



# HRSN Online Invoice Submission Form

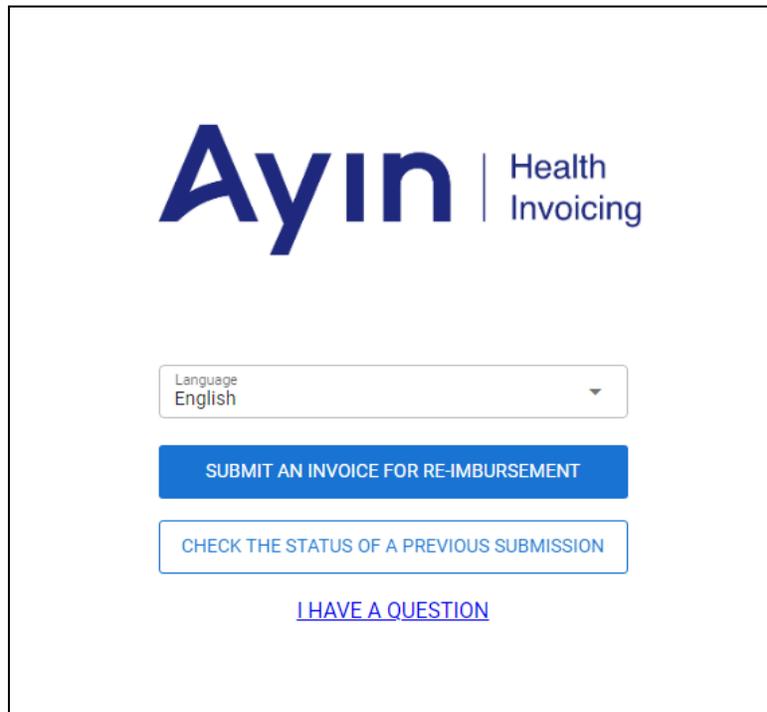
(Last Update 3/20/2025)

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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**



The screenshot displays the Ayin Health Invoicing interface. At the top, the logo "Ayin | Health Invoicing" is shown in blue. Below the logo is a language selection dropdown menu with "Language" and "English" visible. Underneath the dropdown are two buttons: a solid blue button labeled "SUBMIT AN INVOICE FOR RE-IMBURSEMENT" and a white button with a blue border labeled "CHECK THE STATUS OF A PREVIOUS SUBMISSION". At the bottom of the interface is a blue hyperlink labeled "I HAVE A QUESTION".

# Your Information

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



Please provide us with **your** contact information.

Contact Email **1**

Business or Provider Name **2**

Who should we reimburse?

Provider Medicaid ID **3**

Business or Provider Address

Business or Provider Address 2 **4**

City State ZIP Code

Billing Address is the same as mailing

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.
4. Business or Provider Address - This should be the address on file with the State of Oregon and the CCO (if applicable). All payments will be sent based on the information on file with the entity paying the claims and will not be updated based on this form.

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.

The screenshot shows a web form titled "Ayin Health Invoicing". Below the logo, it says "Please provide us with the receiving member's information." The form contains several input fields: "Member First Name" (Judy), "Member Last Name" (Jetson), "Date of Birth" (10/1/2004), "Medicaid ID" (987654321), "Member's/Service Address" (456 N East Lane), "Member's/Service Address 2", "City" (Anywhere), "State" (OR), and "ZIP Code" (54321). Red numbered callouts (1-4) point to the name, date of birth, Medicaid ID, and address fields respectively. At the bottom, there are "BACK" and "NEXT" buttons, with "NEXT" highlighted in blue.

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**



Select the type of service you are submitting for reimbursement.

HOME CHANGES FOR HEALTH

HOUSING

NUTRITION

OUTREACH/ENGAGEMENT

BACK

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.

**Ayin** | Health Invoicing

Please provide us with the services or products provided.

