## **Financial Navigation Flowchart**

STEP 1.	STEP	2.	STEP 3.						
Provider prescril anti-cancer treat regimen for pati	oes Anti-ca ment order	ancer medication(s) is sent to financial acy staff.	Finanical advo financial status	Finanical advocacy staff identify the patients' financial status/insurance type(s) and follows the appropriate workflow below.					
No Insurance	Identify if patient any state or feder (i.e., Medicare, M Complete and su for identified pro	al program cation edicaid, etc.). ceution bmit all forms medi	b program, identify if replacement medi- on(s) is available. Check with the pharma- tical company to see if they have a free dication program or even a compassionate program.						
Medicaid Program	Verify benefits. Verify prescribed medication(s) are approved/indicated for Identify patient's responsibility diagnosis/place in therapy and submit pre-determination or for prescribed medication(s). prior authorization, if necessary.								
<b>Medicare:</b> Eligible (Age 65/Retired/ Disabled)	fits: does i the patient v have Part A b	s retiring soon; soon ar will their current A only, penefits be applied	nd has Part fits, have they req for Part B? B. C paperwork, if em	patient will retain bene , their plan may not quire Medicare Part Check with patient if uployer-funded plan quires Part B.	e- If patient is not retaining an employer-funded retirement plan, go over insurance plans available to them (i.e., supplemen- tals and advantage plans).				
<b>Medicare:</b> <b>Part A and/or B Only</b> (Age 65/Retired/ Disabled)	Verify benefits.Verify length of time patient has been on Medicare and length of gap in insurance coverage (this will determine Part D penalty).Identify if patient is eligible for Medicaid or Medicare Secondary Payer plan. If so, help patient complete and submit applicable form(s).If not eligible, look at Medicare supple- mental plan with a short waiting period (3 months max).								
Medicare: Age 65 and retired with a Medicare Supplemental Plan	Verify benefits.	Look at patient's treatme plan and associated med cation(s); find free-medic tion program or reimbur ment plan, if available.	di- Medicaid or a N ca- mental Payer pl	Medicare Supple- lan. If so, help te and submit	Go over insurance plan with patient; identify where they can save dollars (i.e., changing insurance, if applicable).				
<b>Medicare:</b> Advantage Plan (Age 65/Retired/ Disabled)	Verify benefits.	Go over insurance plan with patient;If changing back to Medicare, add a Part D planidentify where they can save dollars (i.e., changing insurance, if applicable).If changing back to Medicare, add a Part D plan and supplemental plan. If changing Advantage Plan, make sure you meet the criteria to change or are in open enrollment period.							
Other Government Programs (e.g., VA, DOD, TriCare)	Verify benefits.	Verify prescribed medic approved/indicated for place in therapy and sub authorization. A prior au necessary.	diagnosis/ sibilit omit prior medi thorization is insta	tify patient's respon- ty for prescribed ication(s). In rare nces, patients may a co-pay.	If patient has TriCare and is out of range of a Veterans Affairs pharmacy to pick up their prescription, then patients may have a co-pay.				
Commercial & Insurance Exchanges (Managed Care)	Verify benefits.	Verify prescribed medic tion(s) are approved/ind cated for diagnosis/plac in therapy and submit pre-determination or prior authorization if necessary.	i- patient's	Identify if free medication(s) is available, if necessary; complete and submit appli- cable form(s).	Identify if manufacturer assistance is available and complete and submit applicible form(s); may also be able to file for compassionate use with pharmaceutical company to receive medication(s).				

ACCC graciously thanks Wendy Andrews, practice administrator at University of Arizona Cancer Center, for creating this flowchart, and the ACCC Patient Assistance & Reimbursement Guide Task Force and ACCC Financial Advocacy Network members for their edits and updates.

Complete and submit identified foundation program application form(s if available.	for char s), practice		e cancer program/ ystem. Complete	Establish a payment plan n/ for any leftover balance (if available) or collect remaining balance.			Follow up with patient at regular intervals during treatment.	
Identify if replacement medication(s) is available, if neces- sary; may also be able to file for compassionate use with pharmaceutical company to receive medication(s).			Complete and submit identified program application form(s).		Collect out-of-pocket costs.		Follow up with patient at regular intervals during treatment.	
Look at patient's treatment plan and associated medica- tion(s); find free-medication program or reimbursement plan, if available; may also be able to file for compas- sionate use with pharmaceutical company to receive medication(s).			Complete and submit identified program application form(s).		Establish a payment plan for any left over balance (if available) or collect the remaining balance.		Follow up with patient at regular intervals during treatment.	
if patient does not already medication(s); find free have this coverage. reimbursement plan, it			nent plan and associated e-medication program or f available; may also be isionate use with pharma- eceive medication(s).		Complete and submit identified program application form(s).		Establish a payment plan for any left over balance (if available) or collect the remaining balance.	
If an insurance change is no identify if foundation assist May also be able to file for use with pharmaceutical co medication(s).	te and submit d program on form(s).	gram plan for any left over balance (if			Follow up with patient at regular intervals during treatment.			
Look at patient's treatment tion(s); find free-medication available; may also be able with pharmaceutical comp	identified program payma pa			ce, establish a an for any left e (if available iining balance				
available, if necessary; complete and submit applicable form(s); may also be able to file for compassionate use with phar- maceutical company to receiveeligible for fin manufacturer costs, look for assistance tha groceries, model		e for financial ass acturer assistance ook for indepen- nce that can prov- ies, mortgage/re	his population are not usually financial assitance, including er assistance. To help offset for independent foundational hat can provide assistance with nortgage/rent payments, vehicle monthly bills, etc.		mplete and pmit identified lependent indation ogram appli- ion form(s).	it identified establish endent plan for a lation balance (i am appli- or collect		Follow up with patient at regular intervals during treatment.
assistance is avail- si able, identify if foun- fi dation assistance is a	Complete and ubmit identi- ed program pplication prm(s).	If patient quali manufactuer of assistance, ser tion of benefit or other paper	or foundation nd an explana- s (EOB) and/	Process p using the card or of of payme identified	co-pay her form nt the	If any balan establish a p plan for any balance (if a or collect re	oayment left over available)	Follow up with patient at regular intervals during traatmont

offers.

amount owed.

treatment.

balance.