

Durable Medical Equipment Prosthetics, Orthotics & Supplies (DMEPOS) Bidding System (DBidS)

DBidS Application User Manual

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1. Introduction

The Centers for Medicare & Medicaid Services (CMS) Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Bidding System (DBidS) Application User Manual provides an introduction to the DMEPOS program to include a description of the application and its purpose, a historical record detailing the necessity of the application, a description of the intended audience of the user manual, and step-by-step procedures detailing use of the application. The DBidS User Manual is a standalone document that is updated for every major release.

2. Purpose

The purpose of this document is to provide concise instructions to all users of the DBidS application as well as any necessary reinforcement information.

3. Background

The DMEPOS competitive bidding program is mandated in Section 302 of the Medicare Modernization Act (MMA). The following text is an abstract from the CMS DMEPOS web page and provides a good overview of the legislation's intent: http://www.cms.hhs.gov/DMEPOSCompetitiveBid/.

 Table 1 – Section 302 of the MMA

Section 302 of the MMA

Section 302 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108-173) authorizes the Secretary to utilize our competitive acquisition authority, as outlined in the U.S. Code Section 1847(a). Section 302(b)(1) of the Medicare Modernization Act, requires Medicare to replace the current durable medical equipment (DME) payment methodology for certain items with a competitive acquisition process to improve the effectiveness of its methodology for setting DME payment amounts. This new bidding process will establish payment amounts for certain durable medical equipment, enteral nutrition, and off-the-shelf orthotics. Competitive bidding provides a way to harness marketplace dynamics to create incentives for suppliers to provide quality items and /services in an efficient manner and at reasonable cost. The Medicare DME Competitive Bidding Program has five objectives:

1. To operationalize competitive bidding for DME and to use this to determine appropriate prices for categories of DME covered by Medicare Part B;

2. To protect beneficiary access to quality DME throughout the program;

3. To reduce the amount Medicare pays for DMEPOS and brings the reimbursement amount more in line with that of a competitive market;

4. To limit the burden on beneficiaries by reducing their out-of-pocket expenses; and

5. To mitigate proliferation of use of certain items of DMEPOS by contracting with suppliers who engage in a business model that is beneficial for the program and for Medicare beneficiaries.



4. Application Basics

The DBidS application provides navigational capabilities to create business organizations and submit bids for items and associated services, such as equipment delivery and accompanying instruction on the appropriate use of the equipment. It also provides a vehicle for capturing and submitting DMEPOS bids of approved and accredited Medicare DME suppliers that are expected to improve the quality of the suppliers and lower the risk of fraud and abuse. It changes the way Medicare currently pays for DMEPOS supplies. Charges will no longer be based on fee schedule payment amounts established using historical reasonable charges (that are not always available or reliable as in the case of new items or newly covered items), but rather be managed by the Center for Medicare (CM) area of CMS based on information from the competing suppliers. The roles and privileges that are assigned to a user are also managed by this application.

The DBidS application has a regularly scheduled maintenance window from 12 A.M. EST to 4 A.M. EST daily. During this timeframe, DBidS is not available for usage.

4.1. User Roles

There are three types of users that have capabilities related to the implementation of this user manual.

- Authorized Official (AO) This user has administrative privileges not available to the End-User to include creation of business organizations, access to supplier checklist, approval of Form A, and certification of Form B.
- Backup Authorized Official (BAO) This user has privileges identical to the AO.
- End-User (EU) This user has access to the application to complete Form A and Form B for suppliers with single and multiple locations as well as network suppliers. This user does not have the authority to approve Form A or certify Form B.

The term User is used throughout this document to refer to all users of the application, regardless of role or privileges.

4.2. How to Use this Document

The main body of this document, Section 5, *Using the DBidS Application*, provides all screens and procedures within the application. Depending on privileges, access to some screens may be limited. The remaining sections of this document provide ancillary information that may be useful when performing daily DBidS tasks. The following conventions have been adopted for use in this manual.

- An points out an item that is named in the procedure.
- Exact page names, menu item names, and button names (if not presented as an image) are represented with **bold** text.
- References to section, table, or figure links that navigate to another section of the online User Manual, and references to application links within the step-by-step procedures, are represented with *italic* text.
- Within a numbered procedure, optional steps are preceded by: *Optional:*



- Within a numbered procedure, selection of a submenu item is depicted as follows: Main Menu > Sub Menu.
- Emphasis is expressed with underlined text. •
- Information that should be replaced with user specific text is enclosed in "quotation" marks. •

indicates an action that may result in permanent loss of information. An

Appendix A – Glossary of Terms and Definitions provides a listing of terms and definitions used in this document.

DBidS Page Layout *4.3*.

The DBidS pages are organized in frames, panes, and pages.

The left-most frame contains a **Navigation** menu pane followed by a non-selectable date pane that lists today's date, the opening bid date, and the closing bid date.

The right-most frames provide data entry fields and application navigation through button and link selection. Scrolling is available via standard scroll bars when applicable. Figure 1 – Frames, Panes, and Pages points to examples of the frames, panes, and pages discussed above.



/	Logout
CAAS	
	DMEPOS BIDDING SYSTEM (DBIAS)
Bidder: 20-2642067 (Test T	Pest) Welcome, HEIMLICH BUGZLIFE Welcome, HEIMLICH BUGZLIFE
Navigation	Form A: Location Specific Information
Status Page	Print Save Next 1
Business Organization Types Modify Form A	Descent of the second of the second
Create Form B Select Bid	Press prove the regulated minimum result notation in your basis organization. Too max provide the analyze resulting result (resc) retroited in the result in your basis organization. Too max provide the analyze resulting result (resc) retroited in the result in recess number (resc) retroited in the result in t
▶ Help	Required fields are marked with *
Logour	Identifying information
	r i vive ine regal usaliesa inaline alvi maling adviesa koji une usaliesa vi granicaliko i reminite un une ri ne viekoni.
Todav's 10/20/2011	lest lest
Date: 14:13:44	Test Test
Date: 09:00:00	Address Line 2 Test
Close Bid 12/31/2011 Date: 13:59:59	City★ Test
	State * Maryland •
	Zip Code ★ 65546
	E-Mail★ test@aol.com
	Telephone Number ★ (564) 654 . 5455
	Toll Free Number (if available)
	PTAIl for this location * 1101810001
	NPI Identification Number ★ 5465454654
	Physical Address 🔹
	Provide me physical aduress for the location as identified by the P AN adure mile identifying intofficial or question.
	More than the set of the same as identified above Address Line 1 + Truet
	Address Line 2 Tool
	I des
	00040
	Business Information
	Provide the identifying information for the location as identified by the PTAN above in the identifying Information question.
	Tax Identification Number (TIN) ★ 465465456
	Doing Business As (DBA) 1
	Doing Business As (DBA) 2
	Years in Business * 7 -
	Months in Business 0 -
	Examples: 3 years and 7 months or 0 years and 6 months.
	Type of Business
	Select the business type that describes this location as identified by the PTAV above. Bidders must submit certain financial documents based on the type of business identified in this response. See the DMEPOS Competitive Bidding Program website at yww. Indencompetitive documents grant and the information.
	Type of Business * Test Corporation -
	Service Delivery
	For the location identified above, how will you service beneficiaries in a Round 2 CBA or in the national mail-order CBA? (Check all that apply.)
	How will you service beneficiaries in a r RA2. I Retail
	(Check all that apply) ★ 🐨 Mail Orders
	I⊠ Home Delivery
	Sandhas
	Indicate whether this location, as identified by the PTAN above, has been subject to any current or past leasi actions, or sanctions, such as debarments, within the past five (3) wars
	Does this location have any current 🔍 Vac. 🕲 Mo
	or past legal actions, or sanctions such as debarments 7★
	L This information is confidential. Contents shall not be used modified or distributed (electronically or otherwise) to persons not authorized to reveale the information
	Print Save Next

Figure 1 – Frames, Panes, and Pages

4.4. Standard Navigation Buttons

The following buttons display on the top and bottom right of data entry pages. Figure 2 - Buttons points to examples of these navigation buttons.



- Click the Log out button to properly logout of the system. The Log Out button only displays on the top right, not the bottom right as the other buttons.
- Click the **Print** button to print the current page.
- Click the application **Back** button to navigate to the previous page <u>and</u> save any additions or changes made to the current page. The browser buttons have been disabled for your convenience.
- Click the Save button to save any updated information on the page.
- Click the **Next** button to navigate to the next page <u>and</u> save any additions or changes made to the current page.
- Click 🚺 to access application help.
- An * indicates a field that must be completed.
- You must use the approved DBidS navigation buttons to move forwards and backwards in the application. If a user attempts to use any keys other than the approved DBidS navigation buttons a message will display alerting you that you have used non-DBidS navigation, and to click OK or Cancel. If you select OK, you will be directed to the Welcome page and any data entered on the previous pages will not be saved. If you select Cancel, you will remain on the current page.

Fo	rm A: Location Specific Information, page 2	-				
			Print	Save	Back	Next
	Required fields are marked with ★ 🔺		1	/	/	/
	Accreditation			1		
	Select the name(s) of the Medicare-approved organization that has accredit information to be saved below.	ed this location for the product category in which you are bidding. You must click the "Add Accredi	tation" button in order for this	/]	
	Accreditation Organizatio	on ★ Select Accreditation Organization				
	Status ★	Select Accreditation Status 💌				
		Add Accreditation Clear				
		Figure 2 – Buttons				

On Form A: Summary page, you have the ability to Print All Locations. The Print All Locations buttons are located on the top and bottom of the screen. The Print All Locations functionality allows the user to print all locations in one report. You are able to print all locations once every 10 minutes. Should you attempt to print all locations more than once within 10 minutes, you will receive an error message. *Figure 3 -- Print All Locations Button* points to examples of these buttons.



