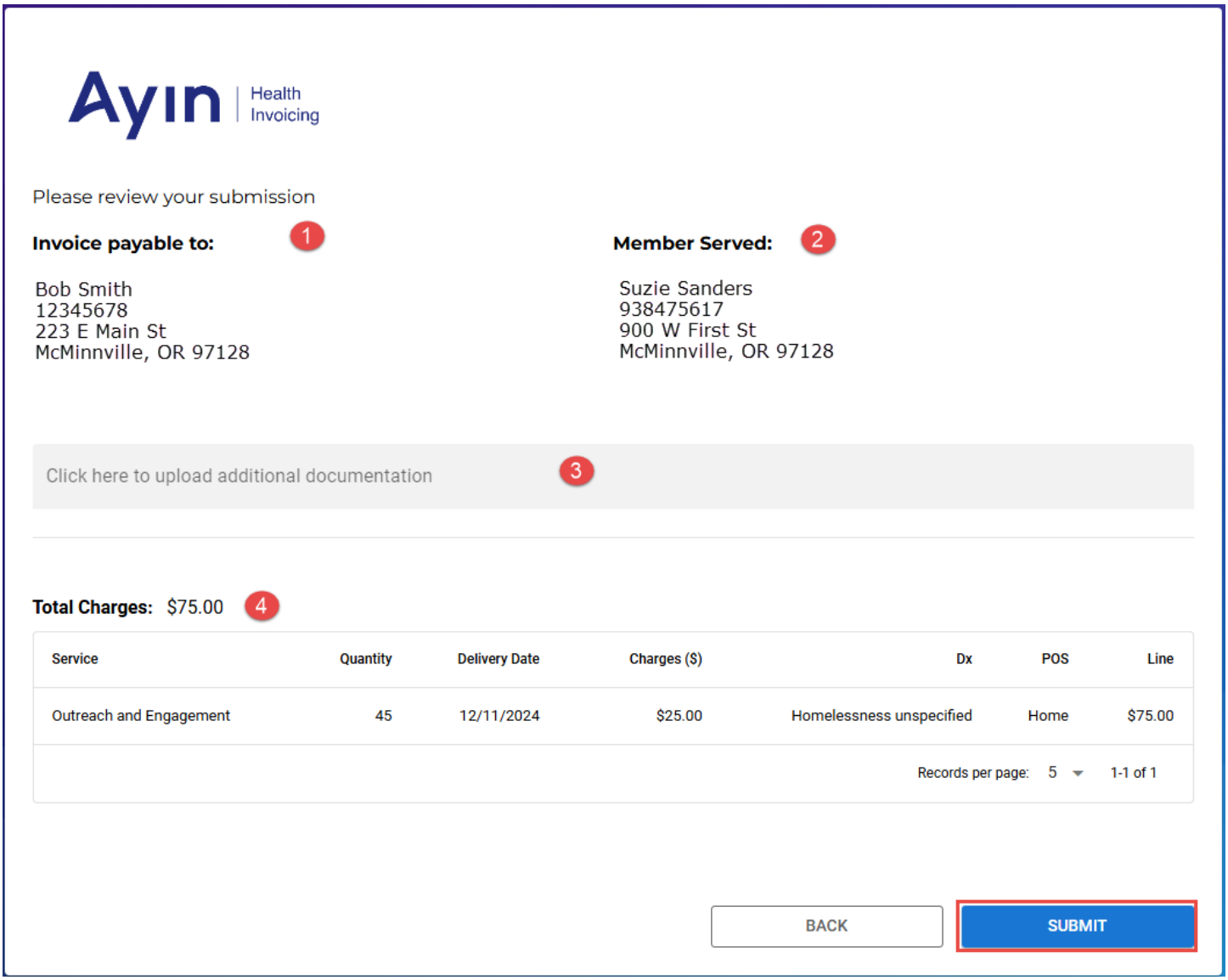
8. Click **ADD SERVICE**. You will see the entry populate in the table at the bottom of the screen.
9. Click the “Choose File” to upload supporting documentation specific to this service. Supporting documentation requirements vary by the payer you are submitting to and by the service type.

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Once all service lines for this member have been added, click **NEXT.**

Submission Review

The last step before submitting is to confirm all the information entered is correct.



