Flexible services request form



Date of birth

Please take this form to your healthcare provider to fill out and submit. A separate form is needed for each item or service. If this form is not fully completed and supporting documents are not included, we cannot process it.

Please send one request at a time to:

Fax [preferred]: 833-949-1886 -or- Email: GovtRNLeads@modahealth.com Date Submitted:

Section 1 Patient Information

Name

Address			City		State	ZIP		
Phone number					Medicaid II)#		
					Medicald ID#			
Section 2 Healthc	are Provider Inform	ation						
Clinic name		Clinic phon	е	Provider name				
Olinia address		O.h.		0				
Clinic address		City		State	ZIP			
				1	1			
Section 3 Requested item or service								
Description of item or service								
1-1-01	d - d do							
ist Choice: Store name an	d address or website/phone	number						
Item/catalog number/description (be specific)								
Quantity	Total cost							
2nd Choice: Store name a	nd address or website/phone	e number						
Item/catalog number/desc	cription (be specific)							
Quantity	Total cost							
Health condition or diagnosis related to this request (please attach supporting chart notes if possible)								
Describe how this service or item will improve the patient's health								
Describe now this service of item will improve the patient's health								

□ Patient address	<i>,</i>						
□ Healthcare provider clinic address							
□ Requestor address							
Section 4 Requestor information							
Requestor Name and Title							
	1						
Organization	Direct phone numl	Direct phone number					
Requestor Address	City	State	ZIP				
Requestor has received healthcare provider approval							
□ Yes							
□ No							
Date approval was received:/							
Requestors relationship to patient							
Self							
□ Community partners							
□ Family member							
□ Healthcare provider or office staff							
□ Friend							
□ Traditional Health Worker							
□ Other							

Please select where item is to be delivered (as noted on page 1):

Section 5 Frequently asked questions

1. Who qualifies for Flexible Service Funds?

Any patient currently enrolled in Eastern Oregon Coordinated Care Organization (EOCCO) is eligible for Flexible Services. Funding is available in all Eastern Oregon service areas. If member is enrolled in Wraparound, they should first request funds through their Wraparound Care Coordinator and their Child and Family Team before completing the HRS Form.

2. What items/services can be requested?

Health-related items/services may be requested and must meet these criteria:

- The request demonstrates how the service/item is intended to improve health delivery, patient health and lower overall costs of care
- The requested items/service is consistent with the patient's treatment plan
- The requested items/services do NOT have a traditional billing or encounter code (CPT)

3. Who can request funds?

The patient, their provider or someone from the patient's care team may start a request. However, each request must be approved and submitted to EOCCO by the patient's health care providers' office. The request must also be documented in the patient's medical record.

4. What should I submit with the request form?

We strongly recommend attaching notes from the patient's chart. For example, when submitting a request to pay for a gym membership for a patient with diabetes, the request should contain chart notes showing a diagnosis of diabetes, current A1c level and future care plan.

5. How can I get blank request forms?

Email GovtRNLeads@modahealth.com or call the EOCCO Customer Service department: 888-788-9821 (TTY users, please dial 711) if you need blank forms. Blank request forms are also available on our website, www.eocco.com under the 'Resources' tab.

6. How can I submit a Flexible Services Fund request form?

Fax completed request form to EOCCO at 833-949-1886 (this is preferred) or email them to GovtRNLeads@modahealth.com.

7. How long will Flexible Services Funds last?

The duration, if applicable, of the flex service will be communicated upon approval. For example, if the request is for a gym membership, the specific number of months will be included in the approval. Many items are a one-time request and for continuation, a new request must be submitted.

8. Can a patient or provider request Flexible Services funds more than one time in a year?

Yes. Currently, there is no limit to requests for Flexible Services funds.

9. How long does the process take?

The process depends on the amount of funding requested, and the information required to complete a decision.

10. What if the request for flex services is denied?

Health Related Services/flexible services are not eligible for the EOCCO appeals process.

If you have any questions about these services, please call our Customer Service department toll-free Monday – Friday, from 7:30 a.m. to 5:30 p.m. at 888-788-9821 (TTY users, please dial 711).