Date: 06/22/2011 10:09:20 PTAN(s): 721001999 Bidder Number: 20-8208307 Supplier Type: TestSingleLocationBidder Bidder Status: Complete and Approved Displayed below is a summary for the location(s) fi location. If you do not wish to make any changes o DMEPOS Competitive Bidding Program. You cannot Identifying Information	or which you are submitting a bid. Please carefully r add another location, select HEXT. Only location use the same 10-digit PTAN for each location. To	r review the information y s identified by the PTAN ii make any changes, click.	ou provided on Form A applicat sted on this summary page will	Print	Print All Lo	vour information o	Back	Nex
Date: 06/22/2011 10:09:20 PTAN(s): 7210019999 Bidder Number: 20-6268:07 Supplier Type: TestSingleLocationBidder Bidder Status: Complete and Approved Displayed below is a summary for the location(s) for location. If you do not wish to make any changes of DMEPOS Competitive Bidding Program. You cannot Identifying Information	or which you are submitting a bid. Please carefully r add another location, select HEXT. Only location use the same 10-digit PTAN for each location. To	y review the information y s identified by the PTAN ii make any changes, cilick	ou provided on Form A applicat sted on this summary page will	tion information for accuration eligible to be awarded	sy. You may modify	' your information o	r add a pay	
Identifying Information				-	a contract and to re	ceive payment und	fer the	<i>'</i>
			[🛃 Edit				
Legal Business Name t	test							_
Address Line 1 t	test	Address Line 2				test		
City t	test	State	MD	Zip Code		12511		
Telephone Number (xxx) xxx-xxxx ((325) 325- 2352	Toll Free Number(if a	vailable) (xxx) xxx-xxxx			(325) 235- 235	j2	
Email Address t	test@test.com							
PTAN for this location 7	7210019999			NPI Identification Nur	nber	2352352352		
Additional Locations/Network Hembers/Net Select the PTAN below to review the informa	twork Members Additional Locations tition for this location.							
** Access to Supplier Checklist and Approval screen	is are restricted to only Authorized Officials and B used, modified, or distributed (electronically or ot	lackup Authorized Officia	ls. authorized to receive the inform	nation.				
s information is confidential. Contents shall not be i								

Figure 3 – Print All Locations Button



4.5. Menu Hierarchy

Navigation through the DBidS application is accomplished via a Navigation pane in the left-most frame of all pages. Once *Enter DBidS* is selected from the Welcome page, the initial DBidS page displays. *Figure 4 – DBidS Application Menu Hierarchy* shows the menu hierarchy. The menu initially displays as collapsed, with the sub menu items hidden. The menu is user role and context specific; the options available depend upon your user role and the page of the application that you are on.

- Click the *i* beside each main menu item to expand the menu and to see all available menu options.
- Click the *4* again to hide the sub menu items.



Figure 4 – DBidS Application Menu Hierarchy



5. Using the DBidS Application

The following subsections provide step-by-step instructions for using the DBidS Application.

5.1. Getting Help

Help is available at the CBIC Help Desk from 9 A.M. to 9 P.M. prevailing Eastern time Monday through Friday. For assistance with problems encountered while using the application, use the following methods.

- Phone: 1-877-577-5331
- Email <u>cbic.admin@palmettogba.com</u> (Do not e-mail technical questions or problems. Please call the Customer Service Center for assistance.)

Additional help in the form of links from the Navigation menu is discussed in *Section 5.9*, *Accessing DBidS Online Help*.

5.2. Logging In

To log into the DBidS Application, follow the instructions in this section. Obtain a username and password by submitting a request through the Individuals Authorized Access to CMS Computer Systems (IACS) application. IACS user ID and passwords are case sensitive. After 10 minutes of inactivity, a message will display instructing the user they will be logged out in five minutes. After a total of 15 minutes of inactivity, the user will be logged out. For more information about the privileges your role allows you, refer to *Section 4.1, User Roles*.

- Type <u>http://www.dmecompetitivebid.com</u>.
- Click on the Enter Bid Submission System link.
- User is directed to the IACS Terms and Conditions page
- Click on **I Accept** button.
- User is directed to the IACS Application Login page.
- Type IACS "User ID" in the User ID field.
- Type IACS "password" in the **Password** field.
- Click Log In button. The page shown in *Figure 5 – CMS DMEPOS Bidding System (DBidS)* displays. Refer to *Section 5.2.1, Navigating the DBidS Welcome page*, for information on using this page.

- JavaScript must be enabled to view and use the DBidS Application. If assistance in enabling JavaScript is required, contact your IT Help Desk.







Figure 5 - CMS DMEPOS Bidding System (DBidS)

5.2.1. Navigating the DBidS Welcome page

Read the contents of this screen in its entirety. Specifics regarding application contents, browser compatibility, security, and use of the application are provided. In addition, five links display on the Welcome page.

- *Enter DBidS* Click to enter the DBidS application. Once *Enter DBidS* is selected from the Welcome page, the initial page displays. The initial page that displays depends upon the Provider Transactional Access Number (PTAN) and User ID.
 - The PTAN Selection page displays if more than one PTAN is associated with the User ID.
 - The Bidder Selection page displays if more than one business organization is associated with a PTAN.
 - If this is your first time logging into DBidS with a single PTAN, then the Form A: Create Business Organization Information page displays.
 - The Status page displays if only one PTAN and one business organization is associated with the User ID has already been created.
- *Quick Step-by-Step Guide to Submitting a Bid in DBidS* Click to view, save, or print a copy of the Quick Step-by-Step Guide.
- *DBidS Technical User Guide* Click to view, save, or print a copy of the DBidS User Guide. Note that this guide may be accessed via the *User Guide* link in the **Using the Application** section of the Welcome page.





- Using the Application The Authorized Official (AO) or the Backup Authorized Official (BAO) must provide specific information and approve or certify forms. Multiple users may enter data in the system at the same time. However, only one person may enter data on the same form (Form A or Form B) at the same time. Please carefully read the DBidS Technical User Guide before you begin completing the forms. If you need help throughout the application, please click on the "i" at the top of the screen.
- *www.dmecompetitivebid.com* Before completing the forms and submitting a bid, all bidders should carefully review information such as the RFB instructions, bidding charts, financial documentation requirements, and state and local licensure rules on the DMEPOS Competitive Bidding Program Website.
- *Privacy Policy* Click to view, save, or print a copy of the CMS Privacy Policy relating to Web Policies at the CMS Website.

5.3. Managing Business Organization Types

These sections provide detailed instructions for managing Business Organization Types. DBidS will display two distinct pages to capture location specific information. DBidS displays a Page Header for page one titled "Form A: Location Specific Information". DBidS displays a Page Header for page two titled "Form A: Location Specific Information, page 2". These instructions assume that the user has already logged in.

- This section must be completed. If this section is not completed, no data will be saved. This information is vital to moving forward within the application. The information may be modified later, but any changes made at a later time may impact locations in Form A and Form B bids, particularly the selection of a Competitive Bidding Area (CBA) and Product Category. This task may only be performed by an AO or BAO.

- Click the Next, Back, or Save button to save any additions or changes made to the current page.

5.3.1. Create Business Organization

This section provides step-by-step instructions for creating the Business Organization.

• Click Business Organization Types > Create Business Organization. The Form A: Business Organization Information page displays organized into multiple panes.



Update the information in the **Business Organization Information** pane. Refer to *Figure 6 – Business Organization Information Pane*

- Legal Business Name * field This is the name used for tax purposes.
- Supplier Bidding Type * field Click the drop-down arrow and select Supplier with single location, Supplier with multiple locations, or Network supplier.
- Network Name * field (Displays and must be completed if Network Supplier is selected.) Type the network name assigned to the business organization.
- **Do you have a signed contract?** * (Displays and must be completed if **Network Supplier** is selected.) Click **Yes** or **No**. Click **Yes** if applicable. If no, a message displays advising a bid will not be considered for evaluation without a contract.
- Select one of the following that best describes your business organization structure *field (Displays and must be completed if Supplier with multiple locations is selected.). Click the drop down arrow and select the option that best describes your organization. Only one option can be selected (See Figure 7: Business Organization Information Pane: Multiple Supplier). If None of the above is selected, a text box displays for the user to describe the business organization structure.

Business Organization Information	
Indicate how your business organization will be bidding (choose only one).	
Legal Business Name ★	Legal Business Name (Here)
Supplier Bidding Type ★	TestNetworkBidder •
Network Name ★	Network Name (Here)
Has each network member signed a contract to join this network? ★	◉ Yes ◎ No

Figure 6 – Business Organization Information Pane

Business Organization Information	1
Indicate how your business organization will be bidding (choose only one).	
Legal Business Name ★	Test Name
Supplier Bidding Type 🕇	TestMultipleLocationBidd
Select one of the following that best describes your business organization structure? (See help for the definitions of business organizations) ★	Select Organization Type
IMPORTANT: Refer to the Financial Instructions for required d	ocuments for your business organization type

Figure 7 – Business Organization Information Pane: Multiple Supplier



Update the information in the Specialty Supplier pane.

This is a supplier who agrees to provide DMEPOS items only to its residents if awarded a contract. Only skilled nursing facilities and nursing facilities are eligible to be specialty suppliers. Identifying oneself as a specialty supplier restricts the list of product categories. Refer to *Figure 8 – Specialty Supplier Pane*.

• Are you a Skilled Nursing Facility (SNF) or Nursing Facility (NF) that is bidding as a specialty supplier that plans to provide competitive bid items only to its own residents? * Option selection – Click Yes or No. Application defaults to No, Click Yes if applicable.

Specialty Supplier Indicate if you are bidding as a specialty supplier.

> Are you a Skilled Nursing Facility (SNF) or Nursing Facility (NF) that is bidding as a specialty supplier that plans to provide competitively bid items only to its own residents? ★

Figure 8 – Specialty Supplier Pane

Update the information in the Licensure pane. Refer to Figure 9 - Licensure Pane.