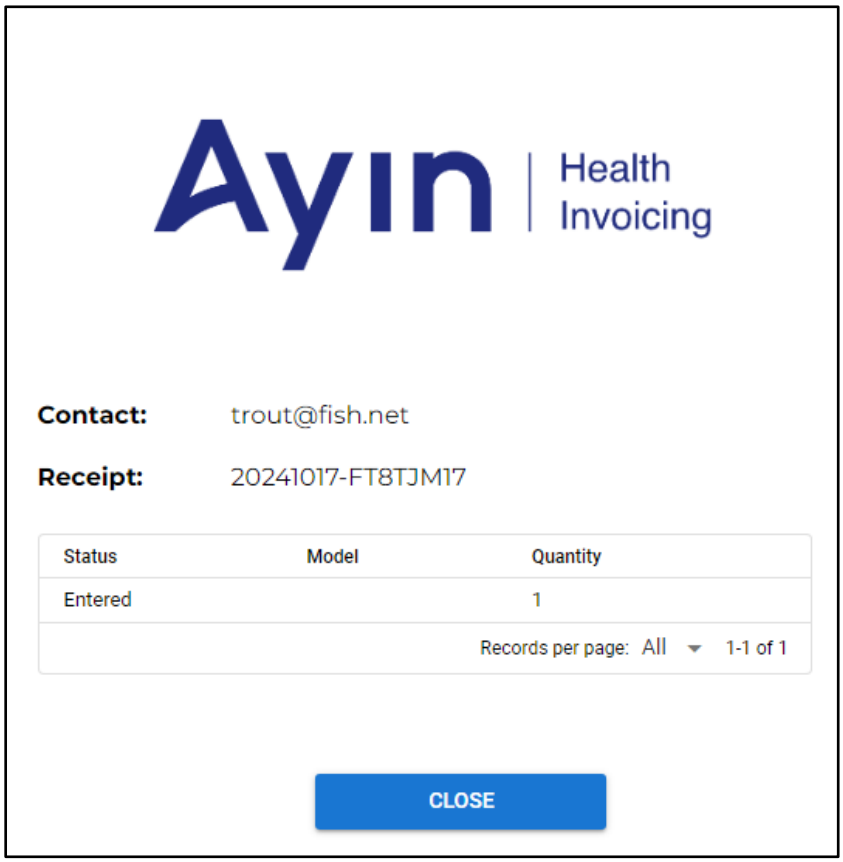
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1. Invoice Payable to - This should be who is registered with OHA and provided the service.
2. Member Served - This is the member who received the service.
3. Additional Documentation - You can add an invoice or additional documentation by clicking the field, selecting the file from your computer, and then click Open.
4. Total Charges - Is the right service listed with the correct details and totals?

