

Oregon Health Plan Health-Related Social Needs Provider Training

Climate and Outreach & Engagement Support

1115 **MEDICAID WAIVER**
IMPLEMENTATION PROJECT | OREGON

Oregon
Health
Authority



Agenda

- Oregon Health Plan Overview
- Health-Related Social Needs (HRSN) Overview
- HRSN Service Provider Enrollment
- HRSN Eligibility and Authorization
- Invoicing
- Enrollment Next Steps
- Electronic Funds Transfer and Payments
- Q&A

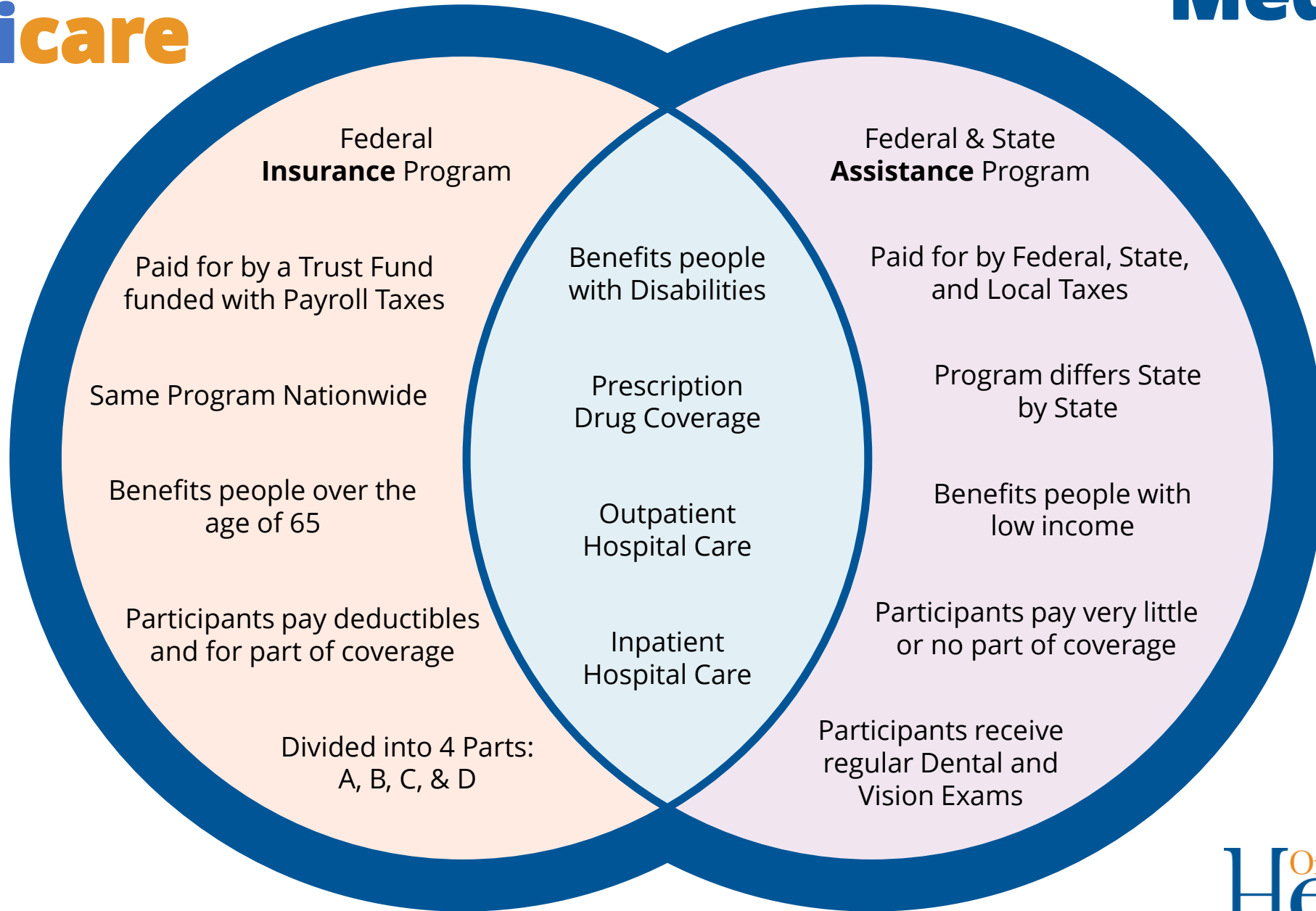
Medicaid/Oregon Health Plan Overview

Jessica Deas
Oregon Health Authority



Medicare

Medicaid



What is the Oregon Health Plan?

Medicaid

Medicaid is the nation's public health insurance program for families. In Oregon we call it the Oregon Health Plan (OHP).

Oregon Health Plan

The Oregon Health Plan (OHP) is free health coverage available to individuals – children, teens, and adults – who live in Oregon and meet income and other criteria. You can apply for OHP at any time during the year.



Coordinated Care Organization or Open Card?

Coordinated Care Organization (CCO)

A Coordinated Care Organization (CCO) is a local organization that helps some Oregon Health Plan (OHP) members use their benefits. CCOs are made up of all types of health care providers in a community. They work together to care for OHP members in an area or region of the state.

Open Card (also known as Fee for Service or FFS)

Open Card is OHP covered by the Oregon Health Authority (OHA). When the member is not enrolled in a coordinated care organization (CCO), they are an Open Card member and OHA pays for their care directly.

How many Oregonians have OHP?

County	Medicaid Recipients
Baker	6,661
Benton	23,027
Clackamas	110,126
Clatsop	15,307
Columbia	16,616
Coos	28,555
Crook	10,871
Curry	9,690
Deschutes	62,265
Douglas	48,923
Gilliam	793
Grant	2,586
Harney	3,230
Hood River	8,907
Jackson	94,137
Jefferson	12,716
Josephine	44,448
Klamath	33,016
Lake	3,548
Lane	138,459
Lincoln	21,184
Linn	52,422
Malheur	16,885
Marion	143,245
Morrow	5,630
Multnomah	288,682
Out-of-State	1,024
Total	1,495,833

As of January 2024, 1,495,833 Oregonians are enrolled in the Oregon Health Plan.

Of those members, 128,291 utilize Open Card Benefits.