Do the locations included on your bid comply with the licensure requirements for the CBA/Product Category? * Option selection – Click Yes, No, or N/A. Application defaults to Yes, click No or N/A if applicable. Some states may not require a license to furnish items in a specific product category. Please check the DMEPOS State License Directory on the NSC website and the Licensure for Bidding Suppliers fact sheet on the CBIC website to verify licensure requirements.



Figure 9 – Licensure Pane

Update the information in the **Contact Person** pane. The person listed should be the authorized person to answer questions regarding bids. Refer to

Figure 10 – Contact Person Panes.

- First Name * field Type first name of contact person.
- Last Name * field Type last name of contact person.
- **Title** * field Type title of contact person.
- E-Mail * field Type email address.
- **Telephone Number** * field Type telephone number.
- Click the Add Contact Person button.

The recently added data displays in the **Modify/Delete Contact Person(s)** pane and the **Contact Person** pane is cleared to allow entry of additional information. Repeat the above steps to add additional personnel. A maximum of five contact persons per Business Organization is allowed.



The listed individuals may be contacted by CMS/CBIC for DBidS announcements or related information.

- Click the **Modify** button in the **Modify/Delete Contact Person(s)** pane to modify contact information.
 - The information for the selected contact populates the **Contact Person** pane.
- Modify the required fields.
- Click the **Modify Contact Person** button when modifications are complete. The updated information displays in the **Modify/Delete Contact Person(s)** pane.
- Optional: Click the Delete button in the Modify/Delete Contact Person(s) pane to delete a contact.

Contact Person	
Provide the name(s) of the person(s) who should be contacted to answer questions r be saved below. You may enter more than one Contact Person. (maximum 5). Once	egarding the business or network organization. You must click the Add Contact Person button in order for this information to you have entered the names of your Contact Person(s) scroll down to verify the name(s) was entered correctly.
First Name ★	
Last Name ★	
Title ★	
E-mail ★	
Telephone Numb	ier * ()
[Add Contact Person Clear
Modify/Delete Contact Person(s)	
Modify or delete the contact person's information.	
First	Name Last Name Title Action(s) ihn Doe CEO Modify Delete

Figure 10 – Contact Person Panes



Update the information in the **Authorized Official or Key Personnel** pane. Refer to

Figure 11 – Authorized Official or Key Personnel Panes.

- **First Name *** field Type first name of authorized official. This is the name on the PTAN file.
- Last Name * field Type last name of authorized official. This is the name on the PTAN file.
- Title * field Type title of authorized official.
- Click the Add Authorized Official or Key Personnel button. The recently added data displays in the Modify/Delete Authorized Official/Key Personnel Information pane and the Authorized Official or Key Personnel pane is cleared to allow entry of additional information. Repeat the above steps to add additional personnel. A maximum of five personnel per Business Organization is allowed.
- Click the Modify button in the Modify/Delete Authorized Official/Key Personnel Information
 pane to modify personnel.
 The information for the selected contact populates the Authorized Official or Key Personnel
 pane.
- Modify the required fields.
- Click Modify Authorized Official or Key Personnel when modifications are complete. The updated information displays in the Modify/Delete Authorized Official/Key Personnel Information pane.
- *Optional*: Click the **Delete** button in the **Modify/Delete Authorized Official/Key Personnel Information** pane to delete a person.

Authorized Official or Key Personnel	1
Provide the name(s) and title(s) of the authorized officials or key personnel for the information to be saved below. Once you have entered the names of your authorize	business organization or network. You must click the Add Authorized Official or Key Personnel button in order for this d official or key personnel scroll down to verify the names were entered correctly.
First Name ★	
Last Name 🕇	
Title ★	
Add	Authorized Official or Key Personnel
Modify/Delete Authorized Official / Key Personnel Information	
Modify or delete the authorized official or key personnel information.	
Firs	t Name Last Name Title Action(s) Jane Doe CFO Modify Delete

Figure 11 – Authorized Official or Key Personnel Panes



Update the information in the **CBA/Product Category List** pane. Refer to *Figure 12 – Competitive Bidding Area (CBA) and Product Category Panes.*

- The user should select a minimum of one CBA and one Product Category. The selection you enter will display later in the application. If a CBA and Product Category are not selected, you will not be able to complete the required information in the application.

- CBAs * drop-down list Click the drop-down arrow and select the CBA from the list provided.
- The Product Categories box will update with the Product Categories available for the CBA selected.
- Check or uncheck **Product Categories** checkboxes to make changes to the categories to submit a bid for this CBA.
- Click the Add CBA/Product Category button to add a CBA. The recently added data displays in the CBA/Product Category List pane and the Competitive Bidding Area (CBA) and Product Category pane is cleared to allow entry of additional information. Repeat the above steps to add additional CBAs.
- *Optional*: Click the **Delete** button in the **CBA/Product Category List** pane to delete a specific CBA and Product Category.

For Round 2 select all of the CBA(s) and product category(s) for which your business organization or network is submitting a bid(s). If you are bidding in the national mail-order competition for diabetic testing supplies, select "National Mail-Order" from the drop-down list of CBAs. Choose one CBA from the drop down box. The product category(s) for the selected CBA will appear. Then select all of the product category(s) for which you are submitting a bid for this CBA. You must click the Add CBA/Product Category button in order for this information to be saved below. If you are bidding in more than one Round 2 CBA, select Add CBA/Product Category. Once you have selected the CBA(s) and product category(s), scroll down to verify they were entered correctly. All of the CBA(s) and product category(s) for which your organization will be bidding must be displayed on this screen. Later in the application, you will be required to identify the CBA(s) and product category(s) associated with each of your locations.				
Note: Networks are excluded from bidding in the national mail-order competition.				
CBAs ★ Select the CBA				
Add CBA/Product Category				
CBA/Product Category List				
Displayed below is a summary of the CBA(s) and Product Categories for which you intend to submit a bid. Please review for accuracy.				
CBA Product Category Action(s)				
No CBA/Product Categories Saved				

Figure 12 – Competitive Bidding Area (CBA) and Product Category Panes

Click Next.

Once you have completed the Business Organization page, you are assigned a bidder number that identifies your organization. A message will display with the bidder number once you click on the Save or Next button. Once the bidder number is assigned, it will be displayed in the top left hand corner of the screen. The bidder number will only be displayed after you have completed all required fields on the Business Organization screen and the data is saved. The bidder number displays as XX-XXXXXX. The first two numbers represent the bidding round ID, and the remaining seven numbers are the bidder number. Should you find a lock on your account, you will need to provide the bidder number.



The **Location Specific Information** page displays. A bidder with a single location will see a single row with their Bidder Number, Supplier Name, and the Action(s) available to modify their Supplier Type or access their Form A.

Location Specific Information					
Select the bidder number below in which you would like to complete an application.					
Listed below are the bidder information. If you wish to m	numbers associated to a supp odify supplier type, click Modify	lier type in which you are submitting a bid. Select Access Form A to enter location specific y.			
Bidder Number	Supplier Name	Action(s)			
1245790	Test Corp	Modify Supplier Type Access Form A			
9876421	Another Bidder	Modify Supplier Type Access Form A			

Figure 13 – Location Specific Information Page

Click **Modify Supplier Type** to return to the **Form A: Business Organization Information** page. Refer to the steps in this section to modify the business organization information.

Click Access Form A to navigate to the Form A: Location Specific Information page. Refer to Section 5.5, Updating Single Location Supplier Information (Form A), or Section 5.5.7,



Updating Multiple Locations and Network Supplier Information (Form A) for information on completing Form A.

5.3.2. Modify Business Organization

This section provides instructions for modifying the Form A Business Organization.

This task may only be performed by an AO or BAO.

 Under the Navigation Menu click Business Organization Types > Modify Business Organization.
 The Location Specific Information page displays. Refer to the above illustration, *Figure* 13 – Location Specific Information .

Refer to the above procedure to complete the steps to modify a Business Organization.



5.4. Status Page

This section provides specific information regarding the statuses that display on the Status page. Refer to *Figure 14 – Status Page*.

Once you have completed the Business Organization page, you are assigned a bidder number that identifies that organization. A message will display with the bidder number once you clicks on Next. Once the bidder number is assigned, it will be displayed in the top left hand corner of the screen. The bidder number will only be displayed after you have completed all required fields on the Business Organization screen and the data is saved. The bidder number displays as XX-XXXXXX. The first two numbers represent the bidding round ID, and the remaining seven numbers are the bidder number. Should you find a lock on your account, you will need to provide the bidder number.

https://dbids10.cms.cmsval/dbi	ids/Homepage.html	Bernard 1							S Certificate
<u> c1/15</u>	DMEPOS BIDDING	SYSTEM (DBidS)							Logo
idder: 20-9489203 (asdf)	\geq							Welco	ome, DOT BUGZL
Navigation	Form A: Application Status								
Status Page Business Organization Types	Status	Last Modifie	d Date		Modified By		Z	- 🔁	
Modify Form A Create Form B Help Logout	Complete and Approved	08/15/2011 1	:05:39		DOT BUGZLIFE		<u>Print</u>	Save	
	Form B: Bid Status								
hday's 08/15/2011 ate: 13:15:50 pen Bid 01/18/2011 ate: 09:00:00 ose Bid 09/30/2011 ate: 23:59:59	CBA No bids found Documentation Status Documentation Received: No	Product Category	Status	Last Modified Date		Modified By		72 72	
	It is the suppliers' responsibility to ensure that to package of hardcopy documents. However, it a	ey have submitted the entire package of all r loes not acknowledge the accuracy or comp	equired hardcopy o eteness of the pac	ocuments to the Competiti age. The CBIC is unable t	ve Bid Implementation C o provide this informati	Contractor (CBIC). Ti on.	ne notation abo	ve indicates whether	the CBIC has received a
	Covered Document Review Date (CDRD) CDRD Eligible: No	ligible							

Figure 14 – Status Page

Form A Statuses are defined as follows:

- Incomplete The supplier is missing required fields.
- Pending Approval Form A has not been approved by the AO or BAO.
- Complete and Approved Form A is complete and has been approved by the AO or BAO.