Once reviewed, click **SUBMIT**

Receipt Confirmation

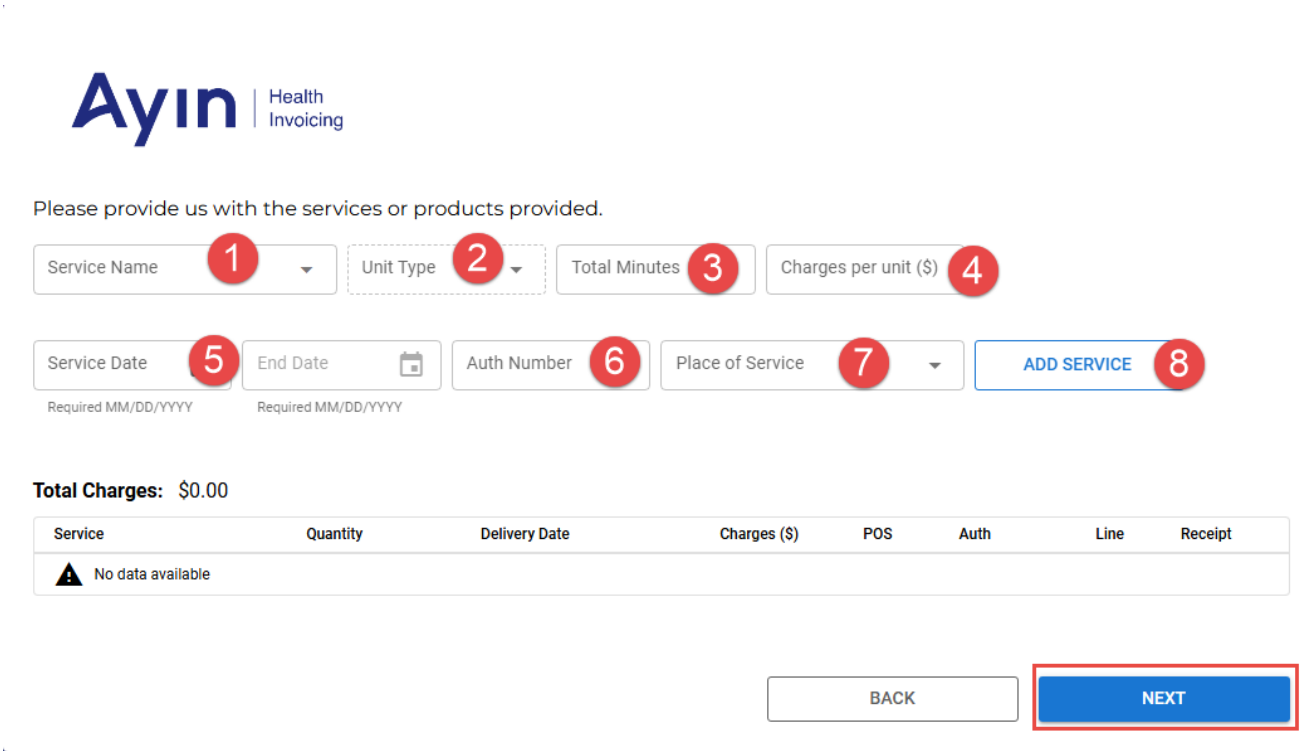
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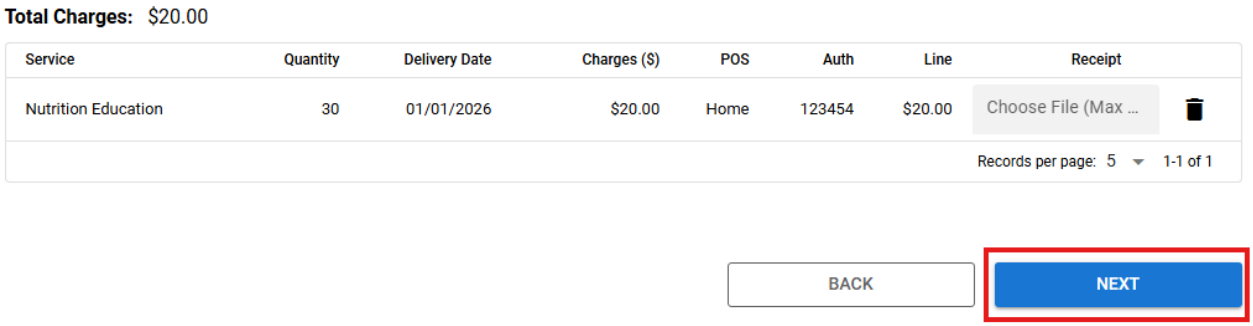


Nutrition Services

Service Submission

Use this screen to submit one or more nutrition related service reimbursement requests. Depending on which service is selected, different fields will pre-populate with the necessary information.





1. Service Name - Use this drop down to select the type of service provided. Options include:
    a. Fruit & Veggie Box
    b. Fruit & Veggie Card
    c. Medically Tailored Meals
    d. Nutrition Education
    e. Pantry Stocking Box
    f. Pantry Stocking Card
2. Unit Type - This will be set to either Per Week, Per Meal, or Per 30 Min depending on the service selected.