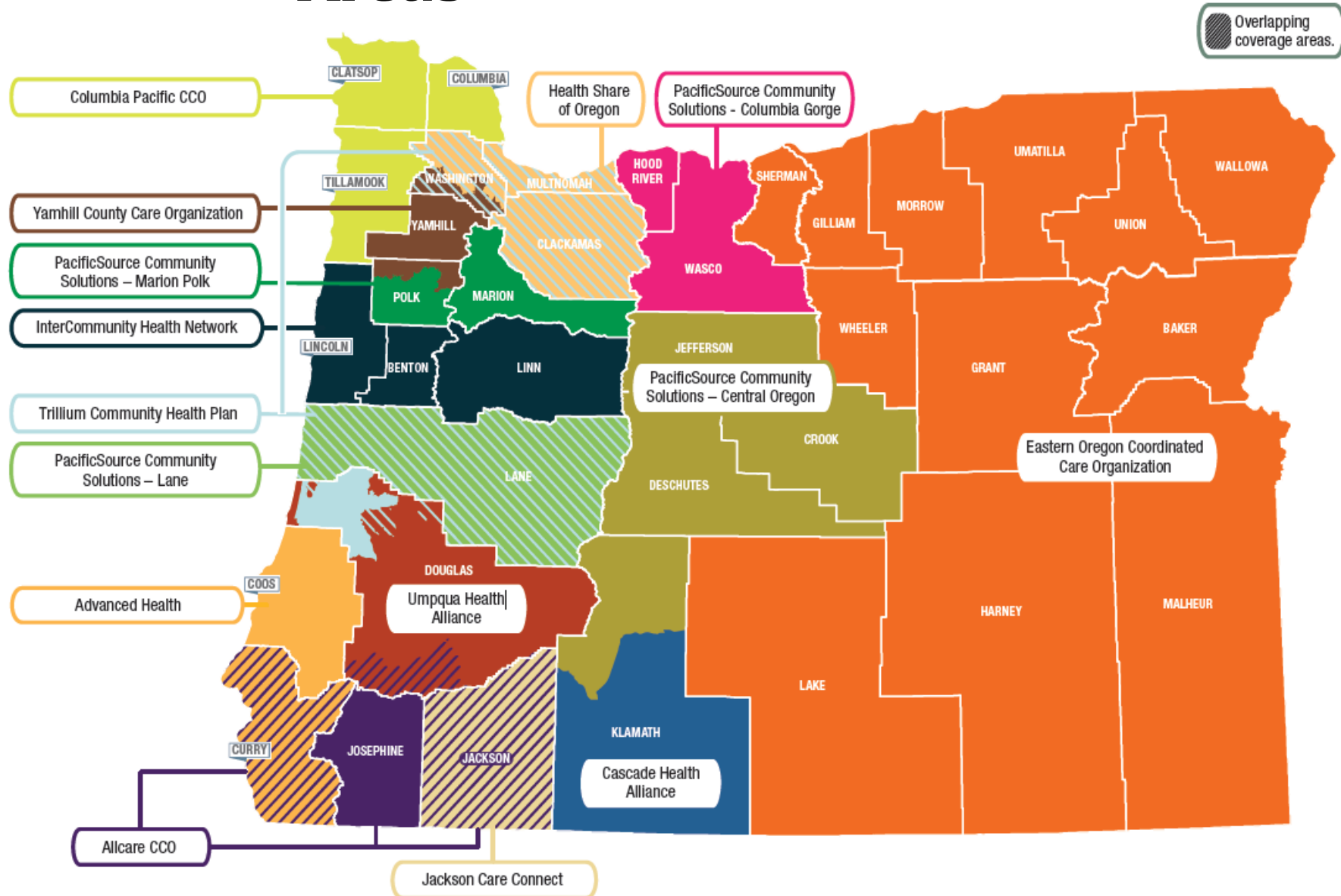
Oregon's [Medicaid Monthly Population Report](#) is an interactive dashboard that shows this and other reports.

As of January 2024, how many Oregonians were enrolled in each CCO?

CCO Totals for Physical Health, OHP & CAK/HOP

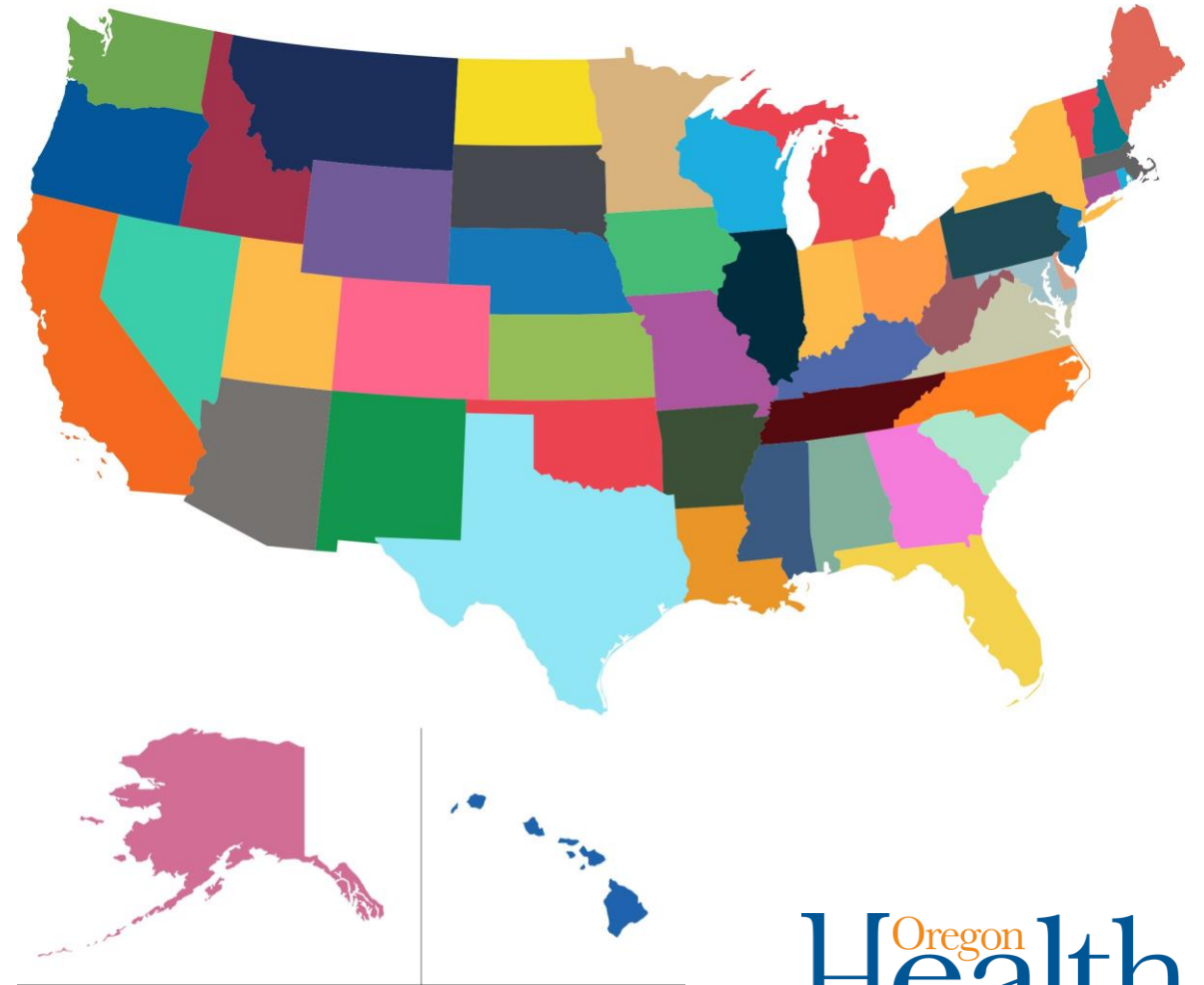
ADVANCED HEALTH	27,185
ALLCARE CCO	64,145
CASCADE HEALTH ALLIANCE	25,866
COLUMBIA PACIFIC	36,262
EASTERN OREGON CCO	74,593
HEALTH SHARE OF OREGON	441,627
INTERCOMMUNITY HEALTH NETWORK	82,306
JACKSON CARE CONNECT	63,951
PACIFICSOURCE CENTRAL	75,133
PACIFICSOURCE GORGE	17,874
PACIFICSOURCE LANE	90,324
PACIFICSOURCE MARION POLK	149,090
TRILLIUM COMM HLTH PLAN TRI-COUN	54,584
TRILLIUM COMMUNITY HEALTH	35,300
UMPQUA HEALTH ALLIANCE	37,615
YAMHILL COMMUNITY CARE	35,972
TOTAL	1,311,827

Coordinated Care Organization Service Areas



What is a 1115 Medicaid Waiver?

