Flex Fund Request Process

Flex Fund Request Link: www.docshp.com/flexfund/

Website: www.advancedhealth.com **Email:** flexfund@advancedhealth.com

General information

Automated workflow for the Flex Fund requests Expectations and goals

The new process will go live on November 6th. Providers will be required to submit electronically through the provided link, www.docshp.com/flexfund/ which will also be available on our website as of **11/06/2023.**

Members will be able to submit a physical Flex Fund Form if they are unable to submit it electronically. Members can call Advanced Health Customer Service for help if needed.

Submission Information

Required Information

All Flex Fund requests will need to go through the Flex Fund Link.

https://www.docshp.com/flexfund

- Verify the member's phone number, address and if available an email address.
- Ask how they want to get the requested item/services.
- How will they be able to meet the need to purchase the item/service next time. Please help members create a plan.
- Requests related to a motor vehicle or motor home, including gas requests will require proof of registration, current insurance, and current driver's license(s).
- Rental assistance requires a copy of the rental bill, lease, mortgage, or appropriate paperwork. Please include valid contact information for the landlord or property management company.
- Past due bill(s) must be accompanied by the actual statement with the breakdown of charges.

Additional Information

If additional information is requested and no response is received within 10 business days, the request will be cancelled.

Requests for DME or Services that are a covered benefit will need to be accompanied by a denial.

If you have a link to the requested item, please include it with your request.

Cost: please include an accurate estimate so the request will go to the right department for review.

Please inform the member the item may not be the exact item or brand they requested.

Health Related Services:
Flexible Funding "Flex Fund" Services Request

Flexible Services:

These services are provided instead of, or in addition to, CCO covered Oregon Health Plan benefits and are intended to:

- - Improve health quality and member health outcome (physical, oral, or behavioral health conditions)
- - Reduce health disparities among specific populations
- - Prevent avoidable hospital readmissions, improve patient safety, lower infection, and mortality rates
- - Be consistent with member's treatment / care plan
- - Be used as a "payor of last resort" - all available resources must be exhausted prior to request of CCO funds

Eligibility:

To be considered for Flex Funds:

- - The member must be enrolled in Advanced Health.
- - The member's coverage type must be consistent with the requested item or service.
- - The request must NOT be for an item that is a billable service or item (exceptions may be considered such as replacement dentures prior to eligibility for new ones, certain DME supplies or products after denial and appeal process)

Who Can Request Flex Funds:

All requests must come from the member's care team, which includes:

- - Primary Care Providers and Clinics
- - Specialists
- - Surgeons
- - Behavioral Health Providers
- - Dental Providers
- - Hospital Discharge Planners or Case Managers
- - Community Case Managers
- - Ancillary providers (PT/OT/Speech)
- - Advanced Health designated staff (ICC, CS Manager)
- - Members

Timeline and Process:

Emergent Requests: CCO Flex Fund Services are NOT available as emergency or crisis funding. Requests submitted within less than two business days of the date needed may not be considered for funding.

Urgent Requests: Urgent requests will have a turnaround of **2-3 business days**, urgency is determined by the CCO.

Standard Requests: All standard requests under $1,000 will be reviewed for a decision within 10 business days of submission. An extension of 5 business days may be necessary in certain cases.

Requests over $1,000: Items over $1,000 will require executive committee review and may require an extended review time and/or additional documentation requests.

Process:

- - Requestor submits a completed request for flex funds with care plan documentation attached
- - Requestor may suggest a vendor for use to fulfill the request, however please note that the vendor is not guaranteed. We reserve the right to select a different vendor.
- - Advanced Health teams will review request for eligibility, urgency, and decision
- - You will be notified via the Advanced Health Flex Fund Coordinator on the decision for your item
- - If an item is denied, the member will be mailed a notice informing them.

Incomplete Forms:

Any incomplete form will not be reviewed for funding. Some examples of incomplete forms are, but not limited to:

- - Request form does not contain enough information
- - A Care Plan is not attached to the request
- - Required values/fields in form are left blank
- - Alternative and/or community resources have not been pursued first
- - More information was requested about a member's treatment plan
- - Item/service requested was not adequately relevant to member's diagnosis and treatment plan
- - There was not enough information provided about sustainability for member's immediate need
- - The item/service has an approved OHP or CMS billing procedure code (some exception, see above)
- - The member was not enrolled in Advanced Health

List of Examples and Category of Items That Have Been Covered:

- **1. Health Education or education supports**
    - a. Diabetes education classes providing culturally and linguistically appropriate resources
    - b. Educational books for diagnosis condition

    - c. Classes for weight loss, nutrition, cooking or exercise
- **2. Care Coordination, Navigation, or Case Management activities not otherwise covered**
    - a. Cell phones
    - b. Phone minutes
    - c. Tablet for telehealth
- **3. Food Services and Supports (vouchers, meal delivery, grocery gift card)**
    - a. Grocery store gift cards or vouchers
    - b. Blender or nutritional drinks for members recovering from medical procedures.
- **4. Housing Services and Supports (temporary housing or shelter, medical respite, utilities)**
    - a. Lodging/shelter post hospitalization (temporary)
    - b. Rent payments for members at risk of homelessness
    - c. Deposits to help homeless get into housing
    - d. Short-term utility payment assistance
    - e. Camping/shelter equipment for members experiencing homelessness or staying in mobile homes, trailers, or cars
    - f. Appliances
    - g. Weather-proofing supplies (tarps, roof-patching materials)
    - h. Portable and window air conditioning units
    - i. Wood for heat/stove
- **5. Transportation services and supports not otherwise covered (transportation to non-medical appointments related to social needs)**
    - a. Long term storage for car while at inpatient program
    - b. Gas cards
    - c. Car seats
    - d. Bus pass or taxi voucher

- **6. Items for the home and living environment to support a particular health condition**
    - a. Shoes, basic clothing, winter coats, socks
    - b. Accessibility improvements (handrails, wheelchair ramps)
    - c. Gym punch card (1 per member per calendar year)
    - d. Home exercise equipment
    - e. Alarm medication box
    - f. Mattress and bedding
    - g. Scale for heart condition
    - h. Emergency radio and batteries
    - i. First aid supplies including thermometer
    - j. Fall detection technology
    - k. Personal items (heated blanket for chronic pain, weighted vest or blanket for reducing sensory triggers, self-cooling insulin storage wallet)
- **7. Other non-covered clinical services and supports**
    - a. Eye exams and glasses for adults over 18 and nonpregnant members
    - b. Replacement dentures (initial dentures should be covered by dental benefit plan)
    - c. Non covered DME items (with limitations)
    - d. Over the counter medications - certain circumstances (if member has a PCP, these are covered if ordered by a provider)
- **8. Other non-covered social and community health services and supports**
    - a. Copies of birth certificates, social security cards, or other documentation to apply for services