



Community Health Plan

<https://www.trilliumohp.com>

PO Box 11740, Eugene OR 97440
P: 877-600-5472 Fax: 866-703-0958

Flexible Services Request Form

Under OAR 410-141-3845, the goal of Health Related Services (HRS) is to promote the efficient use of resources and address the member's social determinants of health to improve health outcomes, alleviate health disparities, and improve overall community well-being. Flexible Services are a type of HRS, they are cost-effective services offered at the individual member level to supplement covered benefits.

Who is eligible for Flexible Services?

Any Trillium OHP member who has current eligibility with plan and has a need for an item/service that is not covered by any other benefits available to the member. The item/service must be for the member to support improved health outcomes through verifiable means of measurement.

Who can make a request?

- The member's primary care team. (Includes any medical, behavioral, or dental provider who is currently providing care and participates in development and support of the member's treatment plan and medical records)
- The member, member's representative or community-based organizations can make requests on behalf of the member through;
 - the member's care team or
 - the member's Trillium Case Manager @ 877-600-5472

Process (**Incomplete requests will not be reviewed for funding.*)

1. The requestor submits a completed request* form and any supporting documentation via;
 - a. Fax: 866-703-0958, or
 - b. Secure Email: CHW@TrilliumCHP.com
2. Trillium staff will notify the requestor when the request has been received.
3. The request will be reviewed for eligibility, and if the item/service qualifies as a Flexible Service. Timelines for processing are as follows;
 - a. Urgent: 2 to 5 business days
 - b. Non-Urgent: 10 to 14 business days
4. Requestor will be contacted with the decision and for coordination.

Flexible Services Request Form

This form is completed by a member of the member's care team.

Request Date:

Date Needed:

Member Information	
Member Name: Last, First	URGENT:
Member ID:	DOB:
Address:	City/Zip:
Phone Number:	
Requestor Information	
Requestor's Name/Title:	
Requestor Phone:	Email:
Team member	Need Category:
Item/Service Request Details	
Describe item/service need and how it will improve health quality for this member:	
Condition/Diagnosis:	
List other funding sources tried/failed:	
Is this part of a treatment plan? Please include a copy or explain:	
If ongoing expense, is there a plan to support it beyond request? Please explain:	
Vendor Name:	
Vendor Address/Phone or Website:	
Item Cost:	Quantity:

Submit this request and supporting documentation via secure email

@CHW@TrilliumCHP.com or Fax @ 866-703-0958



This portion of the form is completed by TCHP Staff

Date Received	
Method Received	
Member Eligible	
TCHP Staff	
Dual Member	
Checklist:	<p>Item/service meets the following;</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improves health quality <input type="checkbox"/> Increase likelihood of desired health outcome in a manner that is measured and produces verifiable results/achievements <input type="checkbox"/> Item/service is specifically for this member <p>Based on any of the following;</p> <ul style="list-style-type: none"> <input type="checkbox"/> Evidenced-Based medicine <input type="checkbox"/> Widely accepted clinical best practice <input type="checkbox"/> Criteria issued by accreditation bodies, recognized professional medical associations, government agencies, or other national health care quality organizations. <p>Achieves at least one of the following;</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improve health outcome compared to a baseline and reduce health disparities in specified populations <input type="checkbox"/> Prevents avoidable hospital readmissions through comprehensive program for hospital d/c <input type="checkbox"/> Improve patient safety, reduce medical errors, lower infection and mortality rates <input type="checkbox"/> Implement, promote and increase wellness and health activities
Narrative:	
Decision	
Notification of decision	