- The federal government has a **standard set of rules each state must follow** to get funds for Medicaid.
- States can ask the **federal government for permission to change** their Medicaid rules.
- Oregon's most recent 1115 Medicaid Waiver includes **health related social needs (HRSN) services** available as an OHP covered benefit.



Health Related Social Needs Overview

Jessi Wilson
Oregon Health Authority



What are Health-Related Social Needs?



Health-Related Social Needs (HRSN): The **social and economic needs that impact an individual's ability** to maintain their health and well-being. For example, affordable housing and utilities, access to diverse, healthy foods, and support accessing benefit programs.



HRSN services that will be provided:

- Climate-related needs (03/2024)
- Outreach & Engagement (03/2024)
- Housing support (11/2024)
- Nutrition support (01/2025)

HRSN-Specific Funding Components

- **\$119 million** approved for grants for infrastructure and capacity building called **Community Capacity Building Funds** to HRSN providers (e.g., community-based organizations, social service agencies, tribal providers, others).
- **\$904 million** available for **HRSN services** to eligible individuals, including:



**Climate
Supports**



**Outreach &
Engagement**



**Housing
Supports**



**Nutrition
Supports**

HRSN Service Member Eligibility



To qualify for a HRSN service, an individual must:

- Be a current **OHP member**; AND
- Be a member of an **eligible population**; AND
- Meet the individual service **clinical and social risk criteria**.

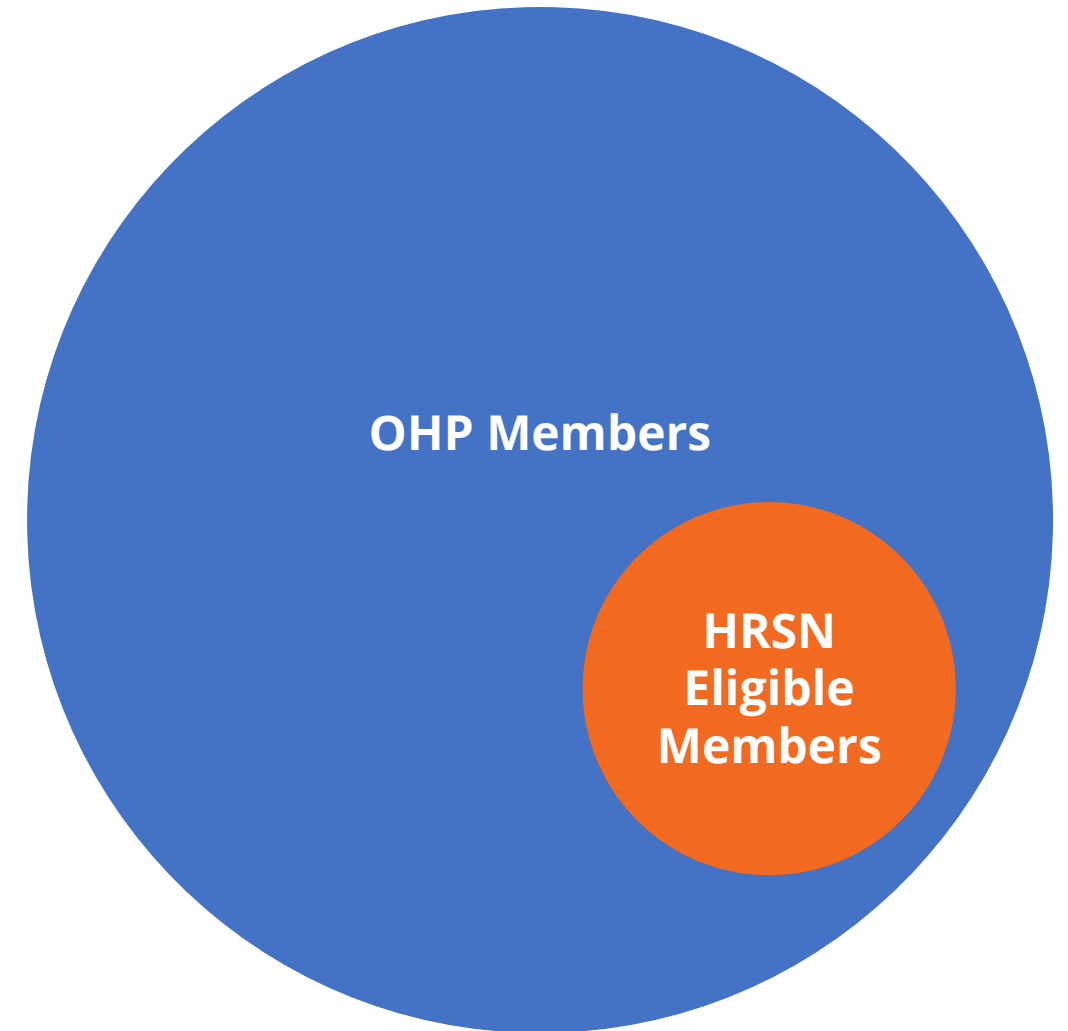


Important Notes

- To be eligible, individuals cannot be receiving the same service through state-, local-, or federally-funded programs.
- There may be additional eligibility criteria for specific HRSN services.

HRSN Service Eligible Populations

- Adults and youth discharged from an Institution for Mental Disease in past 365 days
- Adults and youth released from incarceration in past 365 days
- Youth currently involved or previously with the Oregon child welfare system
- Individuals transitioning to Dual Status within the next 90 days, or who transitioned in the past 270 days
- Individuals who are houseless or at risk of homelessness according to the HUD
- Young Adults with Special Health Care Needs (YSHCN) (starting in 2025)



HRSN Climate-Related Supports



Climate (Launching March 2024) - Devices include:

Air conditioners for heat risks



Air filtration devices to protect against wildfire smoke



Mini fridges for temperature-controlled medications



Portable heaters for winter



Portable power supplies for home medical equipment



HRSN Outreach & Engagement Services



Outreach & Engagement (Launching March 2024)

These supports include outreach and linkages to other Medicaid or non-Medicaid benefits, especially for individuals within eligible HRSN populations.

Current Benefit: the activities performed for the purpose of identifying OHP enrolled individuals for HRSN Climate-Related Services

- Contacting and engaging Members.
- Checking enrollment of the Member to refer appropriately (Open Card or CCO).
- Sending the HRSN Request Form or information to the Open Card entity or CCO.
- Providing eligible members with info and support to connect them to resources.

Upcoming HRSN Services



Housing (11/2024): Eligible members could be connected to rental and utilities assistance, tenancy support, and one-time moving costs. The supports focus on members at risk of homelessness, according to the HUD definition, who need support staying in their current or already identified housing. Additionally, OHA is focusing on people who need support maintaining their current housing or moving into already identified housing on November 1, 2024.



Nutrition (01/2025): These supports include services such as prescriptions for fruits and vegetables, pantry-stocking, nutrition education, or paying for medically tailored meals.

Health Related Services (HRS) vs. Health Related Social Need (HRSN) Services

HRS

- Available to CCO Members; Members can request services from CCO
- Services available since 2012
- Services not covered under OHP
- Paid for by Coordinated Care Organizations (CCOs)
- Examples: Cell phones, preschool programs, grocery store gift cards, temporary hotel, wheelchair ramp, etc.