Select Service (1) Unit Type (2) Quantity (3) Charges per unit (\$) (4) 1.00

Set by selected service

Delivery Date (5) Auth Number (6) Model Number (7) Place of Service (8) **ADD SERVICE** (9)

Required M/D/YYYY

**Total Charges: \$90.00**

Service	Quantity	Delivery Date	Charges (\$)	Model Number	POS	Auth	Line	Receipt
Climate device installation	30	10/3/2024	\$45.00		Home	43223415432	\$90.00	Choose File (10)

Records per page: 5 1-1 of 1

**BACK** **NEXT**

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 that 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 all the information entered is correct.

**Ayin** | Health Invoicing

Please review your submission

**Invoice payable to:** 1  
Smith Inc  
123456789  
123 E Main Av  
Somewhere , OR 12345

**Member Served:** 2  
Judy Jetson  
987654321  
456 N East Lane  
Anywhere , OR 54321

Click here to upload additional documentation 3

**Total Charges:** \$90.00 4

Service	Quantity	Delivery Date	Charges (\$)	Model Number	POS	Auth	Line
Climate device installation	30	10/3/2024	\$45.00		Home	43223415432	\$90.00

Records per page: 5 1-1 of 1

BACK SUBMIT

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.



**Ayin** | Health Invoicing

**Contact:** trout@fish.net

**Receipt:** 20241017-FT8TJM17

Status	Model	Quantity
Entered		1

Records per page: All ▼ 1-1 of 1

[CLOSE](#)

# 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 up for completion.

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Please provide us with the services or products provided.

Select Service: Utilities Set-Up  
 Unit Type: Per Instance  
 Housing Unit Type: Two Bedrooms

Service Start Date: [4] End Date: [4]  
Required MM/DD/YYYY

Charges per unit: [5] Total Instances: 0 [6]

Auth Number: [7] Housing County: [8] Place of Service: [9] **ADD SERVICE** [10]

**Total Charges:** \$1,500.00

Service	Delivery Date	Charges (\$)	Unit	Quantity	Housing Unit Type	County	POS	Auth	Line	Receipt
Rent/Temporary Housing and Utility Costs	12/1/2024	\$1,500.00	Per Month	1	Two Bedrooms	Clackamas	Home	54267	\$1,500.00	Choose File [11]

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- 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 <b>first</b> calendar date of the month the rent is for.  <b>Important Note:</b> 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 <b>12/1/24</b> . No date ranges are allowed.

Forward utility assistance (not bundled with rent assistance)	<p><i>Monthly Bill:</i> The <b>first</b> date within the utilities service period.</p>	<p>Utilities Bill is for 12/15/24 – 1/14/25. The date of service is <b>12/15/24</b>. No date ranges are allowed.</p>
	<p><i>Multi-month Bill:</i> A submission is required for each month of the utility service.</p> <p>The dollar amount billed should be divided over the number of months included in the utility service.</p> <p>The date of service for the first submission is the first date within the utilities service period.</p> <p>The date of service for each subsequent month, will be the same calendar day of that following month.</p> <p>All dates of service will fall within the service period.</p>	<p>Utilities Bill is for 12/15/24 – 3/14/25 and a total of \$300. Dates of service will be <b>12/15/24, 1/15/25, and 2/15/25</b> with \$100 billed on each service date.</p> <p>Calculate monthly amount using total cost divided by number of months.</p> <p>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.</p> <p>No date ranges are allowed.</p>
Rent arrears assistance (including bundled utilities if applicable) - For Months Member was on Plan	<p>The <b>second</b> calendar date of the month the rent is for.</p> <p><b>Important Note:</b> 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.</p>	<p>Rent arrears for October 2024.</p> <p>The date of service is <b>10/02/24</b>. No date ranges are allowed.</p>

