

Getting Started with Parachute Health for Ordering CGMs

What is it?

A platform that allows online ordering with guided prompts of durable medical supplies, including continuous glucose monitoring supplies directly from various DMEs.

Who can use it?

Clinicians or their support staff may enter orders. <u>However, the prescriber is required to sign (see Step 7).</u> Prescriber refers to the following clinicians - PCP, NP, PA or Endocrinologist.

How could using Parachute help?

The platform guides you through providing the specific patient chart information that fulfills their insurance requirements, depending on which supplies are being ordered. It also allows for standard workflows for gathering DME requirements from patients. It eliminates need for:

- · Filling out/interpreting specific DME CGM fax form for ordering CGMs
- Faxing chart notes

EXAMPLE - CGM ordering:

The platform compiles a document that has everything the DME needs to submit a claim (e.g. frequency of insulin injection) to patient's insurance.

What happens after an order is sent?

Each order is updated with status and history throughout the process until the items ship. This allows for easy determination of what is happening with the order and eliminates having to call DME and wait on hold.

What happens if there are questions?

The platform offers a live chat option within the order Monday to Friday 9AM-8PM EST.

Type a comment to your supplier or type "O" to mention someone

Supplier will only see comment after order is sent. Do not post credit card info

Chat with Supplier

Will the patient be manually testing their blood glucose in addition to using the CGM?	
O Yes	
• No	
How many times per day is the patient receiving insulin?	
Continuously	
manually (enter number of times per day)	

Do all DMEs participate with Parachute?

the patient is not receiving insulin

Many do, J & B Medical does NOT participate. The platform will tell you if the company does NOT contract with the patient's insurance.



Is the system HIPAA compliant and what are organizational requirements?

Parachute Health maintains HIPAA compliance by completing a business associate agreement (BAA) with organizations and DME suppliers (available on the website) utilizing the service.

Some health care organizations reported they determined a BAA may not be necessary and classify use as continuation of care between two covered entities, the health care system and DME supplier. Work with your organization to confirm BAA details.

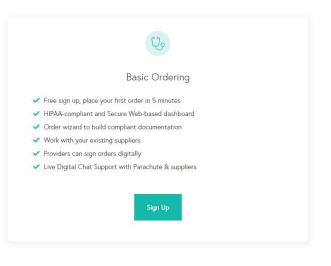
The system will prompt for your health care organization. Certain organizations may require additional authorization.

What is the cost to use this software?

It's FREE.

How does an individual practice/clinician enroll?

- Visit www.parachutehealth.com and click "Sign Up" in top right corner (you can sign up as practice and each individual accessing the platform can have their own ID and password)
- 2. Select Basic Ordering (see image on the right)
- 3. Click the "Create an account" option
- 4. Creating CGM order:



STEP 1: CREATE A NEW ORDER & ENTER PATIENT INFORMATION

Who is the order for? Enter patient information First name Last name Test Test Date of Birth Sex	Patient Q All Followers C	All Suppliers Q MM/DD/YYYY	Clear All Filters
First name Last name Test Test	Who	is the order for?	
Test	Enter patient information		
	First name	Last name	
Date of Birth Sex	Test	Test	
	Date of Birth	Sex	
01/01/2000 Male ~	01/01/2000	Male	~

STEP 2: ENTER PAYMENT / INSURANCE INFORMATION

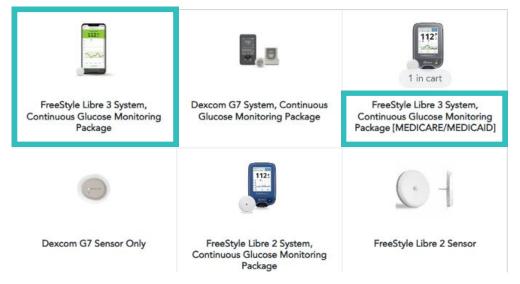
Test Test	Payment Information
Sex: Male DOB: 01/01/2000 (23y)	Patient insurance information will be used to help determine eligibility for the order.
O Payment	Primary Insurance
O Products & Services	Member ID
O Addresses & Contacts	Enter Member ID
Clinical Info	
O Signing Clinician	
O Review	
Continue	

STEP 3: SELECT THE SUPPLIER AND PRODUCT

Search Suppliers by name Q		
Your Organization's Suppliers All Suppliers Service Areas: MI (defa	ult) X Categories	
Active Filters (1)		
Advanced Diabetes Supply	Solara Diabetic Supplies	

REMINDER - Medicare patients ARE required to have a READER. Parachute makes this easier by having a MEDICARE/MEDICAID option for each CGM. See boxed text below.

