



Flex Funds May Be an Option for You

Flex Funds can be used to pay for things that help improve your health but aren't part of a health plan. Examples can include weighted blankets, baby monitors, and gym memberships. A doctor may suggest certain items or services to help you, and the Flex Funds can help pay for them.



Who can use Flex Funds?

Any member currently enrolled with a PacificSource Community Solutions health plan through the Oregon Health Plan is eligible to make a request for Flex Funds. The names of these plans are:

- PacificSource Community Solutions – Central Oregon
- PacificSource Community Solutions – Columbia Gorge
- PacificSource Community Solutions – Lane
- PacificSource Community Solutions – Marion/Polk
- PacificSource Community Solutions – Portland Legacy HealthShare



What are the rules to get Flex Funds?

Flex Funds are only for things that your doctor or other healthcare provider thinks will help treat a health condition you have. Some rules for Flex Funds include:

- The item or service is suggested by your healthcare team.
- Your provider can show how the item or service will improve your health or help save money.
- You don't have any other way to pay for the item or service, including community resources or K Plan disabled development services.

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Contact our Customer Service team

Oct. 1 – Jan. 31:

8:00 a.m. – 8:00 p.m.,
seven days a week

Feb. 1 – Sept. 30:

8:00 a.m. – 5:00 p.m.,
Monday – Friday

Phone

800-431-4135;

TTY 711

En Español: 866-281-1464

Email

CommunitySolutionsCS
@pacificsource.com

**CommunitySolutions.
PacificSource.com**



How do I make a request for Flex Funds?

A healthcare provider or community partner can work with you to submit the request. It must be approved by a doctor who treats you, or a healthcare provider involved in your care.

Examples may include:

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

Email or fax the Request Form

To get started, look for the Flexible Services Member Request Form in the Provider Documents and Forms section on our website: CommunitySolutions.PacificSource.com. You, your provider, or community partner can send the completed Flexible Services Request by fax to **541-322-6435**, or by email to healthrelatedservices@pacificsource.com.

How will I know if my request is approved?

We'll call 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.

Some reasons why 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 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 signed by a healthcare provider involved in your care.
- The funds for the program have been used up.



Questions? We're here to help.

If you have any questions about Flex Funds or need help submitting a request, please call our Health-Related Services team toll-free from 8:00 a.m. to 5:00 p.m., Monday – Friday at **800-431-4135**.

You can get this document in another language, large print, or another way that's best for you: Call toll-free 800-431-4135; TTY 711.

Usted puede recibir este documento en otro idioma, impreso en letra más grande o de cualquier otra manera que sea mejor para usted. Llame al número gratuito 800-431-4135. Los usuarios del servicio TTY pueden llamar al 711.