Form B Statuses are defined as follows.

• Incomplete – Form B is missing required information.



- Pending Certification Form B has not been certified by the AO or BAO. A bid that is not in a certified status will not be considered for evaluation.
- Complete and Certified Form B is complete and has been certified by the AO or BAO.

Note: For Incomplete Status, to display any error messages, click on the Incomplete Status on the Status Page, which will guide you to the page with the error.

Documentation Statuses are defined as follows:

Documentation Received – Yes displays if CBIC has received the package; No displays if CBIC has not received the package.

It is the supplier's responsibility to ensure that they have submitted the entire package of all required hardcopy documents to the Competitive Bidding Implementation Contractor (CBIC). The Yes or No indicator indicates whether the CBIC has received a package of hardcopy documents. However, it does not acknowledge the accuracy or completeness of the package. The CBIC is unable to provide this information

CDRD Statuses are defined as follows:

- Yes Documentation was received within the timeframe for Covered Document Review Date eligibility.
- No Documentation was not received within the timeframe for Covered Document Review Date eligibility.

This indicates whether or not the supplier submitted the required hardcopy financial documents by the Covered Document Review Date (CDRD). Suppliers who meet this deadline will be notified of any missing financial documents and permitted to submit them within a specified timeframe. This notification does NOT indicate whether the received financial documents are acceptable, accurate or meet applicable requirements.

You have the ability to print in PDF or save in PDF a Form A from the Status page only if the Form A status is **Complete and Approved.** You have the ability to print in PDF or save in PDF a Form B from the Status page only if the Form B is in a **Complete and Certified** status. Only an AO or BAO may update a Form A that has a status of **Complete and Approved**. Refer to *Figure 15 – Status Page*.

5.5. Updating Single Location Supplier Information (Form A)

These sections provide instructions for providing single location supplier information (Form A). The assumption is that login has already occurred. The **Status** page will be displayed upon login for all single location suppliers if one bidder/business organization has been created.

An alternative method of navigation is to use the menu links in the left-most **Navigation** pane. The order in which sections are completed is not pertinent.

One Form A must be completed by each entity (supplier single location, supplier multiple locations, and network supplier). However, only one Form A needs to be submitted by a business organization (bidder number) regardless of the number of Form B (bidding sheets) submitted.



Only one user may access a specific Form A at any one time. If an attempt is made to access a Form A and a message is received indicating that the account is locked, the account remains locked until the current user logs out of the application. In the event of a system error that generates a locking issue, reattempt login in 30 minutes.

- Click the Next, Back, or Save button to save any additions or changes made to the current page.



5.5.1. Update Form A: Location Specific Information

This process provides the procedures involved in updating Form A: Location Specific Information. To access Location Specific Information, under the Navigation menu, click Modify Form A. The Navigation menu expands to display Location - Page 1 and Location - Page 2. Click Location – Page 1 to modify. Refer to *Figure 15 – Status Page*.

• *Optional:* If the **Status** page is not displayed, click **Status Page** from the Navigation menu. The **Status** page displays.

Bidder: 20-4478795 (Test I	Multiple Locations)				We	elcome, De'A	ntonio Miles
Navigation	Form A: Application State	IS					0
Status Page Business Organization Types	Status	Last Modified D	ate	Modified By		- 1	
▲Modify Form A ▶ Location - Page 1	Pending Approval	08/09/2011 09:43:	15	De'Antonio Miles I	Print	Save	
Location - Page 2 CBA/Product Category Additional Locations Summary	Form B: Bid Status						
 Supplier Checklist Approve Form A Help 	СВА	Product Category	Status	Last Modified Date	Modified By		
Logout	No bids found						

Figure 15 – Status Page

Click the **Status** link in the **Form A: Application Status** pane for the application to update. The **Form A: Application Status** page displays **Location** and **Additional Locations** panes.

Refer to Figure 16 – Location and Additional Locations Panes.

Form A	A: Application Status			
				Back
Pleas	se select the PTAN to modify.			
	Location	Status	Action(s)	
	8120500001 Test	COMPLETE	Modify	
			,	
	Additional Locations	Status	Action(s)	
	2609920001 Netty Works	COMPLETE	Modify	
	2609050001 Test Local	COMPLETE	Modify	
			,	
				Back

Figure 16 – Location and Additional Locations Panes

Click the **Modify** button for the location to be modified.

The Form A: Location Specific Information or Additional Locations page for that location displays.



Update the information in the **Identifying Information** pane.

This is the official legal business name and mailing address used for tax purposes. The remaining information should allow direct contact to you regarding the DBidS program. This information may not be a billing agency, management service organization, or staffing company. Refer to *Figure 17 – Identifying Information* Pane.

- Legal Business Name * field Type legal business name.
- Address Line 1 * field Type first line of address.
- Address Line 2 field Type second line of address.
- **City** * field Type city name.
- State * drop-down list Click the drop-down arrow and select state from the list provided.
- **Zip Code** * field Type zip code.
- E-Mail * field Type email address.
- **Telephone Number** * field Type telephone number.
- Toll free Number (if available) field Type toll free number.
- **PTAN for this Location** * field Pre-populated based on PTAN authenticated in IACS.
- NPI Identification Number * field Type National Provider Identifier (NPI) number.

Identifying Information	1
Provide the legal business name and mailing address for the business organiza	tion identified by the PTAN below.
Legal Business Name 🕇	Test
Address Line 1 ★	
Address Line 2	
City ★	
State ★	Select State
Zip Code ★	
E-Mail ★	
Telephone Number ★	
Toll Free Number (if available)	
PTAN for this location ★	8120500001
NPI Identification Number ★	

Figure 17 – Identifying Information Pane

Update the information in the **Physical Address** pane.

Complete this information if the information differs from the Section above. Otherwise the box $\underline{\text{must}}$ be checked to populate the address. A Post Office box is not accepted as a physical address. Refer to *Figure 18 – Physical Address Pane*.

- **Physical Address is the same as identified in the section above** Check if addresses are the same.
- Address Line 1 * field Type first line of address.
- Address Line 2 field Type second line of address.
- **City** * field Type city name.
- State * drop-down list Click the drop-down arrow and select state from the list provided.
- **Zip Code** * field Type zip code.



Physical Address				
Provide the physical address for the location as identified by the PTAN above in the Identifying Information question.				
☐ Physical addr Address Line 1 ★ Address Line 2 City ★ State ★ Zip Code ★	ess is the same as identified above			

Figure 18 – Physical Address Pane

Update the information in the **Business Information** pane. Provide information for this location as identified by the PTAN in the Identifying Information pane. Refer to *Figure 19 – Business Information Pane*.

- **Tax Identification Number (TIN)** * Type taxpayer identification number; if sole proprietorship, type social security number.
- **Doing Business As (DBA) 1** field Type "doing business as" name if different from the legal business name reported in Identifying Information section.
- **Doing Business As (DBA) 2** field Type "doing business as" name if doing business under an additional name, differing from the legal business name reported in the Identifying Information section.
- Years in Business * drop-down list Click the drop-down arrow and select number of years and months in business the bidder has been supplying Durable Medical Equipment, Prosthetics, Orthotics, and Supplies in the CBA. If the number of years is greater than 99 years, select 99 years and 11 months. Please note that if 0 years is selected, then the user must make a selection in the Months in Business field.
- Months in Business drop-down list Click the drop-down arrow and select number of months in business.

Business Information				
Provide the identifying information for the location as identified by the PTAN above in the identifying Information question.				
Tax Identification Number (TIN) * 123654987				
Doing Business As (DBA) 1				
Doing Business As (DBA) 2				
Years in Business ★ 10 💌				
Months in Business 0 💌				
Examples: 5 years and 7 months or 0 years and 6 months.				

Figure 19 – Business Information Pane



Update the information in the **Type of Business** pane.

Click the 1 button to review the types of businesses. Select the type of business for this location as identified by the PTAN in the Identifying Information pane. Refer to *Figure 20 – Type of Business Pane*.

• **Type of Business** * drop-down list – Click the drop-down arrow and select the type of business from the list provided.

Type of Business	1
Select the business type that describes this location as identified by the PTAN above. Bidders must submit certain financial documents b response. See the DMEPOS Competitive Bidding Program website at <u>www.dmecompetitivebid.com/financialrequirements</u> for further inform	ased on the type of business identified in this nation.
Type of Business ★ Please Select Business Type 💌	

Figure 20 – Type of Business Pane

Update the information in the Service Delivery pane.

Select how this business provides services to beneficiaries as identified by the PTAN in the Identifying Information pane. Refer to *Figure 21 – Service Delivery Pane*.

• How will you service beneficiaries in a CBA? (Check all that apply) * Checkboxes – Check all that apply.

Service Delivery				
For the location identified above, how will you service beneficiaries in a Round 2 CBA or in the national mail-order CBA? (Check all that apply.)				
How will you service beneficiaries in a CBA? (Check all that apply) ★	Retail Mail Orders Home Delivery			

Figure 21 – Service Delivery Pane

Update the information in the **Sanctions** pane.

Indicate whether this location as identified by the PTAN in the Identifying Information pane has been subject to any current or past legal actions, or sanctions, such as debarments. Refer to *Figure* 22 - Sanctions Pane.

- Does this location have any current or past legal actions, or sanctions such as debarments? * Option selection – Click Yes or No. Application defaults to No. Click Yes if applicable.
- If yes, please provide additional information regarding any previous or current sanctions. (Maximum: 1000 characters) text box If Yes, type description of any previous or current sanctions. Please note the user is required to manually enter text into the sanctions text box; copy/paste function from another source is not accepted and may result in an error. If using special characters please use the International keyboard or Alt Control buttons to enter the information.

