



## Flexible Services Request Form

Provider Relations: 503-371-7701

Fax 503-581-7417

Patient Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_

Name provider initiating request: \_\_\_\_\_ Contact: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Describe service being requested including name, address, and phone number of vendor (details):

Expected Cost: \$\_\_\_\_\_

### **What is the rationale for requesting Flexible Services?**

- a. Describe how this either treats or prevents physical, oral or behavioral health conditions, improves health outcomes, or prevents or delays health deterioration (Attach another page if needed):

- b. Describe how this can efficiently and effectively reduce costs and improve care (Example: prevent avoidable hospital readmissions):



- c. Describe how this is consistent with the member’s treatment plan. Treatment plan must be included in the documentation as an attachment.

- d. Describe other community resources that have been considered to meet the need and the reason they cannot be accessed for this instance, prior to submitting this request. Indicate the attempts and results. (All community options should be exhausted)

Please Note:

- Flexible Service requests are defined as health related, non-State Plan services, intended to improve care delivery and enrollee health and lower costs.
- The requestor must indicate how effectiveness will be demonstrated.
- This is designed for short term support and not intended for on-going payment of a good or service.
- This request must contain supporting clinical documentation, including the member’s treatment plan.
- Please consider the least costly options.
- Please attach any documentation, if available, from the requested vendor regarding a written estimate.
- Provide documentation of specific community resources that have been assessed to meet the need and the reason they cannot be accessed for this instance.
- Flexible services must lack billing or encounterable codes therefore the goods and/or service should not be associated with an existing billing code.
- Willamette Valley Community Health is unable to reimburse for any services that have been already purchased or prepaid.
- All Flexible Services Requests will be reviewed and a notice of a determination will be sent to originator of request and member.