Flexible Services may be an option for you

Flexible Services are cost-effective items or services offered to individual members to supplement covered benefits. They are things that can help improve your health but are not part of your health plan. Examples include weighted blankets, air purifiers, and exercise classes recommended by your doctor.

Who can use Flexible Services?

Any member enrolled with a PacificSource Community Solutions health plan through the Oregon Health Plan (Medicaid) can request Flexible Services.

What are the rules to receive Flexible Services?

Requests for Flexible Services must meet the following criteria:

- Item or service must not be a covered benefit under your health plan.
- Item or service must be cost-effective.
- Item or service must show a proven health benefit backed by evidence or accepted clinical practice.
- Item or service must be part of your treatment plan.
- Item or service is not available through other programs.

We're here to help.

Flexible Services questions
Health-Related Services team
HealthRelatedServices@
PacificSource.com

General questions
Customer Service team
800-431-4135
TTY: 711
We accept all relay calls.
8:00 a.m.–5:00 p.m.,
Monday–Friday

CommunitySolutionsCS@
PacificSource.com

PacificSource.com/Medicaid

PacificSource
Community Solutions

How do I request Flexible Services?

A healthcare provider or community partner such as a traditional health worker can help you submit a request. You must include the name, credentials, and contact information of a provider who is involved in your care and supports the request as a part of your treatment plan.

Examples include:

- Primary care doctors
- Surgeons
- Dentists
- Specialty providers
- Behavioral health providers
- Hospital discharge planners

Email or fax the request form

To get started, visit PacSrc.co/flx-srv-form and download the Flexible Services Member Request Form. You, your provider, or a community partner can send the completed form by fax to **541-322-6435**, or by email to HealthRelatedServices@PacificSource.com.

How will I know if my request is approved?

We'll contact the person who sent the request to confirm that we have received it. Once a decision is made, we'll contact the requestor again and send you a letter with the decision.

Reasons a request may be denied

- You are not a PacificSource Community Solutions member.
- The item or service requested does not directly support your health condition and/or treatment plan.
- The item or service requested isn't proven to improve health outcomes.
- The item or service could be covered by your health plan.
- There are other resources available to you for the item or service requested.
- The form is missing information.
- The form was not approved by a healthcare provider involved in your care.

You can get this document in another language, large print, or another way that's best for you. You can also request an interpreter. This help is free. Call 800-431-4135, TTY: 711. We accept all relay calls.

Usted puede recibir este documento en otro idioma, impreso en una letra más grande o de otra manera que sea mejor para usted. También puede solicitar un intérprete. Esta ayuda es sin costo. Llame al 800-431-4135 o por TTY: 711. Aceptamos llamadas del servicio de retransmisión.

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Community Solutions