



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, or exercise classes recommended by your doctor.



Who can use Flex Funds?

Any member currently enrolled with a PacificSource Community Solutions health plan through the Oregon Health Plan (Medicaid) is eligible to 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 and have a demonstrable health outcome (evidence-based or widely accepted best clinical practice).
- Item or service must be part of your treatment plan.

Continued >

We're here to help.

Flexible Services questions Health-Related Services team

541-284-7964

[HealthRelatedServices@
PacificSource.com](mailto:HealthRelatedServices@PacificSource.com)

General questions Customer Service team

800-431-4135

[CommunitySolutionsCS@
PacificSource.com](mailto:CommunitySolutionsCS@PacificSource.com)

TTY: 711

We accept all relay calls.
8:00 a.m. – 5:00 p.m.,
Monday – Friday

[PacificSource.com/Medicaid](https://www.pacificsource.com/Medicaid)



How do I make a request for Flexible Services?

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, complete the attached Flexible Services Member Request Form. 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 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 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.