Financial Navigation Flowchart

STEP 1.
Provider prescribes anti-cancer treatment regimen for patient.

STEP 2.
Anti-cancer medication(s) order is sent to financial advocacy staff.

STEP 3.
Finanical advocacy staff identify the patients' financial status/insurance type(s) and follows the appropriate workflow below.

No Insurance	Identify if patient qualifies for any state or federal program (i.e., Medicare, Medicaid, etc.). Complete and submit all forms for identified program.	If no program, identify if replacement medication(s) is available. Check with the pharmaceutical company to see if they have a free medication program or even a compassionate use program.	If no program is identified in step 1, look for foundation funding available for any medication(s) not replaced.		
Medicaid Program	Verify benefits.	Verify prescribed medication(s) are approved/indicated for diagnosis/place in therapy and submit pre-determination or prior authorization, if necessary.	Identify patient's responsibility for prescribed medication(s).		
Medicare: Eligible (Age 65/Retired/Disabled)	Verify benefits: does the patient have Part A only or Parts A and B?	Verify if patient is retiring soon; will their current benefits be retained?	If patient is retiring soon and has Part A only, have they applied for Part B? Provide paperwork, if applicable.	If patient will retain benefits, their plan may not require Medicare Part B. Check with patient if employer-funded plan requires Part B.	If patient is not retaining an employer-funded retirement plan, go over insurance plans available to them (i.e., supplementals and advantage plans).
Medicare: Part A and/or B Only (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 supplemental 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 treatment plan and associated medication(s); find free-medication program or reimbursement plan, if available.	Identify if patient is eligible for Medicaid or a Medicare Supplemental Payer plan. If so, help patient complete and submit applicable form(s).	Go over insurance plan with patient; identify where they can save dollars (i.e., changing insurance, if applicable).	
Medicare: Advantage Plan (Age 65/Retired/Disabled)	Verify benefits.	Go over insurance plan with patient; identify 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 medication(s) are approved/indicated for diagnosis/place in therapy and submit prior authorization. A prior authorization is necessary.	Identify patient's responsibility for prescribed medication(s). In rare instances, patients may have 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 medication(s) are approved/indicated for diagnosis/place in therapy and submit pre-determination or prior authorization if necessary.	Identify patient's responsibility for prescribed medication(s).	Identify if free medication(s) is available, if necessary; complete and submit applicable form(s).	Identify if manufacturer assistance is available and complete and submit applicable form(s); may also be able to file for compassionate use with pharmaceutical company to receive medication(s).

Complete and submit identified foundation program application form(s), if available.	If applicable, identify if patient qualifies for charity care within the cancer program/practice or healthcare system. Complete and submit this paperwork.	Establish a payment plan 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 necessary; 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 medication(s); find free-medication program or reimbursement plan, if available; may also be able to file for compassionate 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.

Look at Medicare Part D plans if patient does not already have this coverage.	Look at patient's treatment plan and associated medication(s); find free-medication program or reimbursement plan, if available; may also be able to file for compassionate 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.

If an insurance change is not available, identify if foundation assistance is available. May also be able to file for compassionate use with pharmaceutical company to receive medication(s).	Complete and submit identified program application form(s).	If any balance, establish a payment plan for any left over balance (if available) or collect remaining balance.	Follow up with patient at regular intervals during treatment.

Look at patient's treatment plan and associated medication(s); find free-medication program or foundation, if available; may also be able to file for compassionate use with pharmaceutical company to receive medication(s).	Complete and submit identified program application form(s).	If any balance, establish a payment plan for any left over balance (if available) or collect remaining balance.	Follow up with patient at regular intervals during treatment.

Identify if free medication(s) is available, if necessary; complete and submit applicable form(s); may also be able to file for compassionate use with pharmaceutical company to receive medication(s).	Patients in this population are not usually eligible for financial assitance, including manufacturer assistance. To help offset costs, look for independent foundational assistance that can provide assistance with groceries, mortgage/rent payments, vehicle payments, monthly bills, etc.	Complete and submit identified independent foundation program application form(s).	If any balance, establish a payment plan for any left over balance (if available) or collect remaining balance.	Follow up with patient at regular intervals during treatment.

If no manufacturer assistance is available, identify if foundation assistance is available.	Complete and submit identified program application form(s).	If patient qualifies for manufactuer or foundation assistance, send an explanation of benefits (EOB) and/or other paperwork to verify amount owed.	Process payment using the co-pay card or other form of payment the identified program offers.	If any balance, establish a payment plan for any left over balance (if available) or collect remaining balance.	Follow up with patient at regular intervals during treatment.