Flexible Services fund for OHP members

Flexible Services are cost-effective items or services offered to members to supplement covered benefits. They are things that can improve a member's health but are not part of their health plan. Examples include weighted blankets, air purifiers, and short-term gym passes.

Oregon Health Plan (Medicaid) members enrolled with PacificSource may receive up to $1,500 of Flexible Services per calendar year.

What are the rules to receive Flexible Services?

Requests must meet the following criteria:

- Item or service must not be covered by OHP.
- Item or service must be cost-effective.
- Item or service must have a demonstrable health outcome.
- Item or service must be part of a member's treatment plan.
- Item or service is submitted to Flexible Services as a last resort.

PacificSource reviews each request case by case and follows the rules set by the Oregon Health Authority (OHA).

Flexible services questions

FlexibleServices@PacificSource.com

General questions
CommunitySolutionsCS@PacificSource.com

800-431-4135
TTY: 711
We accept all relay calls.

8:00 a.m.–5:00 p.m.,
Monday–Friday

PacificSource.com/Medicaid

PacificSource
Community Solutions

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How does the Flexible Services fund work?

Members (or providers on their behalf) can request Flexible Services coverage for supplemental items and/or services. Items and services are reviewed according to OHA regulations.

Approved requests are deducted from an annual member maximum of $1,500. Funds do not roll over at the end of the year.

What if the requested item or service costs more than $1,500?

If multiple OHP members live together, they can combine Flexible Services funds to pay for things that benefit the entire household. Examples include help with rent and utilities that cost more than the amount in one member's annual fund.

What happens if a member has used their entire annual fund but still needs help?

If the requested item or service prevents severe harm such as limb loss or death, PacificSource may provide additional help. PacificSource's Flexible Services Committee determines exceptions. Members can receive one exception per calendar year.

Who can request Flexible Services?

A healthcare provider, a community partner, or a community health worker can help a member submit a request or submit one on the member's behalf. Requests must include the name, credentials, and contact information of a provider who is involved in the member's care and supports the request as a part of their treatment plan.

Examples include:

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

Reasons a request may be declined

- Individual isn't a PacificSource Community Solutions member.
- Item or service doesn't directly support the health condition and/or treatment plan described in the form.
- Item or service doesn't provide a demonstrable health outcome.
- Item or service could be covered by OHP.
- Other resources are available for the item or service requested.
- Form is missing information.
- Item or service wasn't approved by a healthcare provider involved in the member's care.

Email or fax the request form

To get started, complete the Flexible Services Member Request Form.

Download the form from PacSrc.co/flx-srv-form (PDF).

Healthcare providers, community partners, or community health workers can send the completed form by fax to **541-322-6435**, or by email to FlexibleServices@PacificSource.com.