Utilities Arrears & Setup

	Date of Service	Example
Utilities Arrears	<p><i>Monthly Bill:</i> The <b>first</b> date within the utilities service period.</p>	<p>Utilities Bill is for 11/15/24 – 12/14/24. The date of service is <b>11/15/24</b>. No date ranges are allowed.</p>
	<p><i>Multi-month Bill:</i> A submission is required for each month of the utility service.</p> <p>The dollar amount billed should be divided over the number of months included in the utility service.</p> <p>The date of service for the first submission is the first date within the utilities service period.</p> <p>The date of service for each subsequent month, will be the same calendar day of that following month.</p> <p>All dates of service will fall within the service period.</p>	<p>Utilities Bill is for 9/15/24 – 12/14/24 and a total of \$300. Dates of service will be <b>9/15/24, 10/15/24, and 11/15/24</b> with \$100 billed on each service date.</p> <p>Calculate monthly amount using total cost divided by number of months.</p> <p>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.</p> <p>No date ranges are allowed.</p>
Utilities Set-Up	<p>The date of the utilities set up. The start and end date should be the same.</p>	<p>Utilities we set-up on 12/16/24.</p> <p>The date of service is <b>12/16/24</b>. No date ranges are allowed.</p>

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 Modifications	The start date of work on the modifications.	The final date of work on the 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.  <b>Important Note:</b> 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	<p>Month: Month that the Member receives Service</p> <p>Day: Closest day <b>after the first</b> of the month, and OHP enrollment effective Date that is not a date that already has a monthly rent payment billed.</p> <p>If multiple arrears months, order DOS from most recent month to least recent month.</p>	<p>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.</p> <p>DOS for November rent: 11/11/24 DOS for October rent: 11/12/24 DOS for September rent: 11/13/24</p> <p>-----</p> <p>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</p>

		<p>December 8.</p> <p>DOS for November rent: 12/2/24          DOS for October rent: 12/3/24          DOS for September rent: 12/4/24</p> <p>-----</p> <p>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.</p> <p>DOS for November rent: 11/2/24          DOS for October rent: 11/3/24          DOS for September rent: 11/4/24</p>
Utilities Arrears	<p>Month: Month that the Member receives service.</p> <p>Day: First day OHP enrollment effective date and closest day that falls after the first day of the utilities billing period.</p> <p>If multiple utilities months, order from most recent month to least recent month.</p>	<p>Member is eligible for HRSN in November, needs utilities arrears for September and October.</p> <p>DOS for utilities accrued in Oct: Nov. 1</p> <p>DOS for utilities accrued in Sept: Nov. 2, etc.</p>

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.

**Ayin** | Health Invoicing

Please review your submission

**Invoice payable to:** 1

Smith Inc  
123456789  
123 E Main Av  
Somewhere, OR 12345

**Member Served:** 2

Judy Jetson  
12345678  
456 N East Lane  
Anywhere, OR 34567

[Click here to upload additional documentation](#) 3

**Total Charges:** \$375.00 4

Service	Delivery Date	Charges (\$)	Unit	Quantity	Housing Unit Type	County	POS	Auth	Line
Hotel/Motel Stays	10/1/2024	\$75.00	Per Day	5	All Units		Temporary Lodging	66794621	\$375.00

Records per page: 5 ▾ 1-1 of 1

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.



**Ayin** | Health Invoicing

**Contact:** trout@fish.net

**Receipt:** 20241017-FT8TJM17

Status	Model	Quantity
Entered		1

Records per page: All ▼ 1-1 of 1

[CLOSE](#)

# Outreach & Engagement

## Service Submission

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



Please provide us with the services or products provided.