HRSN

- Available to both CCO and Open Card Members; Members must meet HRSN eligibility criteria
- Services starting 2024
- Services covered under the OHP
- Paid for with the state OHP budget
- Examples: Housing, nutrition, climate-related support, and outreach & engagement

Intended to improve care delivery and overall member and community health and well-being

HRSN Service Provider



HRSN service providers are individuals or organizations that will provide HRSN services in a way that is culturally and linguistically appropriate, responsive and trauma-informed

- All contracted HRSN providers must meet certain provider qualifications
- Once an HRSN provider is enrolled, they can bill for services

HRSN Provider Minimum Qualifications



All HRSN services providers must:

- Be accessible to Members
- Have the ability to effectively serve eligible Members, including at least one of OHA's Priority Populations
- Employ staff who are qualified to perform responsibilities of service delivery
- Have the ability to provide culturally and linguistically responsive and trauma-informed service delivery
- Demonstrate a history of responsible financial practices

Please Note: CCOs and the Open Card will be required to ensure that HRSN service providers meet and maintain compliance with these minimum qualification requirements.

HRSN Provider Minimum Qualifications, cont.



All HRSN services providers must:

- Meet readiness standards and be able to comply with requirements related to:
 - Information privacy and security
 - Appropriate business licensing or accreditation
 - Ability to receive referrals and report on service delivery status
 - Ability to invoice for services
- Comply with all reporting, oversight, and business registration requirements
- Enroll as Medicaid provider in MMIS, OHA's electronic system that processes Medicaid claims.

Please Note: CCOs and the Open Card will be required to ensure that HRSN service providers meet and maintain compliance with these minimum qualification requirements.

HRSN Service Provider Overview



DO

- Need to submit enrollment forms to Oregon Health Authority to become a HRSN provider for Open Card Members.
- Need to work with the specific Coordinated Care Organization to be recognized as a service provider so invoice for services can be submitted for CCO Members.
- Work with Acentra (authorization) and AYIN Health Solutions (billing) once enrolled as a service provider for Open Card Members so invoice for services can be authorized and submitted.



PLEASE NOTE

- Even if already enrolled as Medicaid provider, there will need to be a new enrollment application for HRSN Provider Specialty.

1115 Waiver Communications

▪ Current resources:

- [1115 Waiver Webpage](#)
- [Bi-weekly newsletter](#)
- [Video: HRSN Partner Work Sessions](#)

▪ Upcoming resources:

- [1115 Waiver Climate Benefit Webpage](#)
 - [Climate-Related Supports two-pager](#)
 - [Climate-Related Supports FAQ](#)
- HRSN Service Provider Web Page
 - Outreach & Engagement Services two-pager
 - HRSN Service Provider Qualification two-pager
 - Member and Provider Journey documents, detailing steps within the HRSN Service Delivery process, tips, and resources



Materials will be translated in OHA's expanded list of languages.

Provider Overview and Enrollment

Todd Howard and Brenda Blobaum-Aldan
Oregon Health Authority



Enrollment

For step-by-step instructions for using the MMIS Provider Enrollment, reference the MMIS Provider Web Portal Provider Enrollment Guide.

<https://www.oregon.gov/oha/HSD/OHP/Tools/Provider-Enrollment-Guide.pdf>

To access the MMIS Provider Enrollment application, utilize the link below.

<https://www.or-medicaid.gov/>

Complete and save the enrollment forms to your computer or desktop.



Required forms for organizations enrolling as HRSN providers

OHA [3972](#)

[Save form](#) [Print form](#) [Clear form](#)

HEALTH SYSTEMS DIVISION
Provider Enrollment Unit



Oregon Medicaid Provider Enrollment / Update / Revalidation

Oregon Medical Assistance Program
(Oregon Health Plan)

What is this request for? (choose one)

- New or re-enrollment (check box if request is for a new provider or inactive provider)
- Provider update (check box if request is for an active provider submitting updated information)
- Revalidation (check box only if request is for a provider who received notice to revalidate or has been instructed to complete by Provider Enrollment)

Definitions and enrollment information

- Payable Individual
Payable Individual – Individual provider who is enrolling to bill Oregon Medicaid directly (not through an organization) for services using their individual National Provider Identifier (NPI). This includes Sole Proprietors who intend to use their Social Security Number (SSN) or their Federal Employer Identification Number (FEIN) and associated name for payment / tax purposes.
- Organization
Organization – Groups, clinics, LLC, non-profit, etc., who is enrolling to bill Oregon Medicaid for services rendered by individual providers using the organizations National Provider Identifier (NPI).

Business type – check all that apply (organizations only)

- Is the Provider owned or operated by a State, county, city or other local governmental agency or instrumentality? Yes No
- Corporation
 - Government-owned
 - Limited Liability Corporation (LLC)
 - Limited Liability Partnership (LLP)
 - Limited Partnership
 - Not-for-profit
 - Partnership
 - Professional Corporation
 - Other: (enter below)

OHA [3974](#)

HEALTH SYSTEMS DIVISION
Provider Enrollment Unit



[Print](#) [Save](#) [Reset](#)

Oregon Medicaid (Oregon Health Plan)

Provider Disclosure Statement of Ownership and Control, Business Transactions and Criminal Convictions

All pages of this form must be returned even if pages are blank. This form supersedes any previous form received for this enrolled / enrolling provider.

Please check the box that explains the reason for disclosure:

- New Enrollment
- Change in ownership
- Removal of owner or managing employee see page 12
- Re-enrollment
- Change in managing employee
- Removal of director or officer if organized as a corporation see page 12
- Revalidation

Organization Information (disclosing entity)

Organization legal name:		
Doing Business As (DBA) name (if applicable):	Federal Employer Identification Number (EIN) (## - #######):	
National Provider Identifier (NPI):	Existing Medicaid Provider ID (MCD) (if known):	
Business address (not mailing)		
Street:		
City:	State:	Zip:

Business type (check one)

- Corporation
- Government-owned
- Limited Liability Corporation (LLC)
- Limited Liability Partnership (LLP)
- Limited Partnership
- Not-for-profit
- Partnership
- Professional Corporation
- Tribally owned
- Other: (enter below)

Is the disclosing entity organized as a corporation? Yes No
If yes, complete Section II, Question 2 and 3 are also required.

OHA [3975](#)

HEALTH SYSTEMS DIVISION
Provider Enrollment Unit



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Oregon Medicaid (Oregon Health Plan)

Provider Enrollment Agreement

The Oregon Health Authority (OHA) administers Oregon's medical assistance program for individuals eligible for Medicaid, the Children's Health Insurance Program (CHIP), and other federally funded medical programs, called the Oregon Health Plan (OHP). To comply with Federal law 42 CFR 455 Subpart E, OHA is required to enroll eligible providers into the Oregon Medicaid Program, pursuant to Oregon Administrative Rule 943-120 and 410-120, as a condition of delivering health services to OHP members.

All providers including non-payable (non-billing), payable (billing), individuals and organizations must fill out and sign this Agreement and all other required documents to receive an OHP provider number from OHA. An OHP provider number must be issued before a claim or encounter for delivered health services or goods is sent to OHA for payment.