NOTE: If MEDICARE patient requires a new order for SENSORS ONLY -- You must indicate that patient already has a reader (See Step 5)



STEP 4: ADD PATIENT ADDRESS & CONTACT INFORMATION

Test Test 🧳	Addresses & Contacts	Patient Info	
Sex: Male DOB: 01/01/2000 (23y)	Patient Contact Info Home/Billing Address		
) Payment	중 Add Patient's Home/Billing Information	Street - Line 1	Street - Line 2 (Optional)
Products & Services		Enter Address Line 1	Enter Address Line 2
Addresses & Contacts			
Clinical Info		City	State ZIP
Signing Clinician		Enter City	Michi V Enter ZIP
Review			
Continue]	Phone Number	Alternate Phone (Optional)
		(000) 000-0000	(000) 000-0000
	Preferred Language (Optional)	Email (Optional)	
	Select or add language Q	****@*****.com	
	Heads up! The supplier may use this information to contact the patient via phone, SMS, or email for assistance with completing the order. To proceed with your order, you confirm that, to the best of your knowledge, the patient info is true and accurate, and that the patient consents to this communication		
			Save

STEP 5: ADD CLINICAL INFORMATION

	2. Chat with Supplier –Good place to share any specifics about order (e.g., if patient already has a receiver)	I Save Press Enter ♥ or Tab ➡ Use this space to indicate that the patient already has a reader if they have MEDICARE	
Continue	1. Additional Notes – Good pl patient to a new CGM	ace to enter if you are switching a Please add any additional notes or patient history detail [Optional]	
O Review	Optional Sections:		
Signing Clinician	You are responsible for ensuring that any patient info Parachute does not provide recommendations relate	rmation submitted by you is accurate and correct. d to the appropriateness of any order or plan of care.	
Clinical Info			
Addresses & Contacts	Search and select by ICD-10 or description		
O Products & Services	Diagnoses Add any relevant diagnosis codes for the products you ordered Diagnosis Codes		
O Payment			
Sex: Male DOB: 01/01/2000 (23y)	Select relevant diagnoses and complete	the corresponding required documents.	
Test Test	Clinical Info		

Test Test	Signing Clinician	
Sex: Male DOB: 01/01/2000 (23y)	Who will be signing the order?	
Payment	Search by clinician name or NPI	Q
Products & Services		
Addresses & Contacts		Continue
Clinical Info		
Signing Clinician		
Review		

STEP 7: SELECT SIGNATURE METHOD

Option 1: Sign On-Screen (Use if authorized via CPA* or other via sign on behalf of the provider)

1. If you are an authorized signer, enter PCP/ Endocrinologist's name and NPI.

2. After you enter PCP/Endocrinologist name/NPI, this screen (image to the right) appears, simply click, "Continue."

*Collaborative Practice Agreement

Option 2/3: Send a Request / Print and Attach

- *If email selected*: PCP/Endocrinologist will receive an email with a link. The link will take them to the order where they can electronically sign.
- *If fax selected:* PCP/Endocrinologist will receive a fax with instructions on how to sign and return the fax.
- *If Print and Attach selected:* Order will print. Find PCP/ Endocrinologist for wet signature.

Who will be signing the order?	
	×
Signature Method	
Sign On-Screen Send a Request	O Print and Attach
Sign On-Screen	
This signature method allows and the sign to sign imm and Send" on the review page.	mediately by clicking "Sign
	Continue
igning Clinician	
Who will be signing the order?	
	×
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Signature Method	
Signature Method	O Print and Attach
Sign On-Screen Send a Request	Print and Attach
Sign On-Screen Send a Request	
Sign On-Screen Send a Request	wing addresses. The
Sign On-Screen Send a Request	
Sign On-Screen Send a Request	wing addresses. The
Sign On-Screen Send a Request Send a Request This method sends a request for signature to any of the follo equest(s) will be sent on submission. It r******@spectrumhealth.org + Add Clinician Cell Phone Number	wing addresses. The 7 orders signed 🕿
Sign On-Screen Send a Request	wing addresses. The 7 orders signed 🗷
Sign On-Screen Send a Request This method sends a request for signature to any of the follo equest(s) will be sent on submission. tr******@spectrumhealth.org + Add Clinician Cell Phone Number 	wing addresses. The 7 orders signed 🕿
Sign On-Screen Sign A Request Sign A Request This method sends a request for signature to any of the follo quest(s) will be sent on submission. Add Clinician Cell Phone Number Fax: The clinician will be asked to sign these documents: WOPD	wing addresses. The 7 orders signed 🕿 4 orders signed 🖻 Ready for Signature
Sign On-Screen Send a Request Send a Reques	wing addresses. The 7 orders signed 🕿 2 4 orders signed 😭

Signature Method Option 1

Review the order details and once everything is complete hit the "Sign and Send Order" or "Send Order" to send the prescription.

Signature Method Option 2/3

Order Details	Order Details
Ready to Send Sign and Send Order	Ready to Send
has reviewed and authorized this order and has certified that the medical necessity info cont Read More	Send Order
Patient ~	
Payment ~	Share Order Tracker with the Patient
in this order (1)	(patient's primary phone number). If enabled, you confirm that, to the best of your knowledge, the patient phone number is true and accurate, and that the patient consents to receiving the order tracker via SMS.
FreeStyle Libre 2 System, Continuous Glucose Monitoring Package Uibre 2 Reader - CGMR Libre 2 Sensor, change every 14 days - CGMS	How it works
Quantity 1 Prescription - Day Supply - 90 Details - Refills - 3 Insulin treatment - Continuously via insulin pump - Directions - Use per manufacturer directions	New feature! Allows a text to be sent to the patient's mobile phone number for tracking purposes.

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