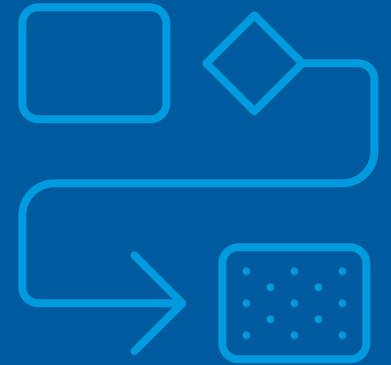


Resupply isn't broken.
But it could be your workflow.




5 hidden workflow gaps that disrupt resupply
(and how to fix them)

Resupply workflows don't break because of effort

Most resupply programs are powered by teams doing everything they can to keep patients engaged, orders moving, and revenue on track.

But effort isn't always the issue.

Across HME organizations, resupply can start to break down when it's managed as a series of disconnected tasks instead of one connected workflow. A call here. An eligibility check there. A follow-up list. A payer requirement. A partial order. A fulfillment handoff. Each moment may seem manageable on its own, but together, they can create missed patients, incomplete orders, revenue leakage, and staff burnout.



Five workflow challenges to rethink:

- 1 Scheduling and timing complexity
- 2 Eligibility and payer rule management
- 3 Patient engagement and communication
- 4 Order completeness and revenue capture
- 5 Fulfillment and operational efficiency

The opportunity isn't to push teams harder. It's to build a resupply workflow that helps every step in the process work together.

1

Scheduling and timing complexity

Timing drives everything. Resupply depends on the right action happening at the right time. But when teams are managing 30-, 60-, and 90-day cycles manually across thousands of patients, timing can get complicated fast. Manual scheduling can make it harder to manage eligibility windows, outreach backlogs, and different payer, product, and rule timelines. Even small delays can add up. A missed window does not just delay one order. It can disrupt the patient's entire resupply rhythm.

Why it matters

When timing slips, orders can be missed, patients can fall out of cadence, and revenue can become less consistent.

The shift

Move from manual tracking to rules-driven scheduling that helps identify who needs outreach, when they're eligible, and what should happen next.

Core idea: Right patient. Right time. Every time.

2

Eligibility and payer rule management

Requirements should not slow the workflow. Eligibility isn't static. Payer rules can vary, change, and add complexity to what should feel like a straightforward order. When verification happens manually, teams may face delayed insurance checks, inconsistent payer rule management, and documentation gaps that create rework. The challenge isn't just the number of requirements. It's the pressure on staff to manage those requirements across disconnected steps.

Why it matters

This is where revenue can be lost quietly. Orders may be processed incorrectly, claims may be denied after fulfillment, and staff may spend valuable time fixing issues that could have been caught earlier.

The shift

Move from manual verification to embedded payer logic that helps apply rules before orders are created, verifies eligibility automatically, and supports documentation in real time.

Core idea: Right patient. Right requirements.

3

Patient engagement and communication

Outreach works best when it meets the moment. Even when patients are eligible, reaching them isn't always simple. A live call may work one month. A text may work better the next. And when outreach depends on staff availability or one communication channel, eligible patients can be missed. Common barriers include limited outreach capacity, one-channel communication, and missed calls that become missed orders.

Why it matters

If patients aren't reached, orders may not get placed, adherence can be affected, and revenue opportunities can disappear.

The shift

Move from one-size outreach to adaptive, multi-channel engagement across text, email, app, and voice, with flexible timing and persistent follow-up.



A live call might be good for me this month, while text might be better next month. It's all about meeting the patient where they are in that moment.

Sarah Gray, Director, Customer Success-Resupply, Brightree

Core idea: Right message. Right channel.

4

Order completeness and revenue capture

A placed order isn't always a complete order. Sometimes the order happens, but the full opportunity doesn't. A patient may request one item instead of a full resupply. Staff may not have visibility into everything the patient is eligible for. Orders may move forward without being optimized. This can lead to fragmented orders, missed eligible items, and lower revenue per patient.

Why it matters

Incomplete orders can mean more shipments, higher costs, missed revenue, and missed opportunities to support clinical and adherence goals.

The shift

Move from reactive ordering to guided, complete orders that identify full eligibility at the time of order and help guide patients toward a more complete resupply.



Providers lose money when they lack systems that maintain consistent touchpoints with every patient.

Addison Perrymond, Head of Product, Brightree

Core idea: Maximize every order.

5

Fulfillment and operational efficiency

Growth shouldn't depend on more manual work. Even when scheduling, eligibility, outreach, and ordering go right, operations can still get stuck downstream. As volume grows, disconnected fulfillment processes can make it harder to scale without adding more work for already-busy teams. Operational strain can show up through manual inventory coordination, shipping processes disconnected from ordering, or routine work that keeps staff focused on tasks instead of exceptions.

Why it matters

Disconnected operations can increase cost-to-serve, delay shipments, and place more strain on staff.

The shift

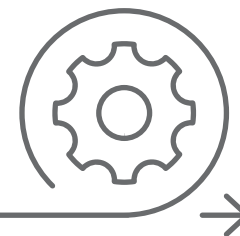
Move from labor-dependent operations to scalable workflows that connect ordering to fulfillment, help align inventory and shipping with demand, and allow staff to focus on patients who need more support.



Brightree Resupply has saved us about 80% in automation time, and this has been a huge impact on our company, because it allows us to spend additional time with patients that need the guided call, or just patients that are having an exception and need our help to troubleshoot maybe new supplies or concerns that they're having.

Micheline Stephens, PT, President, CIC SME, PCG Medical

Core idea: Deliver efficiently at scale.



The future of resupply is connected

Individually, these challenges may feel manageable. A missed call. A delayed eligibility check. A partial order. A disconnected fulfillment step. But together, they can create a resupply system that is harder to scale, harder to manage, and harder to understand. The next step isn't solving each issue in isolation. It's rethinking resupply as one connected, workflow-driven system where every step supports the next.



Scheduling becomes more consistent. Eligibility is built into the process. Outreach adapts to the patient. Orders are guided toward completeness. Fulfillment connects back to demand. That's the shift from task-based resupply to workflow-driven resupply.

And for HME providers, it can help create a clearer path to stronger visibility, less manual work, smoother patient engagement, and more scalable operations.

When resupply works together, more becomes possible.

Take the next step toward connected resupply

If your resupply program feels harder to manage than it should, it may be time to look beyond the individual tasks and evaluate how the full workflow comes together. Consider where your team could capture more opportunity if every step of resupply worked together.

Brightree helps HME providers rethink resupply as a connected, automation-supported process that can help reduce manual effort, support patient engagement, and uncover opportunities that may be hidden in the day to day.

About Brightree

Brightree delivers a unified, workflow-native platform that supports the full lifecycle of HME and DME operations, from intake and documentation through billing, reimbursement, and resupply. Built on proven, real-world HME workflows, Brightree embeds payer logic and operational safeguards into daily execution to help providers reduce variability, preserve revenue, and adapt as reimbursement models evolve. Its interoperability-first architecture connects referral sources, manufacturers, patients, and healthcare systems in a more connected workflow, helping reduce fragmentation and manual effort.

By supporting the full order-to-cash process, not just isolated tasks, Brightree enables more consistent operations, stronger financial performance, and better experiences for patients and the teams who serve them.



For more information or to request a demo, scan the QR code or contact us at [brightree.com](https://www.brightree.com) or **888.598.7797**.

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