The type of providers enrolled by OHA are defined in OAR 410-120-1260 and include billing agents, managed care entities (MCEs) and other providers who order, refer or prescribe services or goods.

Provider name: _____ National Provider Identifier (NPI): _____

Scope of Agreement

This Provider Enrollment Agreement sets forth the rights, responsibilities, terms and conditions governing provider participation in the Oregon Medicaid program. Per OAR 410-120-1260(17), the provision of health care services or items to OHP clients is a voluntary action on the part of the provider. Providers are not required to serve all Division clients seeking service.

To be eligible for enrollment, a provider must:

- A. Complete and submit an Enrollment Application
- B. Agree to and sign this Provider Enrollment Agreement (Agreement)
- C. Complete, sign and submit a Medicaid Provider Disclosure Statement (organizations and billing providers only)

Tip for completing the required OHP 3974 for organizations enrolling as HRSN providers

★ It is a **federal** requirement to list out the Date(s) of Birth and Social Security Number(s) of the individual(s) who own 5% or more of the organization and are managing employees. **Please do not skip this step.** Reference the definitions on page 7 of the [3974](#) form for more information.

Section II, Question 4: Controlling Interest
 Complete this question if there are any other individuals or organizations with a Controlling Interest in the disclosing entity. Refer to glossary for definition.

List the name, address, date of birth (DOB) and Social Security Number (SSN) for each person who has a Controlling Interest in the disclosing entity. List the name, Tax Identification Number (TIN), primary business address, every business location and PO Box Address of each organization, corporation, entity having a Controlling Interest.


Note: If there are 1 – 7 individuals/organizations with Controlling Interest, fill out the chart below. If there are 8 or more individuals/organizations with Controlling Interest, attach a list with the required fields labeled, "Section 2, Question 4".
 Check this box if you attached a list.

Name of Individual or Organization	Complete Address	DOB (Individual) SSN (Individual) TIN (entity)	Title (as applicable)
	Street: City: State: Zip:	DOB: SSN/TIN:	
	Street: City: State: Zip:	DOB: SSN/TIN:	
	Street: City: State: Zip:	DOB: SSN/TIN:	
	Street: City: State: Zip:	DOB: SSN/TIN:	
	Street: City: State: Zip:	DOB: SSN/TIN:	
	Street: City: State: Zip:	DOB: SSN/TIN:	
	Street: City: State: Zip:	DOB: SSN/TIN:	

Required forms for **individuals** enrolling as HRSN providers

OHA [3113](#)

HEALTH SYSTEMS DIVISION
Provider Enrollment Unit



Print Save Reset

Oregon Medicaid
(Oregon Health Plan)

Non-Billing Providers
Employed by an organization

This form is used to enroll/re-enroll a provider, update information for an actively enrolled provider, and revalidate an actively enrolled provider.

What is this request for? (choose one)

- New or re-enrollment
Requires OHA 3975
- Provider update – actively enrolled
OHA 3975 not required
- Revalidation (*check box only if request is for a provider who received notice to revalidate or has been instructed to complete by Provider Enrollment*)
Requires OHA 3975


By submitting an application, you agree to adhere to all program rules related to provider type and specialty indicated. This is in addition to any provider enrollment and/or billing rules outlined in OAR 410-120.

Non-Payable Provider Enrollment Form200-435509 OHP 3113 (02/2024)

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OHA [3975](#)

HEALTH SYSTEMS DIVISION
Provider Enrollment Unit



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Oregon Medicaid
(Oregon Health Plan)

Provider Enrollment Agreement

The Oregon Health Authority (OHA) administers Oregon's medical assistance program for individuals eligible for Medicaid, the Children's Health Insurance Program (CHIP), and other federally funded medical programs, called the Oregon Health Plan (OHP). To comply with Federal law 42 CFR 455 Subpart E, OHA is required to enroll eligible providers into the Oregon Medicaid Program, pursuant to Oregon Administrative Rule 943-120 and 410-120, as a condition of delivering health services to OHP members.

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The type of providers enrolled by OHA are defined in OAR 410-120-1260 and include billing agents, managed care entities (MCEs) and other providers who order, refer or prescribe services or goods.

Provider nameNational Provider Identifier (NPI)

Scope of Agreement

This Provider Enrollment Agreement sets forth the rights, responsibilities, terms and conditions governing provider participation in the Oregon Medicaid program. Per OAR 410-120-1260(17), the provision of health care services or items to OHP clients is a voluntary action on the part of the provider. Providers are not required to serve all Division clients seeking service.

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- A. Complete and submit an Enrollment Application
- B. Agree to and sign this Provider Enrollment Agreement (Agreement)
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Provider Enrollment Agreement200-246151 OHA 3975 (01/2024)

Page 1 of 10

Provider Type, Specialty and Taxonomy Code

- **What is a provider type?**
 - This is the value that indicates the type of health care provider. This includes individuals, facilities, and vendors.
- **What is a provider specialty?**
 - This is the value that indicates the specific area that the provider specializes in.
- **What is a taxonomy code?**
 - This is a unique 10-character code that designates the providers type and specialty.

HRSN Provider Type and Codes

All Medicaid enrolled providers have a provider type and specialty. You will use the HRSN provider type, specialty and taxonomy when completing the enrollment application.

HRSN Provider Type: **68**

- Climate Specialty Code: **680**
 - Taxonomy Code: 171WH0202X - Home Modifications
- Outreach and Engagement Specialty Code: **681**
 - Taxonomy Code: 172V00000X - Community Health Worker
- Housing Specialty Code: **682**
 - Taxonomy Code: 177F00000X - Lodging Provider
- Nutrition Specialty Code: **683**
 - Taxonomy Code: 332U00000X - Supplier/Home Delivered Meals
 - Taxonomy Code: 335G00000X - Medical Foods Supplier

Helpful Enrollment Tips

- Under Step 4 in the web application, **you do not need to provide the National Provider Identifier (NPI) under Base Information.**

The screenshot shows a web application form titled "Base Information". The form is divided into two main sections. The left section contains fields for "Application Type*", "Application NPI" (highlighted with a red box), "License", "License State", "License Type", "License Certification", "License Certification End", "UPIN", "Ownership" (set to "No"), "Birthdate*", and "SSN*". The right section contains fields for "Name Type*" (with radio buttons for "Business Name" and "Personal Name"), "Name*", "Address 1*", "Address 2", "City*", "State*", "Zip*", "Phone*", "Contact", and "Gender" (set to "N/A"). At the bottom of the form are "previous" and "next" buttons. The page number "Page 3 of 10" is visible in the top right corner.

- HRSN applications are being expedited. Once application is submitted, email Provider Enrollment at Provider.Enrollment@odhsoha.oregon.gov, putting "HRSN" in the subject line.

Enrollment Next Steps

- Once enrolled, you will be emailed a Medicaid Welcome letter containing your Medicaid provider number with helpful links and information.
- You will be mailed a PIN letter, which will give you instructions on how to set up your provider web portal access so you can check OHP Member eligibility. This is not a requirement.
- If you cannot apply on the web page, you can fax your application to Provider Enrollment to (503)378-3074, utilizing the instructions on the EDMS Coversheet.