Sanctions	1			
Indicate whether this location, as identified by the PTAN above, has been subject to any current or past legal actions, or sanctions, such as debarments, within the past five (5) years.				
	Does this location have any current Oreas Yes Oreas I logal actions, or sanctions such as debarments? ★			
Figure 22 – Sanctions Pane				



Click Next.

The Form A: Location Specific Information, page 2 page displays.

5.5.2. Update Form A: Location Specific Information, page 2

This process provides the procedures involved in updating Form A: Location Specific Information, page 2. Each location must be accredited. DBidS displays the following instructional text below the Section Header titled "Accreditation" on the Page titled "Form A: Location Specific Information, page 2": "Select the name (s) of the Medicare-approved organization that has accredited this location. The location must be accredited for the product category for which you are bidding. You must click the Add Accreditation button in order for this information to be saved below."

If a location is not accredited you will not be able to submit a bid for this location. A location may select the same accrediting organization only once. A maximum of five entries per location is allowed.

• Update the information in the Form A: Location Specific Information, page 2 page panes.

This is the name(s) of the Medicare approved organization that has accredited this location. The location must be accredited for the product category in order to bid. Refer to *Figure 23* – *Form A: Location Specific Information, page 2*.

- Accreditation Organization * drop-down list Click the drop-down arrow and select the accreditation organization from the list provided.
- Accreditation Status * drop-down list Click the drop-down arrow and select Accredited or Not Accredited.

If **Accredited** is selected, additional information is required. If **Not Accredited** is selected, a bid may not be submitted and the user will not be able to move forward within the application and a message box will be displayed notifying the user that if you continue you will exit the application.

- **Product Specific Area(s)** * checkboxes (Displays and must be completed if **Accredited** is selected.) Check all that apply.
- Issue Date * text boxes (Displays and must be completed if Accredited is selected.) Type the issue date in mm/yyyy format in the month and year text boxes.
- Expiration Date * text boxes (Displays and must be completed if Accredited is selected.) Type the expiration date in mm/yyyy format in the month and year text boxes.
- Click the Add Accreditation button to add an organization. The recently added data displays in the Modify/Delete Accreditation Information pane, and the Accreditation pane is cleared to allow entry of additional information. Repeat the above steps to add additional criteria.
- Click the **Modify** button in the **Modify/Delete Accreditation Information** pane to modify accreditation information.

The information for the selected organization populates the Accreditation pane.

- Modify the required fields. DBidS displays selected accreditation(s) under the Section Header titled "Modify/Delete Accreditation Information".
- Click **Modify Accreditation Information** when modifications are complete. The updated information displays in the **Modify/Delete Accreditation Information** pane.
- *Optional*: Click the **Delete** button in the **Modify/Delete Accreditation Information** pane to delete an organization.
- Licensure * drop-down list Click the drop-down arrow and select the state(s) for which you have a license to furnish Durable Medical Equipment Prosthetics, Orthotics and Supplies.



- The Identify the type(s) of license(s) you have in this state text box will display. Input the type of license you have for the state identified in the Licensure * drop-down list.
- Click the **Add Licensure** button to add the state(s). The recently added data displays in the **Modify/Delete Licensure Information** pane.
- Click the **Modify** button in the **Modify/Delete Licensure Information** pane to modify licensure information.

The information for the selected state(s) populates the Licensure pane.

- Modify the required fields.
- Click **Modify Licensure Information** when modifications are complete. The updated information displays in the **Modify/Delete Licensure Information** pane.
- *Optional*: Click the **Delete** button in the **Modify/Delete Licensure Information** pane to delete state(s).

/-					
CMS	DMEPOS BIDDING SYSTEM (DBidS)				
Bidder: 20-6120419 (asdfas	ld) Welcome, HEIMLICH BUGZLIFE				
Navigation	Form A: Location Specific Information, page 2				
Status Page	Print Save Back Next				
 Business Organization Types Modify Form A 	Required fields are marked with *				
Help Logout	Accreditation				
	Select the name(s) of the Medicare-approved organization that has accredited this location for the product category in which you are bidding. You must click the "Add Accreditation" button in order for this information to be saved below.				
	Accreditation Organization * Select Accreditation Organization -				
Today's 10/10/2011 Date: 15:53:49	Status * Select Accreditation Status				
Open Bid 09/01/2011 Date: 09:00:00	Add Accreditation Clear				
Close Bid 12/31/2011	- Auto coronation - Oron				
Date: 13:59:59	Hodify/Delete Accreditation Information				
	To modify pur accreditation information (status, products, issue or expiration dates), click the "Modify" button next to the applicable accreditation organization. Once the charges are complete, click the "Save Accreditation" button to save the modified information. The selected accreditation organization cannot be modified. To make a change to this information you must delete the entry and re-enter a new accreditation organization for this location.				
	Accreditation Organization Status Action(s) No Accreditation(s) Saved				
	select une saale(s) in une CoA in winch you have a incerse to larmani une competiturery bu ternsy.				
	Select State 🗸				
	Add Licensure Clear				
	Hodify/Delete Licensure Information				
	To modify your licensure information for the selected state(s), you must click the "Modify" button next to the applicable license. Next, complete the necessary changes and click "Save Licensure" to save the modified information below.				
	Licensure State[Licensure Information[Action(s)]				
	No Licensure State(s) Saved				
	This information is confidential. Contents shall not be used, modified, or distributed (electronically or othenwise) to persons not authorized to receive the information.				
	Print Save Back Next				

Figure 23 – Form A: Location Specific Information, page 2

Click Next.

The Form A: CBAs and Product Categories page displays.



5.5.3. Update CBA/Product Category

This process provides the procedures involved in selecting or updating CBA/Product Category.

To access, under the Navigation menu, click Modify Form A. Then click CBA/Product Category.

- If a CBA and/or Product Category does not display, this is due to the AO or BAO not selecting one and/or the other during creation of the business organization.

- Update the information in the **Form A: CBAs and Product Categories** page panes. The location must be accredited for the Product Category to be bid. Refer to *Figure 24 – Form A: CBAs and Product Categories*.
- **CBA** * drop-down list Click the drop-down arrow and select the CBA from the list provided. The Product Categories box will update with the Product Categories available for the CBA selected.
- Click the **Add CBA** button to add a CBA. The recently added data displays in the CBA/Product Category List pane and the Competitive Bidding Area (CBA) and Product Category pane is cleared to allow entry of additional information. Repeat the above steps to add additional CBAs.
- *Optional:* Click the **Delete** button in the CBA/Product Category List pane to delete a CBA. Deletion of a CBA per a location after Form B bid(s) have been created and/or certified may impact the bid. Clicking the delete button removes this CBA and all its pre-selected Product Categories from the available bid selection on Form B.

OBidS - Application - Windows I	ternet Explorer provided by Edaptive Systems				
https://dbids10.cms.cmsval/dbids/FormAcbaproductcategory.html?primary.tocetion=true&suppliedd=1&docationid=2					
Bidder: 20-6120419 (asdfa	sfd) W	/elcome, HEIM	LICH BUGZLIFE		
Navigation	Form A: CBAs and Product Categories				
		Print Save	Back Next		
 Business Organization Types 					
 Modify Form A Help 	Required fields are marked with *				
Logout	You must associate this location with specific CBA/Product Category(s) where it will furnish items and services in order to be eligible to receive Medicare payment for competitively bid items. Se	lect the CBA			
	(s)/product category(s) associated with this location. You must click the "Add CBA" button in order for this information to be saved below.				
Today's 10/10/2011	CBA * Select CBA T				
Date: 16:04:20	Product Category(s) No Product Categories Found				
Open Bid 09/01/2011 Date: 09:00:00	Add CBA				
Close Bid 12/31/2011	CPA and Denduct Category List				
Juic. 15.55.55	Concerning Products Carteging Less Displayed below is a symmetry of the CBA(s) and product category(s) in which this location is bidding. Please review for accuracy.				
	CBA Product Categories Action(s)				
	No CBA/Product Categories Saved				
	Inis information is contidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.	Drint Cave	Rack Nort		
		Phile Save	Back Next		

Figure 24 – Form A: CBAs and Product Categories Page

Click Next.

The Form A: Summary page displays.


5.5.4. Review/Update Summary

The Form A: Summary page displays when the Next button is clicked on the Form A: Additional Locations page when multiple locations are involved, or when the Next button is clicked on the Form A: CBAs and Product Categories page when a single location is involved, or when the item is selected from the Navigation menu. The page is organized into multiple panes.

• Review the information in the **Identifying Information** pane. Refer to *Figure 25 – Identifying Information Pane*.

Optional: Click the **Edit** button in the **Identifying Information** pane to edit any of the information.

The Form A: Location Specific Information page displays. Scroll (if necessary) to the Identifying Information pane. Refer to *Section 5.5.1*, *Update Form A: Location* for instructions on updating this section.

Identifying Information				🎒 Edit]
Legal Business Name	Test	Bidder Network N	lame	Debs Network	
Address Line 1	90 Test Drive	Address Line 2			
City	Baltimore	State	MD	Zip Code	21228
Telephone Number (xxx) xxx-xxxx	(899) 879- 7979	Toll Free Number	(if available) (xxx) xxx-	XXXX	() -
Email Address	Test@tester.com				
PTAN for this location	8120500001			NPI Identification Number	8888888888

Figure 25 – Identifying Information Pane

Review Information in the Specialty Supplier pane.

Refer to Figure 26 – Specialty Supplier Pane.

Optional: Click the **Edit** button in the **Specialty Supplier** pane to edit any of the information. The **Form A: Location Specific Information** page displays. Scroll (if necessary) to the **Specialty Supplier** pane. Refer to *Section 5.5.1, Update Form A: Location* for instructions on updating this section.



