**Health-Related Services Flex Fund Frequently Asked Questions**

**& Funding Request Form**

**Who qualifies for Flex Funds?**

Any member currently enrolled with a PacificSource Community Solutions CCO Plan is eligible for Flexible Services**:**

* PacificSource Community Solutions – Central Oregon
* PacificSource Community Solutions – Columbia Gorge
* PacificSource Community Solutions – Lane
* PacificSource Community Solutions – Marion-Polk
* PacificSource Community Solutions – Portland Legacy Health PS (Health Share of Oregon [HSO]

**What can be requested?**

Requested items/services must meet these criteria:

* Be developed by the member’s care team
* Demonstrate how the item/service is intended to improve health delivery, member health, or lower overall costs of care
* Be payer of last resort - all available community resources and APD/IDD K-Plan must be exhausted prior to submitting request

**Who can make a request?**

A clinician, community partner, or member can submit the request. All requests must be approved by a provider with access to the member’s main treatment plan.

Examples may include:

* Primary Care Providers
* Surgeons
* Dental Providers
* Specialty Providers
* Behavioral Health Providers
* Hospital Discharge Planners

**What is the process?**

The process depends on the amount of Flexible Services funding requested and the information required for PacificSource to make a decision.

Most decisions will be made in 1-3 weeks, but in some situations, a decision may take up to 60 days.

Urgent requests will be decided within 1-3 business days.

Process:

* The requestor will fax or email a completed request form with the member’s medical condition along with supporting documentation.
* PacificSource will review. A call or e-mail will be made to the requestor advising the request has been received and is in review.
* Once a decision is made, there will be a call or e-mail to the requestor advising of the decision with a letter to follow.

*At times, an evidence resource will be requested if no such resource has yet been saved by the Flex Services Team. There will be follow up from a member support specialist on any request submitted*.

There are no restrictions on the number of requests a member can have per year.

Some examples PacificSource may deny the request(s) are:

* The member is not a PacificSource Community Solutions member.
* Missing evidence based case study.
* A field in the form is left blank.
* All resources have not been exhausted first.
* Request form is not signed by a clinician.
* Item/service requested does not support members. diagnosis and treatment plan
* Items and/or services that are billable through the Medicaid plan
* Any time during that calendar year, when a region’s set amount is exhausted, the funds will not be available again until the following calendar year.

You may send a completed request form to Flexible Services Requests via fax to:

(541) 322-6435 OR Email to: [healthrelatedservices@pacificsource.com](mailto:healthrelatedservices@pacificsource.com)

If you have any questions regarding these services, please call our Health-Related Services team toll-free from 8:00 a.m. to 5:00 p.m., Monday – Friday at: (888) 675-0350.