# Medicare Questionnaire

Hello! [HME] has a few questions about your sleep therapy and replacement supplies.

1. First, are you still using your CPAP equipment? Y/N

**Yes**: According to your insurance provider, you may be eligible for new sleep therapy replacement supplies. Out of pocket expenses like copays and deductibles may apply. Do you want to request everything you are eligible to receive? [Continue to question two].

 ${\bf No}:$  Would you like someone from [HME] to follow-up with you to discuss your Sleep Therapy? Y/N

- Yes: Thank you. If you need to request new sleep therapy replacement supplies, please call [HME] at, (XXX) XXX-XXX or log back on to your portal. [End call].
  - A Patient follow-up Work Item is created for your team to review.
- No: Thank you. If you need to request new sleep therapy replacement supplies, please call [HME] at, (XXX) XXX-XXX or log back on to your portal. [End call].
- 2. Our records show you may be eligible for new sleep therapy replacement supplies. Prior to approving replacements, your insurance provider requires we document the functional condition of your current supplies. For each item you request, you will be asked to indicate the condition of the item you're replacing. Out of pocket expenses like copays and deductibles may apply. Would you like to request your sleep therapy replacement supplies?
  - Yes The questionnaire will ask the patient for any eligible items based on the patient account:

Would you like a replacement [Item]? Y/N

- 1. Yes
- Is your mask worn out, discolored or damaged? [Select an option].
- How many new, unused [items] do you have on hand? [0-6].
- The questionnaire will continue the list of items is completed.

2. No: Will continue to the next eligible item.

No:

Thank you. If you need to request new sleep therapy replacement supplies, please call [HME] at, (XXX) XXX-XXX or log back on to your portal.

3. Just a few more questions. Has your shipping address changed from [Street address]? Y/N

Yes:

- If going through on the IVR, the call is transferred to a Customer Service Representative to help update the Address.
- If going through the Patient portal, there is a form box that comes up to update the address. As an example:

| Call script                  |                                     | x 30    |
|------------------------------|-------------------------------------|---------|
| Address                      |                                     |         |
| for                          |                                     |         |
| City / Suburb                |                                     |         |
| State / Province / Territory |                                     |         |
| Select                       |                                     | •<br>Bi |
| Zip / Postal code            |                                     |         |
| em<br>ch : Back Next         | Do                                  | ne      |
| em                           | Closed Not on therapy Performed by: | System  |

No: [Continue to question four.]

4. Has your medical insurance (Payor) changed since your last request? Y/N

**Yes**: If going through on the IVR, the call is transferred to a Customer Service Representative to help update their Insurance (Payor) Provider.

If going through the Patient portal, there is a form box that comes up to update the address. As an example:

| Call script   | × | 2 |
|---|---|---|
| Who is your new insurance provider, and what is your member ID?<br>Note: This information will not immediately appear on your profile. A client services representative will be notified to |   |   |
| verify your profile's insurance information.  |   |   |
| Insurance provider Select   |   |   |
| Can't find your provider?<br>Member ID  |   |   |
|   |   |   |
| Desk. New Desk  |   |   |
| Back Next Done  | ÷ | ĺ |

\*The only Payor options available are those that have been mapped to the HME account. If the Payor is missing, select best option or Default Payor for the time being.

Once the Insurance details are provided, select Next.

No: [Continue on to the End script below].

## End Script

Depending on End Script HME has attached to their account:

### Ship-to

Thank you. A member of the [HME] team will review your request and contact you if additional information is required, otherwise, your supplies will be shipped within [X] business days. If you need to contact [HME] directly please call (XXX) XXX-XXX.

### Pick-up

Thank you. A member of the [HME] team will review your request and contact you if additional information is required, otherwise, your supplies will be available for pick up within [X] business days at [Location]. If you need to contact [HME] directly please call (XXX) XXX-XXX.

### **Contact patient**

Thank you. Before your supplies are shipped, a representative from [HME] will contact you to confirm your request.