Figure 26 – Specialty Supplier Pane

Review the information in the **Licensure** pane. Refer to *Figure 27 – Licensure Pane*.

Optional: Click the **Edit** button in the **Licensure** pane to edit any of the information. The **Form A: Location Specific Information** page displays. Scroll (if necessary) to the **Licensure** pane. Refer to *Section 5.5.1, Update Form A: Location* for instructions on updating this section.

Do you have locations that are licensed to furnish competitively bid items for each state within CBA for Yes which you are bidding?

Figure 27 – Licensure Pane



Review the information in the **Physical Address** pane. Refer to *Figure 28 – Physical Address Pane*.

Optional: Click the **Edit** button in the **Physical Address** pane to edit any of the information. The **Form A: Location Specific Information** page displays. Scroll (if necessary) to the **Physical Address** pane. Refer to *Section 5.5.1*, *Update Form A: Location* for instructions on updating this section.

Physical Address				> Edit	
Address Line 1	10 Main St	Address Line 2			
City	Smithville	State	IL	Zip Code	78900



Review the information in the **Tax Identification Number (TIN)** pane. Refer to *Figure 29 – Tax Identification Number (TIN) Pane*.

Optional: Click the **Edit** button in the **Tax Identification Number (TIN**) pane to edit any of the information.

The Form A: Location Specific Information page displays. Scroll (if necessary) to the Business Information pane. Refer to *Section 5.5.1*, *Update Form A: Location*, for instructions on updating this section.

Tax Identification Number (TIN)		2/	Edit
Tax Identification Number	473798397		

Figure 29 – Tax Identification Number (TIN) Pane

Review the information in the **Doing Business As (DBA)** pane. Refer to *Figure 30 – Doing Business As (DBA) Pane*.

Optional: Click the **Edit** button in the Section **Doing Business As (DBA)** pane to edit any of the information.

The Form A: Location Specific Information page displays. Scroll (if necessary) to the Business Information pane. Refer to *Section 5.5.1*, *Update Form A: Location*, for instructions on updating this section.

Doing Business As (DBA)	Edit Edit
Doing Business As (DBA) 1	
Doing Business As (DBA) 2	

Figure 30 – Doing Business As (DBA) Pane

Review the information in the **Contact Person** pane. Refer to *Figure 31 – Contact Person Pane*.

Optional: Click the **Edit** button in the **Contact Person** pane to edit any of the information. The **Form A: Business Organization Information** page displays. Scroll (if necessary) to the **Contact Person** pane. Only an AO or BAO may edit this page as it applies to supplier creation. Refer to *Section 5.3.1, Create Business Organization*, for instructions on updating this section.

Contact Person			2 /	dit
First Name	Last Name	<u>Title</u>	<u>Telephone</u>	<u>E-Mail</u>
Jane	Doe	CEO	7455836465	JaneD@aol.com

Figure 31 – Contact Person Pane



Review the information in the **Authorized Official or Key Personnel** pane. Refer to *Figure 32 – Authorized Official or Key Personnel Pane*.

Optional: Click the **Edit** button in the **Authorized Official or Key Personnel** pane to edit any of the information.

The Form A: Business Organization Information page displays. Scroll (if necessary) to the Authorized Official or Key Personnel pane. Only an AO or BAO may edit this page as it applies to supplier creation. Refer to *Section 5.3.1, Create Business Organization*, for instructions on updating this section.

Authorized Official and Key Personnel		🔐 Edit
<u>First Name</u>	Last Name	<u>Title</u>
John	Doe	CFO

Figure 32 – Authorized Official or Key Personnel Pane

Review the information in the **Type of Business** pane. Refer to *Figure 33 – Type of Business Pane*.

Optional: Click the **Edit** button in the **Type of Business** pane to edit any of the information. The **Form A: Location Specific Information** page displays. Scroll (if necessary) to the **Type of Business** pane. Refer to *Section 5.5.1, Update Form A: Location* for instructions on updating this section.

Type of Business		20	Edit
Type Of Business	Test Sole Proprietorship		

Figure 33 – Type of Business Pane

Review the information in the **Service Delivery** pane. Refer to *Figure 34 – Service Delivery Pane*.

Optional: Click the **Edit** button in the **Service Delivery** pane to edit any of the information. The **Form A: Location Specific Information** page displays. Scroll (if necessary) to the **Service Delivery** pane. Refer to *Section 5.5.1, Update Form A: Location* for instructions on updating this section.

Service Delivery		😰 Edit
Service Delivery Type(s)	Retail Mail Orders	

Figure 34 – Service Delivery Pane

Review the information in the **Years in Business/Months in Business** pane. Refer to *Figure 35 – Years in Business/Months in Business Pane*.

Optional: Click the **Edit** button in the **Years in Business/Months in Business** pane to edit any of the information.

The Form A: Location Specific Information page displays. Scroll (if necessary) to the Business Information pane. Refer to *Section 5.5.1*, *Update Form A: Location* for instructions on updating this section.

Years in Business/Months in Business	😰 Edit
Years supplying DMEPOS items	7
Months supplying DMEPOS items	0

Figure 35 – Years in Business/Months in Business Pane



Review the information in the **Accreditation** pane. Refer to *Figure 36 – Accreditation Pane*.

Optional: Click the **Edit** button in the **Accreditation** pane to edit any of the information. The **Form A: Location Specific Information, page 2** page displays. Scroll (if necessary) to the **Accreditation** pane. Refer to *Section 5.5.2, Update Form A: Location Specific Information, page 2*, for instructions on updating this section.

piration Date
12/ 2011



Review the information in the **Licensure** pane. Refer to *Figure 36 – Accreditation Pane*.

Optional: Click the **Edit** button in the **Licensure** pane to edit any of the information. The **Form A: Location Specific Information page - 2** page displays. Scroll (if necessary) to the **Licensure** pane. Refer to *Section 5.5.2, Update Form A: Location Specific Information, page 2,* for instructions on updating this section.

Licensure		🖆 Edit
Licensure State	Licensure Text	
	Test licensure type text.	
FL		
	·	

Figure 37 – Licensure Pane

Review the information in the **Sanctions** pane. Refer to *Figure 38 – Sanctions Pane*.

Optional: Click the **Edit** button in the **Sanctions** pane to edit any of the information. The **Form A: Location Specific Information** page displays. Scroll (if necessary) to the **Sanctions** pane. Refer to *Section 5.5.1*, *Update Form A: Location*, for instructions on updating this section.



Figure 38 – Sanctions Pane



Review the information in the **Competitive Bidding Area (CBA) and Product Category** pane. Refer to *Figure 39 – Competitive Bidding Area (CBA) and Product Category Pane.*

Optional: Click the **Edit** button in the **Competitive Bidding Area (CBA) and Product Category** pane to edit any of the information.

The Form A: Location Specific Information page displays. Scroll (if necessary) to the Competitive Bidding Area (CBA) and Product Category pane. Refer to Section 5.5.3, Update CBA/Product Category, for instructions on updating this section.

Competitive Bidding Area (CBA) and Product Category	😰 Edit
<u>CBA</u>	Product Category
TEST_Cleveland-Elyria-Mentor, OH TE	EST_Oxygen Supplies/Equip,TEST_PMD - Standard,TEST_PMD - Complex

Figure 39 – Competitive Bidding Area (CBA) and Product Category Pane

Click Next.

The Form A: Checklist page displays, organized into multiple panes.

5.5.5. Review Form A Checklist

This is an optional process that is accessed when the Next button is clicked on the Form A: Summary page. Only an AO or BAO may access this page, and only when all required fields have been completed. TheSupplier Checklist pane provides specific reviewing and submittal instructions. Printing is strongly recommended as this form contains valuable information. Refer to *Figure 40 – Form A: Checklist Page*.



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Figure 40– Form A: Checklist Page



When review and/or print are complete, follow this procedure.

• Review the Supplier Checklist.

Click Next.

The Form A: Approval page displays.

5.5.6. Approve Form A

This process is accessed when the **Next** button is clicked on the **Form A: Checklist** page. Only the AO and BAO may perform this action. Refer to **Error! Reference source not found.**

- Complete the fields in the **Approval** pane.
- First Name * field Pre-populated based upon login.
- Last Name * field Pre-populated based upon login.
- User ID * field Type assigned user ID.
 - The user ID is the identifier assigned during registration.

Click **Approve**. A message displays alerting you that any modifications to Form A will require the AO or BAO to reapprove Form A. Click OK. The Print to PDF screen displays.

,			LC	gout
<u>_cms/</u>	DMEPOS BIDDING SYSTEM (DBidS)			
Bidder: 20-4099116 (asdfas	sdf)	Welco	me, Tes	t Test
Navigation	Form A: Approval	Print	Back	Next
Status Page Business Organization Types Bodify Form A Heip Logout Today's 10/13/2011 Date: 16:08:35 Open Bid 01/18/2011 Date: 09:00:00 Close Bid 12/31/2011 Date: 13:59:59	Required fields are marked with * Approval The Authorized Official (AO) or Back-up Official (BAO) must approve Form A before proceeding to Form B. The User ID assigned during registration must be identified in your response. First Name * Test User ID * Approve After the AO or BAO approves Form A the AO or BAO must re-approve Form A if any changes are made to this form.			
	This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.	Print	Back	Next

Figure 41– Form A: Approval Page

Print to PDF screen is accessed when you click on Approve on the Form A: Approval page. Refer to *Figure 42 – Form A: Summary PDF*.