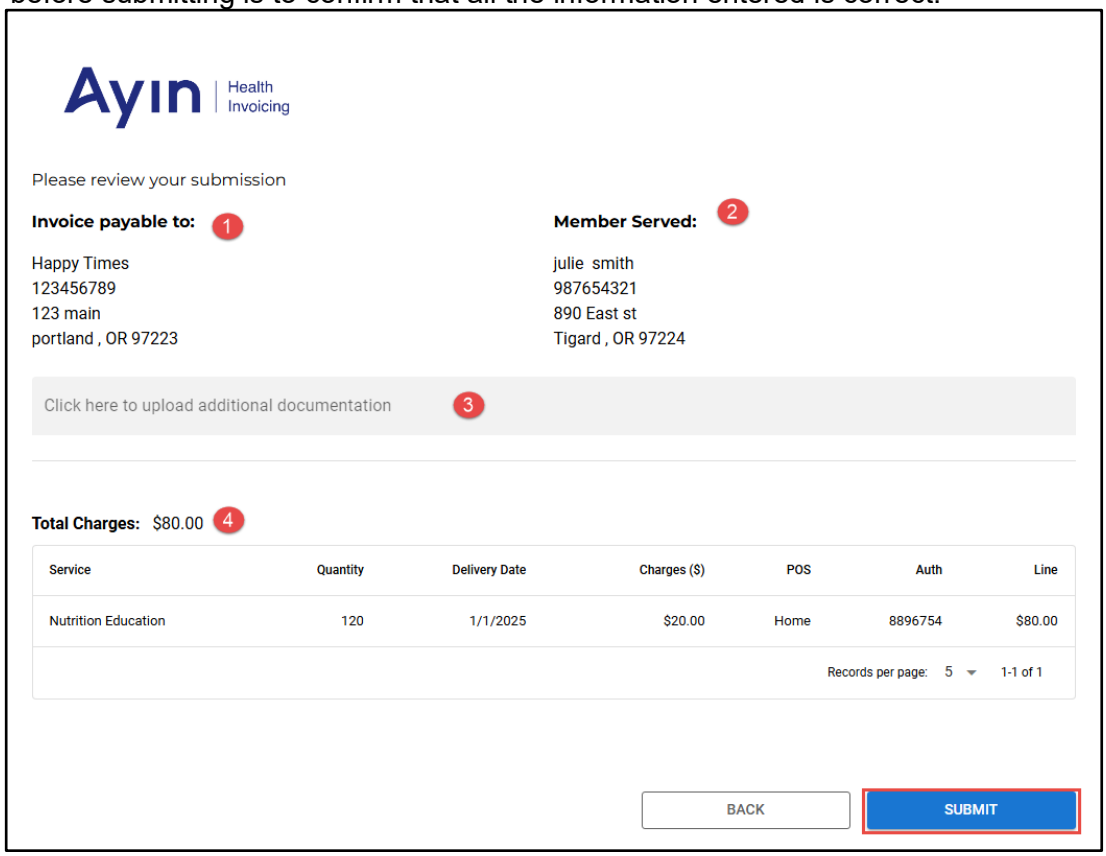
3. Quantity - This will default to either Total Weeks or Total Minutes depending on what service is selected.
    a. ***Important Note: There is a limit of 3 meals per day. Providers are able to submit a date range for meals as long as the total number of meals falls within what has been authorized.***
4. Charges per unit - Enter the amount charged for the service.
5. Service Date & End Date - This should be the date the service was delivered or the range of the service depending on the service type selected. **Fruit & Veggies services will only be a start date.** Multiple service rows can be added for additional weeks.
6. Auth Number - Enter the authorization number that was provided by the CCO or OHA Contractor prior to the service being provided. **An authorization number is required for all nutrition services.**
7. Place of Service - Select the place where the service occurred. The most appropriate option should be selected. Depending on the services selected, the list will be filtered to which options are available. Options include:
    a. Home
    b. Group Home
    c. Office
    d. Outreach Site/Street
    e. Telehealth
    f. Temporary Lodging
    g. Other
8. Click Add Service - You will see the entry populate in the table at the bottom of the screen.
9. Click the “Choose File” to upload supporting documentation specific to this service. Supporting documentation requirements vary by the payer you are submitting to and by the service type.

OPTIONAL: If there are additional services for THIS SPECIFIC MEMBER, additional services can be added to this submission by repeating steps 1 through 9 above. **Services for additional members must be submitted separately.** Each service will be processed as its own claim even if they were originally part of a single submission. As a result, processing outcomes and timelines could vary.

Once all service lines for this member have been added, click **NEXT.**

Submission Review

The last step before submitting is to confirm that all the information entered is correct.



