



## Scripts and Talking Points

For phone calls, faxes, and emails about Round 2

### Script for a Representative who has signed on to HR 1717:

*"My name is (your name) and I'm from (your hometown). I own/work for (your company). I wanted to thank Representative (name) for (his/her) support in replacing the current DME bidding program with the industry-supported Market Pricing Program by signing on to H.R. 1717. The current program has been badly mismanaged and is causing serious access issues for Medicare patients. It is also very harmful to small businesses.*

*(your personal story)*

*(His/her) support of this bill could save my business and help ensure that my patients receive the care they deserve. I now ask for Representative (name)'s help in getting the language of this bill included in an appropriate large bill before the end of this year. It is vital for my patients and my business. Thank you."*

### Script for a Representative who has not signed on to HR 1717:

*"My name is (your name) and I'm from (your hometown). I own/work for (your company). I'm calling Representative (name) to ask for (his/her) support in replacing the current DME bidding program with the industry-supported Market Pricing Program. The current flawed and badly designed program is anything but competitive. It is just another way to set prices at unsustainable rates through administrative manipulation of supplier capacity. The program is causing serious access issues for Medicare patients and is very harmful to small businesses.*

*(your personal story)*

*H.R. 1717 offers a sustainable alternative to the current program that over 240 auction experts have said is designed to fail. I urge Representative (name) to cosponsor this bill and urge House leadership to insure this bill is passed before the end of the year. Thank you."*

**Pick the talking points that are most relevant to your situation and use them in your communications with Congress.**

#### 1. Non-binding bids

- a. Any contract winner can refuse to sign a contract.
- b. Bids from contract winners who refuse to sign are included in the calculation for the payment amount.
- c. Payments are made artificially low.
- d. This process encourages DME providers to "game" the bidding system rather than offer accurate pricing.

## **2. Non-weighted median bid as payment rate**

- a. CMS manipulates the median by assigning a capacity (quantity to be provided) to each bidder.
- b. CMS has never revealed the assigned capacities and has never used them for anything but setting the price.
- c. This makes the program an arbitrary pricing process instead of an auction.
- d. Fifty percent of “winners” receive a contract for a payment rate ***below*** their bid.

## **3. No transparency**

- a. CMS has failed to release the financial standards they used to determine if a provider is qualified to bid.
- b. CMS has released no details about how they determined provider capacity to meet patient demand.
- c. CMS has released little information about how they determined patient demand.

## **4. Problems with Round 2 bid winners**

- a. The average distance of Round 2 contractors from local bid areas is more than 500 miles.
- b. Single-location suppliers with no ability to serve large numbers of patients were given over 600 contracts in all bid areas.
- c. Many contract winners have never served patients in the bid areas or provided the products for which they signed contracts.
- d. Many bid winners are not licensed or registered to provide service in the areas where they signed contracts.
- e. Many bid winner put their businesses up for sale using the contracts as value despite rules prohibiting this practice.

## **5. CMS violated its own rules**

- a. CMS failed to follow due diligence to determine if bidders were qualified.
- b. CMS offered contracts to suppliers not meeting financial standards or licensure requirements.
- c. Contracts were offered to some bidders who bid higher than other bidders who were not offered contracts in the same product category and bid area.

## **6. Problems in Round 2 for patients and referral sources**

- a. Patient hospital discharges are delayed.
- b. Patients are being sent home without equipment because contract suppliers are refusing to respond in a timely fashion.
- c. Patients are having to buy equipment out of pocket because they are unable to find contract suppliers.
- d. Patients cannot find contract supplier to serve them because contractors are refusing to take on patients with capped equipment.

- e. Patients cannot find contract suppliers who will repair equipment covered under the bidding program because contract suppliers are not required to provide repairs.
- f. Patients are having to travel, often more than 100 miles, to obtain equipment.

**AAHomecare urges all suppliers and their employees around the country to make a 3-5 minute call to their Representative. We also urge all industry related partners to do the same including manufacturers and distributors.**

**Here is how to make your call:**

- o **Dial the Capitol Switchboard at 1-202-224-3121** and ask for your Representative, or give them your zip code if you don't know your Representative's name.
- o You can also visit <http://action.aahomecare.org/congress/> to find your Representative.
- o Either way, once you are connected, tell them why you are calling.
- o Use the scripts above.
- o Contact AAHomecare if you need assistance.

**There is no tomorrow!**

We must make every effort to be heard by our Representatives. Ask your employees to call, as well as anyone else in your circle that understand the importance of stopping this "train wreck."

Continue to send your patients to the Beneficiary Hotline to report Round 2 problems. Print and distribute the People for Quality Care [Complaint Hotline Graphic](#) that encourages beneficiaries, caregivers, and referral sources to call 1-800-404-8702 and voice their complaints. Learn more by clicking [here](#).

Suppliers should report problems to AAHomecare at [CBRound2Problems@aahomecare.org](mailto:CBRound2Problems@aahomecare.org).