Ø DBidS - Application - Windows Int	emet Explorer
Https://dbids10.cms.cmsval/dbid	0/FormAApprovaBrink.html
/	Logout A
CMS	
	DMEPOS BIDDING STSTEM (DBIdS)
Didden 00 0500040 (White	
Bidder: 20-3509843 (Whiter	nore snoes) veicome, sanet whitmore
Navigation	Form A: Summary
Status Page Business Organization Types	
Modify Form A Create Form B	
Help Logout	Displayed below is a summary for the location(s) for which you are submitting a bid. Please print and/or save the summary page data to PDF for your records.
	4
Today's 08/03/2011	P
Date: 11:53:45 Open Bid 01/18/2011	Form A: Summary
Date: 09:00:00	Date: 08/03/1111:55/41
Date: 23:59:59	Bilder Number: 20-3509843
	Supplier Type: TestSingleLocationBidder
	Bidder Status: Complete and Approved
	Displayed below is a summary for the location(s) for which you are submitting a bid. Please carefully review the information you provided on Form A application
	information for accuracy. Only locations identified by the PTANs listed on this summary page will be elizible to be awarded a contract and to receive payment
	under the DMEPOS Commetitive Bidding Program. You cannot use the same 10-digit PTAN for each location
	Legal Business Name Whitemore Shoes
	Address Line1 sadfasdfasadfasdf Address Line2
	Not
	NEX.

Figure 42 – Form A: Summary PDF



5.5.7. Updating Multiple Locations and Network Supplier Information (Form A)

These sections provide instructions for updating multiple location supplier information (Form A). The assumption is that login has already occurred.

- <u>Users with more than one PTAN associated with their User ID</u> The **Select PTAN to Create Form A** page is displayed upon login for all users with more than one PTAN associated with their user ID. Refer to *Section 5.5.8*, *Update Form A – Users with Multiple PTANs Associated with User ID*, to complete this process.
- <u>Users with only one bidder number</u> The **Form A: Status** page is displayed upon login for all users with only one bidder number. Refer to *Section 5.5.9*, *Update Form A Users with One Bidder Number*, to complete this process.
- <u>Users with more than one bidder number</u> The bidder selection, or **Location Specific Information**, page is displayed upon login for all users with more than one bidder number. Refer to *Section 5.5.10*, *Update Form A – Users with Multiple Bidder Numbers*, to complete this process.

An alternative method of navigation is to use the menu links in the left-most **Navigation** pane. The order in which sections are completed is not pertinent.

One Form A must be completed by each entity (supplier single location, supplier multiple location and network supplier). However, only one Form A needs to be submitted by the business organization, regardless of the number of Form B (bidding sheets) submitted.

Only one user may access a specific Form A at any one time. If an attempt is made to access a Form A and a message is received indicating that the account is locked, the account remains locked until the current user logs out of the application. In the event of a system error that generates a locking issue, reattempt login in 30 minutes.

- Click the Next, Back, or Save button to save any additions or changes made to the current page once all required information has been entered.



5.5.8. Update Form A – Users with Multiple PTANs Associated with User ID

This process provides the procedures involved in updating Form A when more than one PTAN is associated with the User ID. The following page displays upon entry into the application. Refer to *Figure 43 – Select PTAN to Create Form A Page*.

• *Optional:* If the Select PTAN to Create Form A page is not displayed, click Business Organization Types > PTAN Selection from the menu. The Select PTAN to Create Form A page is displayed.

Navigation	Select PTAN to Create Form A	
Business Organization Types PTAN Selection	Listed below is the PTAN(s) that you used for registration purposes. Please select the PTAN below for which you would like to con	nplete an application.
 Create Business Organization Modify Business Organization 	PTAN Action(s)	
Help Logout	8120500001 Select	
Today's 05/18/2010		
Open Bid 10/20/2009		
Date: 15:15:00		
Date: 20:59:00		

Figure 43 – Select PTAN to Create Form A Page

Click **Select** for the PTAN to create a Form A.

Refer to Section 5.3.1, Create Business Organization, for the steps to complete this process.

Refer to Section 5.5, Updating Single Location Supplier Information (Form A), for specific information on completing Form A.

5.5.9. Update Form A – Users with One Bidder Number

This process provides the procedures involved in updating Form A when the user has only one bidder number. The following page displays upon entry into the application. Only an AO or BAO may update Form A when the status is **Complete and Approved**. Refer to *Figure 44 – Status Page*.

• *Optional:* If the **Status** page is not displayed, click **Status Page** from the menu. The **Status** page displays.



							Lo
<u>cms/</u>	DMEPOS BIDDING	SYSTEM (DBidS)					
3idder: 20-3509843 (White	emore Shoes)					Welcome, Ja	net Whiti
Navigation	Form A: Application Status						
Status Page Business Organization Types	Status	Last Modified Date	Modifi	ied By		Z	
Modify Form A Create Form B Select Bid Help	Complete and Approved	08/03/2011 13:04:09	Janet \	Whitmore	Print	Save	
Logout	Form B: Bid Status						
	СВА	Product Category	Status	Last Modified Date	Modified By	X X	
day's 08/03/2011 ite: 13:06:57	Test_Pittsburgh, PA Non Mail-Order	Test_Enteral Nutrients, Equipment and Supplies	Pending Certification	08/03/2011 13:06:01	Janet Whitmore	Print Save	
ate: 09:00:00 lose Bid 09/30/2011 ate: 23:59:59							
	Documentation Status						
	Documentation Received: No						
	It is the suppliers' responsibility to ensure that th package of hardcopy documents. However, it do	ey have submitted the entire package of all required hardcopy do ses not acknowledge the accuracy or completeness of the package.	ocuments to the Competitive Bid Imp age. The CBIC is unable to provide t	lementation Contractor (CBI this information.	C). The notation above	indicates whether the CBIC has	s received a
	Covered Document Review Date (CDRD) E	ligible					
	CDRD Eligible: No						

Figure 44 – Status Page

Click the **Status** link in the **Form A: Application Status** pane for the application to update. The **Form A: Application Status** page displays **Location** and **Additional Locations** panes. Refer to *Section 5.5.1, Update Form A: Location* for the steps to complete this process.

Refer to the subsections within *Section 5.5*, *Updating Single Location Supplier Information (Form A)*, for specific information on completing Form A.

5.5.10. Update Form A – Users with Multiple Bidder Numbers

This process provides the procedures involved in updating Form A when the user has multiple bidder numbers. The following page displays upon entry into the application. Only an AO or BAO may modify Form A when the status is **Complete and Approved**. Modifying a **Complete and Approved** Form A will require the AO or BAO to reapprove the form, as the status will change to **Pending Approval** upon update. Refer to *Figure 45 – Location Specific Information*

• *Optional:* If the Location Specific Information page is not displayed, click Business Organization Types > Modify Business Organization from the menu. The Location Specific Information page displays.



,			Logout
<u>_cms/</u>	DMEPOS BIDDING SY	STEM (DBidS)	
Bidder: 20-3509843 (Whiten	more Shoes)		Welcome, Janet Whitmore
Navigation	Form A: Application Status		
Status Daga			Back
Business Organization Types Modify Form A Create Form B Select Bid	Please select the PTAN to modify.		
▶ Help Locout	Location	Status	Action(s)
	7309989999 Whitemore Shoes	COMPLETE	Modify
	Additional Locations	Status	Action(s)
Today's 08/03/2011 Date: 13:10:04	9896880001 asdfasd	COMPLETE	Modify
Open Bid 01/18/2011	1021102374 asdfasdf	COMPLETE	Modify
Close Bid 09/30/2011 Date: 23:59:59			
			Back



Click Modify Supplier Type or Access Form A.

Refer to Section 5.3.1, Create Business Organization, starting with for the steps to complete this process.

Refer to Section 5.5, Updating Single Location Supplier Information (Form A), for specific information on completing Form A.

5.5.11. Update Form A Location Page 1

Refer to Section 5.5.1, Update Form A: Location for instructions on completing this process.

5.5.12. Update Form A Location Page 2

Refer to Section 5.5.2, Update Form A: Location Specific Information, page 2, for instructions on completing this process.

5.5.13. Update CBA/Product Category

Refer to Section 5.5.3, Update CBA/Product Category, for instructions on completing this process.

5.5.14. Update Locations

This process provides the procedures involved in updating locations and only applies to suppliers with multiple locations, or network suppliers who have multiple locations. The primary location entered may not be deleted, only modified. This screen displays when you click **Next** on the **Form A: CBAs and Product Categories** page.

• Update the information in the Form A: Add Location page. This page allows modification and/or deletion of saved additional locations. Refer to *Figure 46 – Form A: Add Location*.



• Click **Modify** to modify a location.

The Form A: Location Specific Information page displays. Refer to Section 5.5.1, Update Form A: Location, to update the location information.

- *Optional*: Click **Delete** to delete a location.
- Optional: Click Add Location to add a location.
- *Optional*: Click **Delete All** to delete all locations. If OK is selected all additional locations will be permanently deleted from the application for this bidder.

The Form A: Add Location page displays.

					LO	gout
<u>_cms/</u>	DMEPOS BIDDING SYSTEM (DBidS)					
Bidder: 20-4099116 (asdfaso	f)			Welco	me, Test	t Test
Navigation Status Page	Form A: Add Location			Print	Back I	Next
Business Organization Types Modily Form A Help Logout Today's 10/13/2011	All locations that conduct business within a Round 2 CBA or national mail-order CBA and provide by PTAN that will provide competitively bid items in a CBA. Only those locations entered on the bic If you are bidding as a network in Round 2, the primary network member should add its location on these members' locations on the next screen. To access this screen, click "Next."	te product category for which you are bidding must be listed will be identified on the contract and be eligible to receive p this screen. If there are members of the network with multipl	below. It is important that bidders identify all ayment for the competitively bid item(s). e locations, the primary network member shou	locations Ild add		
Open Bid 01/18/2011	Legal Business Name	PTAN	Action(s)			
Date: 09:00:00 Close Bid 12/31/2011 Date: 12:50:50	asdfasdf	1001022210	Modify			
Date. 13.39.39	Add Location	Delete All Locations				
	I nis information is contidential. Contents snall not be used, modified, or distributed (electronically or of	rerwise) to persons not autnorized to receive the information	1.	Drint	Dock 1	Nort

Figure 46 – Form A: Add Location Page

Click Next.

