

PAP Flow Chart

Step 1

Provider writes chemotherapy order for patient.

Step 2

Chemotherapy order is sent to finance staff.

Step 3

Staff identifies the patient's financial status and follows the appropriate flow chart below.

No insurance	Identify if patient qualifies for any programs (SSDI, Medicaid, etc.). Identify if replacement drugs are available.	Fill out forms for all programs. Complete forms for companies that have a replacement program if patient qualifies.	Identify if foundation funding is available for any drugs not replaced.	Fill out forms for foundation funding that is available.
Medicaid Program	Verify benefits.	Verify drugs are indicated for dx and authorize if necessary.	Identify if replacement drugs are available if necessary. Will need to appeal to receive drugs.	Identify patient's responsibility.
Medicare Only	Verify benefits.	Verify drugs are indicated for dx.	Identify if replacement drugs are available if necessary. Will need to appeal to receive drugs.	Identify patient's responsibility.
Medicare & Supplemental	Verify benefits.	Verify drugs are indicated for dx.	Identify if replacement drugs are available if necessary. Will need to appeal to receive drugs.	Identify patient's responsibility and if there is none start treatment.
Medicare & Secondary	Verify benefits.	Verify drugs are indicated for dx and authorize secondary insurance if necessary.	Identify if replacement drugs are available if necessary. Will need to appeal to receive drugs.	Identify patient's responsibility.
Medicare Advantage	Verify benefits.	Verify drugs are indicated for dx and authorize if necessary.	Identify if replacement drugs are available if necessary. Will need to appeal to receive drugs.	Identify patient's responsibility.
Other Government Programs	Verify benefits.	Verify drugs are indicated for dx and authorize if necessary.	Identify if replacement drugs are available if necessary. Will need to appeal to receive drugs.	Identify patient's responsibility.
Managed Care	Verify benefits.	Verify drugs are indicated for dx and authorize if necessary.	Identify if replacement drugs are available if necessary. Will need to appeal to receive drugs.	Identify patient's responsibility.
Commercial & Insurance Exchanges	Verify benefits.	Verify drugs are indicated for dx and authorize if necessary.	Identify if replacement drugs are available if necessary. Will need to appeal to receive drugs.	Identify patient's responsibility.

The PAP Flow Chart was provided courtesy of Wendalyn Andrews,
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Identify if patient qualifies for charity care within the clinic or institution and complete paperwork.	Create payment plan for any balance if available or collect balance.				
Collect out-of-pocket costs.					
Identify if foundation assistance is available.	Fill out forms for foundation funding that is available.	Identify if patient qualifies for charity care within the clinic or institution and complete paperwork.	Create payment plan for any balance if available or collect balance.		
If patient has responsibility, identify if foundation assistance is available.	Fill out forms for foundation funding that is available.	If patient qualifies, send in EOB and/or anything else to help verify amount for foundation to pay.	If any balance, create payment plan or collect balance.		
Identify if foundation assistance is available.	Fill out forms for foundation funding that is available.	If patient qualifies, send in EOB and/or anything else to help verify amount for foundation to pay.	If any balance, create payment plan or collect balance.		
Identify if foundation assistance is available.	Fill out forms for foundation funding that is available.	If patient qualifies, send in EOB and/or anything else to help verify amount for foundation to pay.	If any balance, create payment plan or collect balance.		
Identify if foundation assistance is available.	Fill out forms for foundation funding that is available.	If patient qualifies, send in EOB and/or anything else to help verify amount for foundation to pay.	If any balance, create payment plan or collect balance.		
Identify if manufacturer assistance is available and fill out forms if applicable.	If no manufacturer assistance, then identify if foundation assistance is available.	Fill out forms for foundation funding that is available.	If patient qualifies for manufacturer or foundation assistance, send in EOB and/or anything else to help verify amount owed.	Process payment using co-pay card or whatever form of payment the program has.	If any balance create payment plan or collect balance from patient.
Identify if manufacturer assistance is available and fill out forms if applicable.	If no manufacturer assistance, then identify if foundation assistance is available.	Fill out forms for foundation funding that is available.	If patient qualifies for manufacturer or foundation assistance, send in EOB and/or anything else to help verify amount owed.	Process payment using co-pay card or whatever form of payment the program has.	If any balance, create payment plan or collect balance from patient.