Provider Assistance

- For enrollment questions, call OHA's Provider Enrollment Team at 800-336-6016, option 6, or email Provider.Enrollment@odhsoha.oregon.gov.
- For assistance with provider web portal setup and password assistance, you can call Provider Services at 800-336-6016, option 5 or email DMAP.ProviderServices@odhsoha.oregon.gov.
- The email for Provider Services MMIS Password unlock/resets request for access is TEAM.Provider-access@odhsoha.oregon.gov



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HRSN Provider Introduction

Acentra
HEALTH

Acentra Health Overview

- ❖ Acentra Health (formerly Kepro) has served the OHP Open Card members in Oregon for over 13 years in partnership with OHA.
- ❖ Our work centers around risk assessment and in providing equity-centered, culturally and linguistically appropriate care coordination services.

Care Coordination Services

2011 - Current

- Member Outreach
- Provider Referrals
- Service Referrals
- Nurse Advice Line
- Language Translation
- Warm Handoffs
- SDOH Assessments
- Lead Coordinating Entity Assessment

Case Management Services

2011 - Current

- Clinical Care Coordination
- Clinical Management
- Intensive Case Management
- Individualized Service Plans
- Coordination of Benefits

Health Related Social Needs

Phase-in starts 3/1/2024

- Climate Device Outreach, Referral Intake, and Service Coordination
- November 2024: Housing Supports Service Coordination
- January 2025: Nutrition Supports Service Coordination



HRSN Process Summarization

The goal of HRSN is to connect members with appropriate resources for climate-control devices, nutritional resources with education, and safe housing.



Acentra Receives Referral

- Member
- Connector Agent
- Provider
- Family
- Other

Eligibility and Assessment

- Open Card Member
- At Risk Groups
- At Risk Diagnoses

Coordinate Needed Services

- Appropriate Resources for
- Climate Related Devices
 - Safe Housing
 - Nutritional Resources

Invoicing Submitted to Ayin

Payment for Services will be submitted by each individual HRSN service provider to Ayin for payment processing.



Acentra Health Provider and Program Process Overview

Acentra Health will support OHA, HRSN Providers and Ayin end to end to ensure a closed loop process.



Recruitment

Acentra will be recruiting providers and organizations for HRSN services in partnership with CCOs and OHA.



Enrollment

Acentra will support enrollment for the HRSN program with enrollment links and forms posted on our website.



Resources

Acentra will connect providers to OHA and Ayin processes necessary to serve members in all aspects of the HRSN program.



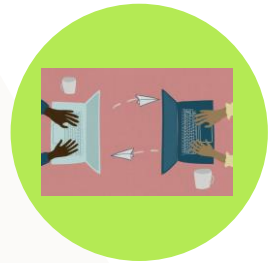
Referrals

Acentra will be coordinating referral submissions to initiate service coordination and provider invoicing to Ayin for O & E.



Coordination

Acentra will outreach to HRSN program service providers and members for service coordination of eligible devices or services.



Provider Portal

Acentra has a web-based provider portal designed to streamline service requests, bi-directional communication and coordination.

HRSN Eligibility Form

Member Information

<i>Required Information</i>	
Full Legal Name	[first] [middle] [last]
Medicaid ID	
Date of Birth	
<i>Additional optional Information</i>	
Preferred name	
Pronouns	
Language and accessibility needs	
Preferred Contact Information	



Member Attestation and Authorization

- Check each box to confirm that the Member has:
- Attested if they are receiving the same or a substantially similar service as the identified HRSN Services need from a local, state, or federally funded program.
 - Agreed to receive authorized HRSN Services.
 - Agreed to be contacted for essential communications related to delivery of HRSN Services or member rights and responsibilities.
 - Attested that they can safely use the climate device in their primary place of residence, as applicable.
 - Member has requested to not use information technology methods of personal data sharing, such as Community Information Exchange



HRSN Provider Referral Form (Partial Example)

Health-Related Social Needs (HRSN) Request Form

CLIMATE-RELATED SERVICES

OHP may be able to help you get a heater, air conditioner, air filter, mini-refrigerator, and power supply to manage certain medical conditions during extreme weather.

AGREEMENT for SERVICE REQUEST

I am requesting help from my health plan to see if I qualify for a heating, cooling, or air purification equipment to help me during times of extreme weather.

- Yes
- No

My health plan can contact me to get more information about this request.

- Yes
- No

OHP MEMBERSHIP	
I have OHP/Medicaid	Yes / No / Unsure
My OHP/Medicaid Card	Name
	Picture of OHP card
My Medicaid ID #	

IF "No" to have OHP, get help applying for OHP:
<https://healthcare.oregon.gov/Pages/find-help.aspx>

Member Information	
My Name on OHP/Medicaid Card	
Preferred Name	
Accessibility Needs (preferred spoken language, sign language, braille, large font)	
Pronouns	
Date of Birth MM/DD/YYYY	
The best way to contact me is:	
<input type="checkbox"/> Phone	
<input type="checkbox"/> Text	
<input type="checkbox"/> Email	



HRSN Eligibility Form – 2 (Partial Example)



HRSN Transition Populations criteria

The HRSN Covered Population to which the Member belongs:

- Discharged from an Institution of Mental Diseases (IMD) within the past 365 days.
- Released from a state or federal prison, local correctional facility, juvenile detention facility, Oregon Youth Authority closed custody correction, tribal correctional facility, or immigration detention facility within the past 365 days.
- Current or past involvement in Oregon’s Child Welfare system through being in foster/substitute care; the recipient of adoption or guardianship assistance or family preservation services; or the subject of an open child welfare case in any court.
- Transitioning to dual Medicaid/Medicare status: eligible for HRSN Services during the 90 days (3 months) preceding the date Medicare coverage is to take effect and the 270 days (9 months) after it takes effect.
- Meets 24 CFR § 91.5 definition of homeless or at risk of homelessness, as used by the U.S. Department of Housing and Urban Development (HUD)

Climate Service Needs and Climate Device Clinical Risk Factor Criteria

Please fill out the following table with the specific clinical device needs, authorization determination, and corresponding qualifying clinical criteria. Include the date of climate device authorization or reason for denial as applicable.

Climate Devices	Qualifying Clinical Criteria by Device (current medical condition, active in past 12mo)
-----------------	--

<p>Air Conditioner</p> <p><input type="checkbox"/> Authorized</p> <p>Date of service authorization:</p>	<p><input type="checkbox"/> Pregnant and currently has, has a history of, or is at risk for at least one of the specified clinical conditions detailed in the CMS approved HRSN services protocol</p> <p><input type="checkbox"/> Child less than 6 years of age and currently has, has a history of, or is at risk for at least one of the specified clinical conditions detailed in the CMS approved HRSN services protocol</p> <p><input type="checkbox"/> Adult 65 years and older and currently has, has a history of, or is at risk for at least one of the specified clinical conditions detailed in the CMS approved HRSN services protocol</p>
--	--



Contact Information

HRSN RESOURCES CAN BE FOUND
ONLINE @ OHPCC.ORG

ACENTRA HRSN PHONE:
888-834-4304

ACENTRA HRSN FAX:
833-551-2607

ACENTRA HRSN WEBSITE:
ORHRSN@ACENTRA.COM

[HOME](#) [MEMBER](#) [PROVIDER](#) [FEEDBACK & SURVEYS](#) [CONTACT US](#)



Oregon's Health Related Social Needs Program

Acentra's ORHRSN (Oregon Health Related Social Needs) program is offered at no-cost to Oregon Health Plan qualified, Open Card Medicaid members who are not enrolled with a Coordinated Care Organization. We support you through care coordination services related to Health-related social needs. HRSN refers to the social and economic needs that individuals experience that affect their ability to maintain their health and well-being. They include things such as housing instability, housing quality, food insecurity, employment, personal safety, lack of transportation and affordable utilities, and more.



