

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. ***However, the PCP is required to sign electronically.***

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.

Chat with Supplier

Contact Info

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

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

Prescription Details ×

Will the patient be manually testing their blood glucose in addition to using the CGM?

Yes

No

How many times per day is the patient receiving insulin?

continuously

manually (enter number of times per day)

4

the patient is not receiving insulin

Do all DMEs participate with Parachute?

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.

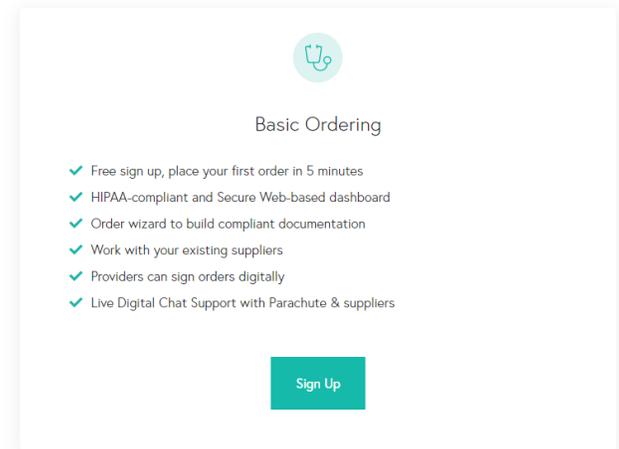
The system will prompt for your health care organization. Certain organizations may require additional authorization.

What is the cost to use this software?

It's FREE.

How does an individual practice/clinician enroll?

1. 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

A screenshot of a web application interface for creating a new order. At the top left is a "Home" link with a small logo. To the right is a "Search Patients" search bar and a red button labeled "+ New Order". Below these are several filter buttons: "Patient...", "All Followers", "All Suppliers", "MM/DD/YYYY", and "Clear All Filters". The main content area is titled "Who is the order for?" and contains a form titled "Enter patient information". The form has four fields: "First name" (text input with "Test" entered), "Last name" (text input with "Test" entered), "Date of Birth" (text input with "01/01/2000" entered), and "Sex" (dropdown menu with "Male" selected). A teal "Continue" button is located at the bottom right of the form.

STEP 2: ENTER PAYMENT / INSURANCE INFORMATION

Test Test 

Sex: Male
DOB: 01/01/2000 (23y)

- Payment
- Products & Services
- Addresses & Contacts
- Clinical Info
- Signing Clinician
- Review

Continue

Payment Information

Patient insurance information will be used to help determine eligibility for the order.

Primary Insurance

Member ID

STEP 3: SELECT THE SUPPLIER AND PRODUCT

Select Supplier

Order from your organization's suppliers, or from any supplier on the Parachute Platform.

Active Filters (1)

Advanced Diabetes Supply	Solara Diabetic Supplies
Orbit Medical	Eclipse Medical

Insurance not accepted

 FreeStyle Libre 2 System, Continuous Glucose Monitoring Package	 Dexcom G6 Continuous Glucose Monitoring Package	 Tandem Insulin Pump Package
 FreeStyle Libre 3 System, Continuous Glucose Monitoring Package	 Omnipod 5 Insulin Pump	 Home Blood Glucose Monitor Package
 FreeStyle Libre 14 Day Sensor	 Medtronic Guardian Continuous Glucose Monitoring Package	 Alcohol Wipes (Diabetes)

STEP 4: ADD PATIENT ADDRESS & CONTACT INFORMATION

Test Test 
Sex: Male
DOB: 01/01/2000 (23y)

- Payment
- Products & Services
- Addresses & Contacts**
- Clinical Info
- Signing Clinician
- Review

Continue

Addresses & Contacts

Patient Contact Info

Home/Billing Address

Add Patient's Home/Billing Information

Patient Info

Street - Line 1: Enter Address Line 1

Street - Line 2 (Optional): Enter Address Line 2

City: Enter City

State: Michi...

ZIP: Enter ZIP

Phone Number: (000) 000-0000

Alternate Phone (Optional): (000) 000-0000

Preferred Language (Optional): Select or add language

Email (Optional): ****@****.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

Test Test 
Sex: Male
DOB: 01/01/2000 (23y)

- Payment
- Products & Services
- Addresses & Contacts
- Clinical Info**
- Signing Clinician
- Review

Continue

Clinical Info

Select relevant diagnoses and complete the corresponding required documents.

Diagnoses
Add any relevant diagnosis codes for the products you ordered

Diagnosis Codes
Search and select by ICD-10 or description

You are responsible for ensuring that any patient information submitted by you is accurate and correct. Parachute does not provide recommendations related to the appropriateness of any order or plan of care.

Optional Sections:

1. Additional Notes – Good place to enter if you are switching a patient to a new CGM
2. Chat with Supplier – Good place to share any specifics about order (e.g., if patient already has a receiver)

Please add any additional notes or patient history detail [Optional]

Save Press Enter or Tab →

STEP 6: PRESCRIBER INFORMATION

Enter PCP's name and NPI here (anyone can do this), then click "Continue."

Test Test
Sex: Male
DOB: 01/01/2000 (23y)

- Payment
- Products & Services
- Addresses & Contacts
- Clinical Info
- Signing Clinician
- Review

Signing Clinician

Who will be signing the order?

Search by clinician name or NPI...

Continue

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

*Collaborative Practice Agreement

Signing Clinician

Who will be signing the order?

[Redacted]

Signature Method

Sign On-Screen Send a Request Print and Attach

Sign On-Screen

This signature method allows [redacted] to sign immediately by clicking "Sign and Send" on the review page.

Continue

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

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

Signing Clinician

Who will be signing the order?

[Redacted]

Signature Method

Sign On-Screen Send a Request Print and Attach

Send a Request

This method sends a request for signature to any of the following addresses. The request(s) will be sent on submission.

tr*****@spectrumhealth.org 7 orders signed

+ Add Clinician Cell Phone Number

Fax: [Redacted] 4 orders signed

The clinician will be asked to sign these documents:

- WOPD Ready for Signature
- Face-to-Face (Diabetes) Not Ready

Continue

STEP 8: REVIEW AND SEND

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 1

Order Details

✔ Ready to Send [Sign and Send Order](#)

██████████ has reviewed and authorized this order and has certified that the medical necessity info cont... [Read More](#)

Patient ▼
Test Test

Payment ▼
Medicare - cash

In this order (1) ▲

 **FreeStyle Libre 2 System, Continuous Glucose Monitoring Package**

- Libre 2 Reader - CGMR
- Libre 2 Sensor, change every 14 days - CGMS

Quantity	1
Prescription Details	<ul style="list-style-type: none">- Day Supply - 90- Refills - 3- Insulin treatment - Continuously via insulin pump- Directions - Use per manufacturer directions

Signature Method Option 2/3

Order Details

👍 Ready to Send

[Send Order](#)

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