

About ResMed ReSupply (Guide)

ResMed ReSupply is an online business solution that automates the resupply process, so that patients can continue with therapy seamlessly. Designed to keep you organized, this software sorts through your patient population to identify what therapy items each patient is eligible for and when they're due to be replaced.

Featuring wellness checks, automatic notifications and purchase orders, ResMed ReSupply informs patients on how their therapy is going and gives them what they need, when they need it. This means you can save time on resupply tasks and focus on improving patient care and support instead.

Made in USA



Distributed by:

ResMed Corp 9001 Spectrum Center Boulevard San Diego CA 92123 USA

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Legal notices (Topic)

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System requirements and compatibility (Topic)

To enable the proper functioning of ResMed ReSupply there are requirements that must be met.

Requirements for hardware and operating system at the organization:

The computer from which ResMed ReSupply is being accessed must meet the following minimum requirements:

Browsers

One of the following:

- Microsoft® Internet Explorer 11 or above (32 and 64-bit)
- Firefox® 31.0 or above

- Chrome™ 12 or above

Additional software

- Microsoft® Office Excel 2007 or above

System components (Topic)

ResMed ReSupply is made up of four main system components: resupply notifications, insurance eligibility, insurance verification and integrated supply request processing.

Resupply notifications (Reference)

Patients are notified by ResMed ReSupply when they may be eligible for new supplies. A patient's eligibility for new supplies is determined by the following:

- Last date a patient received supplies
- Patient's payor (insurance) plan
- Patient's HME notification period (the default period is 90 days)

When a patient may be eligible for new supplies, ResMed ReSupply will contact the patient once a week for five weeks until a supply request is placed.

Notifications are sent via email, automated interactive voice response system (IVR) call, live call and/or text message (SMS). A patient can change their notification preference in ResMed ReSupply, or they can call the ReSupply Client Services team. HMEs can temporarily disable notifications based on the patient, organization location, organization's payor and call schedule.

When a supply request is placed, the patient will not be contacted by ResMed ReSupply until the end of the HME's notification period, or after the first notification date, or the last supply request date (whichever is later).

To enable resupply notifications, the following information is required when you create a new patient profile:

- Email address and/or phone number
- Payor plan
- Prescribed items
- Notification preferences

Patients have the choice to opt in or out of resupply notifications. If a patient decides that they do not want to be contacted, then they can still view the items they are eligible for in ResMed ReSupply and contact the ReSupply Client Services team.

Insurance eligibility (Reference)

To determine if a patient may be eligible for new supplies (eligible for reimbursement), ResMed ReSupply uses an "eligibility engine" that takes into account the patient's payor plan and the last date a patient received new supplies.

When you create a new patient profile, you must provide the patient's payor. ResMed ReSupply categorizes payor plans into Medicare and non-Medicare plans. For non-Medicare plans, patients must answer additional questions and provide replacement reasons for supplies to confirm their eligibility. These additional questions are asked while the patient fills out the ResMed ReSupply questionnaire, or speaks to a client services representative/IVR system.

Each payor plan has a resupply schedule that supports ResMed ReSupply-supported items that fall under the Healthcare Common Procedure Coding System (HCPCS). Every HCPCS item has a quantity and timeframe that define eligibility for resupply (for example, one mask every 90 days). ResMed ReSupply allows the resupply schedule to be changed for each payor plan.

ResMed ReSupply monitors a patient's eligibility for HCPCS items on a daily basis. Regardless of the supply request method (supply requests generated by the resupply questionnaire, ad-hoc supply requests and in-person supply requests), ResMed ReSupply will use this information to determine resupply eligibility.

Note: ResMed ReSupply does not monitor supply requests that are placed outside the system. Deductibles and individual maximums are also not tracked. Therefore, actual eligibility (reimbursement) for requested supplies is not guaranteed.

Insurance verification (Reference)

ResMed ReSupply™ lets you verify a patient's payor plan (insurance plan). You can only verify payor plans that participate in the TransUnion™ automated verification service.

During insurance verification, the system checks to see if the patient's insurance information is valid and what types of coverage they have under their plan. Details about co-pays, deductible owing and coverage amounts are not checked.

Based on your organization's setup, the insurance verification is done either automatically or manually.

Note: Additional service fees may apply when you use the insurance verification feature. Contact your ResMed representative for more details about the additional fees.

Automatic insurance verification

If automatic insurance verification is turned on for your organization, this feature automatically verifies a patient's insurance every time they submit a supply request. However, ResMed ReSupply can only automatically verify insurance for a patient once per day.

Note: The patient's payor and member ID must be in their ResMed ReSupply profile to complete an insurance check.

Payor



Insurance valid on
05/02/2018

▼ Details

Payor details	Member ID
ACS Benefit Services	TC001001

[Insurance verification report](#)

How do I verify insurance manually?

To manually verify insurance, go to the patient's profile > **Patient details** > **Payor details** > **Verify insurance**. This can take up to 24 hours to complete.

Integrated supply request processing (Reference)

ResMed ReSupply offers integrated supply request processing for VGM and PPM fulfillment. To select a fulfillment partner, see [Updating organization details](#). You also have the option to not use a fulfillment partner.

When a patient supply request is placed, ResMed ReSupply chooses the fulfillment method preferred by the patient's HME. You also have the option to choose manual fulfillment for a supply request.

A confirmed supply request that uses either VGM or PPM fulfillment, is detected by the ResMed ReSupply supply request service. The confirmed supply request is then sent electronically to a third-party service. The third-party service notifies ResMed ReSupply when the supply request ships.