Providers



Members



Connectors and Navigators





Questions?



Ayin | Health
Solutions

Open Card Reimbursement Request Process

HRSN Climate Related Services and Outreach & Engagement

Reimbursement Submission

Landing Page

Beginning March 1st, HRSN providers delivering services to Open Card members can visit ayin.com/hrsn to begin the reimbursement request process.

From this page providers can:

- Access reminders about the submission process
- Obtain the current reimbursement form
- Submit the completed reimbursement form online



Reimbursement Submission

Landing Page

Beginning March 1st, HRSN providers delivering services to Open Card members can visit ayin.com/hrsn to begin the reimbursement request process.

From this page providers can:

- **Access reminders about the submission process**
- Obtain the current reimbursement form
- Submit the completed reimbursement form online

Health Related Social Needs Reimbursement

Before you get started

- All entities requesting reimbursement must be enrolled as an HRSN Provider with the Oregon Health Authority prior to performing services. Submissions without a valid Medicaid Provider ID will be rejected.
- Outreach & Engagement services do not require prior authorization. However, OHP Open Card eligibility must be validated prior to submission.
- All other services must be authorized in advance. Submissions without a valid authorization number will be rejected

If you need help enrolling as a HRSN Provider, verifying OHP Open Card eligibility or obtaining service authorization - please contact (888) 834-4304 for more information.

Reimbursement Submission

Landing Page

Beginning March 1st, HRSN providers delivering services to Open Card members can visit ayin.com/hrsn to begin the reimbursement request process.

From this page providers can:

- Access reminders about the submission process
- **Obtain the current reimbursement form**
- Submit the completed reimbursement form online

Submitting a Reimbursement Request

1. Download the Reimbursement Request Form:

[Download Form](#)

2. Review the instructions and complete the form. Please complete electronically and avoid hand written forms.
3. Submit the form either:

Electronically

Submit the PDF form using our electronic submission workflow

[Submit Electronically](#)

OR

Mail the completed form to:

OHA Climate-Related Supports
PO Box 12809
1050 25th St SE
Salem OR 97309

Reimbursement Submission Request Form

The reimbursement request form will be available as a fillable PDF. This form requires HRSN providers to submit three types of information:

- Member Information
- Provider Information
- Service Information

Open Card Health Related Social Needs Climate-Related Supports Reimbursement Request Form

Member Information	
Name: (Last) _____ (First) _____ (Middle Init) _____	Medicaid ID: _____
Date of Birth: ____/____/____	
Service/Delivery Address: _____	
City: _____	State: _____ Zip: _____
Provider Information (Must Match OHA Registration)	
Provider Name: _____	Medicaid ID: _____
Phone: _____	Email: _____
Provider Pay To Address: _____	
City: _____	State: _____ Zip: _____

Service	Quantity	Authorization Number	Delivery Date (MM/DD/YY)	Charges (\$0.00)	Model Number
<input type="checkbox"/> Air Conditioner			/ /	.	
<input type="checkbox"/> Air Filtration Device			/ /	.	
<input type="checkbox"/> Air Filter Replacement			/ /	.	
<input type="checkbox"/> Portable Power Supply			/ /	.	
<input type="checkbox"/> Heater			/ /	.	
<input type="checkbox"/> Mini Refrigerator			/ /	.	
<input type="checkbox"/> Climate Device Installation			/ /	.	
<input type="checkbox"/> Outreach & Engagement	____min*	Not Required	/ /	.	
	<small>*Round to nearest 15 mins</small>		Amount Due	.	

For more information or to submit online visit www.ayin.com/hrsn
 Contact Ayin Health Solutions, Open Card Provider Reimbursement at (971) 428-2516 for assistance with this reimbursement form

Reimbursement Submission

Request Form

The reimbursement request form will be available as a fillable PDF. **This form requires HRSN providers to submit three types of information:**

- **Member Information**
- Provider Information
- Service Information

Member Information							
Name: (Last)	_____	(First)	_____	(Middle Init)	_____	Medicaid ID:	_____
Date of Birth:	____/____/____						
Service/Delivery Address:	_____						
City:	_____	State:	_____	Zip:	_____		

Reimbursement Submission

Request Form

The reimbursement request form will be available as a fillable PDF. **This form requires HRSN providers to submit three types of information:**

- Member Information
- **Provider Information**
- Service Information

Provider Information (Must Match OHA Registration)		
Provider Name: _____	Medicaid ID: _____	
Phone: _____	Email: _____	
Provider Pay To Address: _____		
City: _____	State: _____	Zip: _____

Reimbursement Submission

Request Form

The reimbursement request form will be available as a fillable PDF. **This form requires HRSN providers to**

submit three types of information:

- Member Information
- Provider Information
- **Service Information**

Service	Quantity	Authorization Number	Delivery Date (MM/DD/YY)	Charges (\$0.00)	Model Number
<input type="checkbox"/> Air Conditioner			/ /	.	
<input type="checkbox"/> Air Filtration Device			/ /	.	
<input type="checkbox"/> Air Filter Replacement			/ /	.	
<input type="checkbox"/> Portable Power Supply			/ /	.	
<input type="checkbox"/> Heater			/ /	.	
<input type="checkbox"/> Mini Refrigerator			/ /	.	
<input type="checkbox"/> Climate Device Installation			/ /	.	
<input type="checkbox"/> Outreach & Engagement	_____min*	Not Required	/ /	.	
	*Round to nearest 15 mins		Amount Due	.	

Reimbursement Submission

Landing Page

Beginning March 1st, HRSN providers delivering services to Open Card members can visit ayin.com/hrsn to begin the reimbursement request process.

From this page providers can:

- Access reminders about the submission process
- Obtain the current reimbursement form
- **Submit the completed reimbursement form online or view mailing address**

Submitting a Reimbursement Request

1. Download the Reimbursement Request Form:

[Download Form](#)

2. Review the instructions and complete the form. Please complete electronically and avoid hand written forms.

3. Submit the form either:

Electronically

Submit the PDF form using our electronic submission workflow

[Submit Electronically](#)

OR

Mail the completed form to:

OHA Climate-Related Supports
PO Box 12809
1050 25th St SE
Salem OR 97309

Reimbursement Submission

Online Submission Page

Online submission is enabled through the PH TECH Help Center (now AYIN Health Solutions). To submit online, enter the following information:

- Email Address
- Your Name
- Phone Number
- Member Medicaid ID
- Attach Your Completed PDF

Note: Please submit one reimbursement form at a time and do not submit any other form or format of invoice.

Submit a request

If this is your first time submitting a request, you will be required to verify your email address to ensure your request is received. After submission, please check your email, including the spam/junk folder, for our verification message.

HRSN Invoice Submission

Your email address

Name

Please provide your full name

Phone Number

Please provide your phone number.

Member Medicaid ID

Please attach only one Reimbursement Request Form per submission. You can download form from [here](#).

Add file or drop files here

Submit

Reimbursement Submission

Online Submission Page

Important Note:

The first time you submit a request, you will receive an email asking you to verify that your email is valid. It is important that you complete this verification to ensure we receive your request.

We will also use this tool to notify you if there is an issue with your electronic submission.