Service Name **1** Outreach and Engagement Unit Type **2** Per 15 Minutes Total Minutes **3** Charges per unit (\$) **4**

Delivery Date **5**  Diagnosis Code **6** Place of Service **7** **ADD SERVICE** **8**

Required MM/DD/YYYY

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**Total Charges: \$75.00**

Service	Quantity	Delivery Date	Charges (\$)	Dx	POS	Line	Receipt
Outreach and Engagement	45	12/11/2024	\$25.00	Homelessness unspecified	Home	\$75.00	Choose File <b>9</b> 

Records per page: 5 1-1 of 1

**BACK** **NEXT**

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 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 - This is the date services were performed.
6. Diagnosis Code - Please select the correct diagnosis code for this entry. Options are:
  - a. Literacy and low level literacy
  - b. Basic services unavailable in physical environment
  - c. Homelessness unspecified
  - d. Inadequate housing unspecified
  - e. Inadequate housing environmental temperature
  - f. Inadequate housing utilities

- g. Other inadequate housing
  - h. Other specified lack of adequate food
  - i. Low Income
  - j. Other problems related to social environment
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.

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.



Please review your submission

**Invoice payable to:** 1

Bob Smith  
12345678  
223 E Main St  
McMinnville, OR 97128

**Member Served:** 2

Suzie Sanders  
938475617  
900 W First St  
McMinnville, OR 97128

[Click here to upload additional documentation](#) 3

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**Total Charges:** \$75.00 4

Service	Quantity	Delivery Date	Charges (\$)	Dx	POS	Line
Outreach and Engagement	45	12/11/2024	\$25.00	Homelessness unspecified	Home	\$75.00

Records per page: 5 ▾ 1-1 of 1

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 - Is the right service listed with the correct details and totals?

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.



**Ayin** | Health Invoicing

**Contact:** trout@fish.net

**Receipt:** 20241017-FT8TJM17

Status	Model	Quantity
Entered		1

Records per page: All ▼ 1-1 of 1

[CLOSE](#)

# 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.



Please provide us with the services or products provided.

Service Name **1** Unit Type **2** Quantity **3** Charges per unit (\$) **4**

Delivery Date **5** Auth Number **6** Place of Service **7** **ADD SERVICE** **8**

Required MM/DD/YYYY

**Total Charges: \$80.00**

Service	Quantity	Delivery Date	Charges (\$)	POS	Auth	Line	Receipt
Nutrition Education	120	1/1/2025	\$20.00	Home	8896754	\$80.00	Choose File <b>10</b> 

Records per page: 5 1-1 of 1

**BACK** **NEXT**

1. Service Name - Use this drop down to select the type of service provided. Options include:
  - a. Assessment for Medically Tailored Meals
  - b. Medically Tailored Meals
  - c. Nutrition Education
  - d. Reassessment for Medically Tailored Meals
2. Unit Type - This will be set to either Per 15 minutes, Per Meal, or Per 30 Min depending on the service selected.
3. Quantity - This will default to either Total Meals or Total Minutes depending on what service is selected.
  - a. Important Note: There is a limit of 3 meals per day.
4. Charges per unit - Enter the amount charged for the service.
5. Delivery Date - This should be the date the service was delivered without date ranges. Multiple service rows can be added for additional days.
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 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
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 all the information entered is correct.

**Ayin** | Health Invoicing

Please review your submission

**Invoice payable to:** 1  
Happy Times  
123456789  
123 main  
portland , OR 97223

**Member Served:** 2  
julie smith  
987654321  
890 East st  
Tigard , OR 97224

Click here to upload additional documentation 3

**Total Charges:** \$80.00 4

Service	Quantity	Delivery Date	Charges (\$)	POS	Auth	Line
Nutrition Education	120	1/1/2025	\$20.00	Home	8896754	\$80.00

Records per page: 5 1-1 of 1

BACK SUBMIT

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.



**Contact:** bob@bob.co

**Invoice:** 20250102-T0IXA08T

Status	Item	Charges	Quantity
Entered	Assessment for Medically Tailored Meals	\$20.00	30

Records per page: All ▾ 1-1 of 1

[CLOSE](#)

# 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 hour per day limit for Tenancy and Outreach & Engagement services.

4/1/2025: Updated to reflect HRS Home Changes for Health