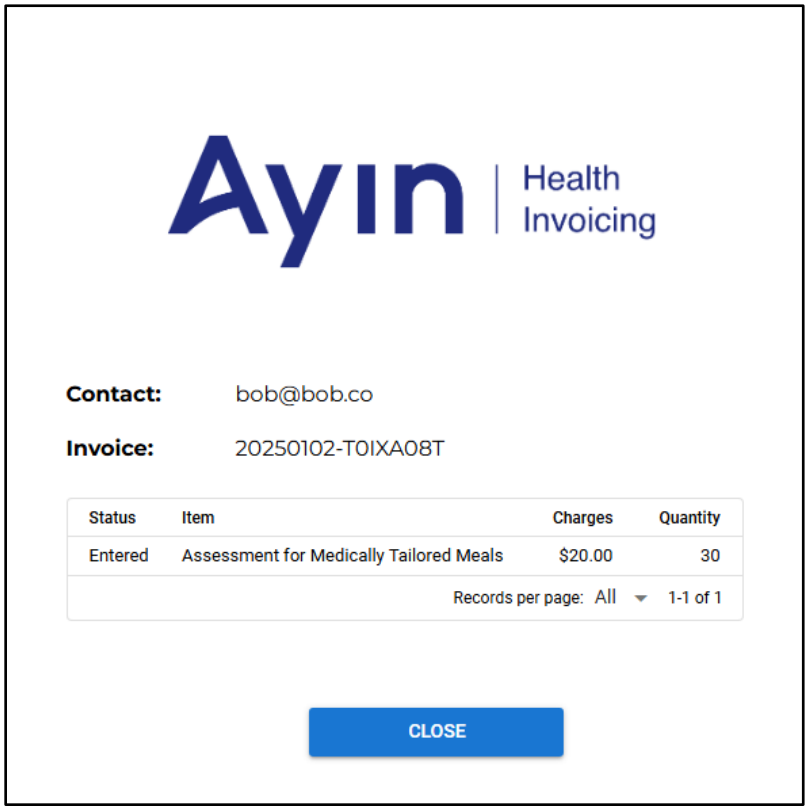
Review the following for accuracy:

1. Invoice Payable To: This should be who is registered with OHA and provided the service.
2. Member Served: This is the member who received the service.
3. Additional Documentation: You can add an invoice or additional documentation by clicking the field, selecting the file from your computer, and then click Open.
4. Total Charges are Correct: Is the right service listed with the correct details?

Once reviewed, click **SUBMIT**

Receipt Confirmation

Once Submitted, you will receive a receipt number. Please keep this for your records. You will need this and the contact email to check the status of a submission at a later date.



What to Expect

Once you've submitted your reimbursement request, Ayin will begin processing. If we are unable to accept your submission for one or more reasons, you may receive an email or letter in the mail explaining what happened.

Common reasons for rejected submissions include:

1. Member Not Located - The member's name and date of birth submitted do not match the information we have on file.
2. Provider Not Located / Not Eligible - The provider's information that is provided was not able to be located, does not show as being enrolled as an HRSN service provider or is not contracted with the payer.
3. Service Not Authorized - The services provided require authorization in advance and a valid authorization was not found or an authorization was found but did not match the services that were submitted for authorization.
4. Submission Errors - Failure to provide complete and accurate information regarding the dates of services, which services were provided, charges or quantities along with any missing but required supporting documentation will result in a rejected submission.
5. Duplicate Reimbursement Request - The same service for the same member was already submitted and processed.

Accepted submissions will be processed for payment. The timelines and method of payment vary by payer. If you need assistance with any submissions or have questions regarding payment status, reach out to the payer.

Change History:
10/30/2024: Initial version.
12/9/2024: Updated date of service guidance for housing.
1/02/2025: Updated to add Nutrition services and Outreach & Engagement.
2/10/2025: Updated due to submission tool enhancements regarding Place of Service and Rent/Utility service categories.
3/20/2025: Added information on 6 hours per day limit for Tenancy and Outreach & Engagement services.
4/1/2025: Updated to reflect HRSH Home Changes for Health
8/15/2025: Updated Nutrition submission for date ranges.
01/06/2026: Updated Outreach & Engagement with date ranges
06/02/2026: Updated Nutrition to include Fruit & Veggie cards and boxes. Updated images with a typo
08/14/2026: Minor updates to wording
11/6/2026: Updated to reflect changes to Outreach & engagement Diagnosis code field, Provider information, and other minor updates.