Submit a request

If this is your first time submitting a request, you will be required to verify your email address to ensure your request is received. After submission, please check your email, including the spam/junk folder, for our verification message.

HRSN Invoice Submission

Your email address

Name

Please provide your full name

Phone Number

Please provide your phone number.

Member Medicaid ID

Please attach only one Reimbursement Request Form per submission. You can download form from [here](#).

Add file or drop files here

Submit

Reimbursement Submission

Paper Submission

If needed, provider's will be able to submit completed PDF forms via mail.

- OHA Climate-Related Supports
PO Box 12809
1050 25th St SE
Salem, OR 97309
- Paper submissions will be notified of any issues processing your request by mail.

Submitting a Reimbursement Request

1. Download the Reimbursement Request Form:

[Download Form](#)

2. Review the instructions and complete the form. Please complete electronically and avoid hand written forms.

3. Submit the form either:

Electronically

Submit the PDF form using our electronic submission workflow

[Submit Electronically](#)

OR

Mail the completed form to:

OHA Climate-Related Supports
PO Box 12809
1050 25th St SE
Salem OR 97309

Reimbursement Submission

Additional Notes

General Process

- Before requesting reimbursement, all providers must be enrolled with the Oregon Health Authority as an HRSN provider.
- Outreach & Engagement Services must verify the member's Open Card eligibility with Acentra prior to submission.
- All other climate services require prior authorization.

Reimbursement & Payment

- Always visit ayin.com/hrsn to download the most recent form. Required data elements may change over time.
- Incomplete forms and requests without confirmed eligibility / authorization will be returned for correction and resubmission.
- Payments will be made directly from OHA.
- Please allow 2-4 weeks after a complete/accurate submission to receive payment.
- We are here to help. Ayin and Acentra's phone numbers will be posted on our website and PDF form for easy access.

Thank you for your time!

Visit ayin.com/hrsn beginning March 1st.

Provider Payments and Forms

Mary Durrant
Oregon Health Authority



How to receive payment for HRSN Services

- For reimbursement of HRSN Services with electronic payment, an Electronic Funds Transfer (EFT) Form will need to be completed.
- If an Electronic Funds Transfer (EFT) Form is not completed, payments will be sent to the provider address on enrollment application.



Read instructions prior to completing.

Section A – Provider’s information

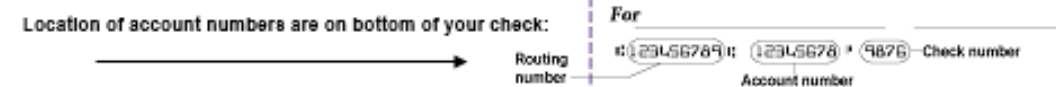
Provider name:		Provider number (if applicable):	
Provider address			
Street:	City:	State/province:	ZIP code/postal code:
Telephone number: (Required)	Email address:		

Section B – Provider identifier’s information

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):
National Provider Identifier (NPI):

Section C – Financial institution information

Financial institution name:			
Financial institution address			
Street:	City:	State/province:	ZIP code/postal code:
Financial institution routing number:	Type of account at financial institution <input type="checkbox"/> Checking* OR <input type="checkbox"/> Savings <input type="checkbox"/> Personal* OR <input type="checkbox"/> Business* *Copy of preprinted voided check or bank verification letter required.		
Provider’s account number with financial institution:	Account number linkage to provider identifier (Medical ID number):		



Section D – Submission information

Reason for submission:
<input type="checkbox"/> New enrollment (Start) <input type="checkbox"/> Change enrollment <input type="checkbox"/> Cancel enrollment (STOP)

Important! Please read and sign before submitting.
 This form is used to authorize direct deposit to a checking or savings account. For all Department of Human Service (DHS) and Oregon Health Authority (OHA) programs and payment systems.

- **International transaction certification** – I certify that the entire amount of my direct deposit is NOT ultimately deposited into a financial institution outside the United States.
- **Recovery of funds deposited in error** – In the event an erroneous deposit occurs creating an overpayment, DHS/OHA will reserve the right to debit your account accordingly.

I certify that I have read and understand the information contained in this form. I acknowledge that the origination of transactions to the authorized account must comply with provisions of Oregon and US law. I certify that I am authorized to enter into this agreement as the account holder.

Authorized signature:

Written signature of person submitting enrollment:	Submission date:
Printed name of person submitting enrollment:	

Office use only	<input type="checkbox"/> OR-Kids <input type="checkbox"/> MMIS <input type="checkbox"/> SFMA <input type="checkbox"/> CBC/CEP	Date processed:	Initial:
	Original documentation on file with DHS.		
	Agency signature:	Date:	

Electronic Funds Transfer (EFT) Enrollment Form

When EFT Enrollment Form is complete

1. Attach a copy of a voided preprinted check or official bank verification letter of the account name, routing number and account number. **This information is required for all new accounts. (Deposit clips not accepted.)**
 - **Note:** Checks must be personalized or imprinted with the business name and address. Handwritten, blank checks will not be accepted.
2. Return by secure email to: DHSOHA.ProvDirDep@dhsoha.state.or.us
 - Or return by fax to: 503-945-6860
 - Or return by mail to:

Department of Human Services/Oregon Health Authority
Office of Financial Services/Attn: EFT Coordinator
500 Salem St. NE, E-97
Salem, OR 97301-1080
3. Retain a copy for your records.
4. For questions, contact:
DHS/OHA EFT Coordinator at 503-945-6872 or 503-945-5710.

HRSN Process Overview



Enroll with OHA to
become a HRSN Provider



Contact Acentra for
authorization of services



Send invoices to AYIN
Health Solutions

Resources

- For Provider enrollment assistance, please contact Provider Enrollment at 800-336-6016, option 6, or email Provider.Enrollment@odhsoha.oregon.gov
- For provider web portal setup and password assistance, please contact Provider Services at 800-336-6016, option 5 or email DMAP.ProviderServices@odhsoha.oregon.gov.
- For Electronic Funds Transfer (EFT) form assistance, please contact ODHS/OHA EFT Coordinator at 503-945-6872 or 503-945-5710.
- For authorization assistance, please contact Acentra at (888) 834-4304.
- For invoicing assistance, please contact AYIN Health Solutions at (971) 428-2516.



How to contact the different CCOs

CCO Name	CCO Phone Number
Advanced Health	(541)269-7400
AllCare CCO	(888)460-0185
Cascade Health Alliance	(541)883-2947
Columbia Pacific CCO	(503)488-2822
Eastern Oregon CCO	(503)765-3521
Health Share of Oregon	(503)416-8090
InterCommunity Health Network CCO	(541)768-5207
Jackson Care Connect	(855)722-8208
PacificSource Community Solutions	(800)431-4135
Trillium Community Health Plans - Southwest	(541)485-2155
Trillium Community Health Plans - Tri-County	(877)600-5472
Umpqua Health Alliance	(541)229-4842
Yamhill Community Care	(855)722-8205

More information here:

<https://www.oregon.gov/oha/hsd/ohp/pages/coordinated-care-organizations.aspx>

Questions?



Upcoming Sessions

★ 4th Tuesday of each month

Ongoing technical assistance and training

March/April topic preview:

- Using the Provider Portal (e.g., checking Member eligibility in MMIS)
- How to use the HRSN Request Form
- Information Sharing Authorization Form
- Other topics?



**Thank you for your collaboration
and ongoing partnership!**