The Form A: Summary page displays, organized into multiple panes. Return to *Section 5.5.4*, *Review/Update Summary*, if Next is selected.



5.5.15. Add Location

This process only applies to suppliers with multiple locations or network suppliers who have multiple locations. This screen is accessed when the **Add Location** button is clicked on the **Form A: Add Location** page or when **Modify** or **Add Location** is selected from the **Form A: Network Member** page. Refer to *Figure 46 – Form A: Add Location* The page is organized into multiple panes. Access to the supplier checklist and approval screens is restricted to the AO and BAO. The PTAN entered for an additional location and/or network member cannot be the same PTAN as identified in the Identifying Information pane. The PTAN for an additional location or network member must be different.

- Update the information in the Identifying Information pane. This is the name and address used for tax purposes. The remaining information should allow direct contact to you regarding the DBidS program. This information may not be a billing agency, management service organization, or staffing company. Refer to *Figure 47* – *Identifying Information Pane*.
- Legal Business Name * field Type legal business name.
- Address Line 1 * field Type first line of address.
- Address Line 2 field Type second line of address.
- **City** * field Type city name.
- State * drop-down list Click the drop-down arrow and select state from the list provided.
- **Zip Code *** field Type zip code.
- Email Address * field Type email address
- **Telephone Number** * field Type telephone number.
- Toll Free Telephone Number field (Optional) Type toll free telephone number
- **PTAN for this Location** * field Type PTAN.
- **Confirm PTAN for this location** * field Re-type PTAN from the above PTAN field. Please note that a user will not be able to copy/paste the PTAN into the Confirm PTAN field.
- **NPI Identification Number** * field Type NPI number.
- Tax Identification Number (TIN) * Type taxpayer identification number.

Identifying Information				
Provide the legal business name and mailing address for the business organization identified by	the PTAN below. Important Note: PTAN must be unique to this location.			
Legal Business Name ★	Local Test			
Address Line 1 ★	78 Pull Ave			
Address Line 2				
City ★	Baltimore			
State ★	Maryland 👻			
Zip Code ★	24156			
E-Mail ★	test@aol.com			
Telephone Number ★	(456) 456 . 4564			
Toll Free Number (if available)				
PTAII for this location 🕇	1027000605			
Confirm PTAN for this location ★	1027000605			
NPI Identification Number ★	555555555			
Tax Identification Humber (TIH) 🖈	44444444			

Figure 47 – Identifying Information Pane



Update the information in the **Physical Address** pane. Complete this information if the information differs from the Section above. Otherwise the box <u>must</u> be checked to populate the address. A Post Office box is not accepted as a physical address. Refer to *Figure 48 – Physical Address Pane*.

- **Physical Address is the same as identified in the section above** Check if addresses are the same.
- Address Line 1 * field Type first line of address.
- Address Line 2 field Type second line of address.
- **City** * field Type city name.
- State * drop-down list Click the drop-down arrow and select state from the list provided.
- **Zip Code** * field Type zip code.

Physical Address				
Provide the physical address for the location as identified by the PTAN above in the identifying Information question.				
Physical addr	ess is the same as identified above			
Address Line 1 *	90 Test Drive			
Address Line 2	Text Input: Address Line 2. Optional.			
City ★	Baltimore			
State ★	Maryland 💌			
Zip Code ★	21228			

Figure 48 – Physical Address Pane

Update the information in the **Business Information** pane.

Provide information for this location as identified by the PTAN above. Refer to *Figure 49 – Business Information Pane*.

- **Tax Identification Number (TIN)** * Type taxpayer identification number; if sole proprietorship, type social security number.
- **Doing Business As (DBA)** field Type "doing business as" name if different from the legal business name reported in Identifying Information section.
- Years in Business *drop-down list Click the drop-down arrow and select number of years and months in business the bidder has been supplying Durable Medical Equipment, Prosthetics, Orthotics, and Supplies in the CBA. If the number of years is greater than 99 years, select 99 years and 11 months. Please note that if 0 years is selected, then the user must make a selection in the Months in Business field.
- *Optional:* **Months in Business** drop-down list Click the drop-down arrow and select number of months in business.

Business Information				
Provide the length of time in business for this location as identified by the PTAN above.				
Years in Business ★	3 💌			
Months in Business	0 💌			
Examples: 5 years and 7.	months or 0 years and 6 months.			
Doing Business As (DBA)			

Figure 49 – Business Information Pane

Update the information in the Accreditation Information panes.

The location must be accredited for the product category to be bid. DBidS displays the following instructional text below the Section Header titled "Accreditation" on the Page titled "Form A: Add Location": "Select the name (s) of the Medicare-approved organization that has accredited this



location. The location must be accredited for the product category for which you are bidding. You must click the **Add Accreditation** button in order for this information to be saved below."

If a location is not accredited, you will not be able to submit a bid for this location. A location may select the same accrediting organization only once. A maximum of five entries per location is allowed. Refer to Figure 50 – Accreditation Information Panes.

- Accreditation Organization * drop-down list Click the drop-down arrow and select the accreditation organization from the list provided.
- Accreditation Status * drop-down list Click the drop-down arrow and select Accredited or Not Accredited.

If **Accredited** is selected, additional information is required. If **Not Accredited** is selected, a bid may not be submitted and you will not be able to move forward within the application and a message box will be displayed notifying you that if you continue, you will exit the application.

- Click the Add Accreditation button to add an organization. The recently added data displays in the Modify/Delete Accreditation Information pane and the Accreditation pane is cleared to allow entry of additional information. Repeat the above steps to add additional criteria.
- Click the **Modify** button in the **Modify/Delete Accreditation Information** pane to modify accreditation information.

The information for the selected organization populates the Accreditation pane.

- Modify the required fields.
- Click **Modify Accreditation Information** when modifications are complete. The updated information displays in the **Modify/Delete Accreditation Information** pane.
- *Optional*: Click the **Delete** button in the **Modify/Delete Accreditation Information** pane to delete an organization.

dicare-approved organization that has tion button in order for this information	accredited this location. The location to be saved below.	on must be accredited for the product c	ategory for which you are bidding. You
Accreditation Organization *	Select Accreditation Organiz	ation	*
Status ★	Select Accreditation Status	~	
	Add Accreditation	Clear	
ion Information			
ecific area(s), issue or expiration date for this information to be saved below.	es. The location must be accredited . The Accreditation Organization ca	for the product category for which you a nnot be modified. You must delete entry	re bidding. You must click the Modify and re-enter a new accreditation for this
Accred	ditation Organization St	tatus Action(s)	
Accreditation C	Commission for Healthcare, Inc Acc	credited Modify Delete	
9 9 or	Idicare-approved organization that has tion button in order for this information Accreditation Organization ★ Status ★ ion Information pecific area(s), issue or expiration date r for this information to be saved below Accreditation (Accreditation (Idicare-approved organization that has accredited this location. The location to be saved below. Accreditation Organization ★ Select Accreditation Organization ★ Status ★ Select Accreditation Status Add Accreditation ion Information pecific area(s), issue or expiration dates. The location must be accredited or for this information to be saved below. Accreditation Organization 4 Select Accreditation Organization ion Information pecific area(s), issue or expiration dates. The location must be accredited r for this information to be saved below. The Accreditation Organization cates and the accreditation organization cates are accredited r for this information to be saved below. The Accreditation Organization cates are accredited or this information to be saved below. The Accreditation Organization cates are accredited or the althcare, loc Accreditation Commission for Healthcare, loc Accreditation Commission for Healthcare, loc Accreditation Cates are accredited or for the althcare, loc Accreditation Cates are accredited or Cates and the accreditation Cates are accredited or Cates are accredited or Cates and the accreditation Cates are accredited or Cates are	Interest and the second secon

Figure 50 – Accreditation Information Panes

Update the information in the Licensure Information pane.

You must have a license for each state in which you are providing Durable Medical Equipment, Prosthetics, Orthotics and Supplies. If you do not have a license you may not be able to submit a bid. Refer to *Figure 51 – Licensure Information Pane*.

- Licensure * drop-down list Click the drop-down arrow and select the state(s) for which you have a license to furnish Durable Medical Equipment Prosthetics, Orthotics and Supplies.
- The Identify the type(s) of license(s) you have in this state text box will display. Input the type of license you have for the state identified in the Licensure * drop-down list.
- Click the **Add Licensure** button to add the state(s).

The recently added data displays in the **Modify/Delete Licensure Information** pane.



• Click the **Modify** button in the **Modify/Delete Licensure Information** pane to modify licensure information.

The information for the selected state(s) populates the Licensure pane.

- Modify the required fields.
- Click **Modify Licensure Information** when modifications are complete. The updated information displays in the **Modify/Delete Licensure Information** pane.
- *Optional*: Click the **Delete** button in the **Modify/Delete Licensure Information** pane to delete state(s).
- You must have a license for each state in which you are providing durable medical equipment, prosthetics, orthotics and supplies. If you do not have a license you may not be able to submit a bid. Refer to *Figure 51 Licensure Information Pane*.

Licensure	Licensure 🚺						
Select the state(s) in the	he CBA in which yo	have a license to furnish the competitively bid item(s).					
		State * Select State -					
	Add Licensure Clear						
Modify/Delete Licen	sure Information						
To modify your licensu modified information b	ure information for the	e selected state(s), you must click the "Modify" button next to the applicable license. Next, complete the necessary changes	and click "Save Licensure" to save the				
	Licensure State	Licensure Information	Action(s)				
	FL	Test state	Modify Delete				

Figure 51 – Licensure Information Pane

Update the information in the **Sanctions** pane.

Indicate whether this location as identified by the PTAN above has been subject to any current or past legal actions, or sanctions, such as debarments. Refer to *Figure 52 – Sanctions Pane*.





- Does this location have any current or past legal actions, or sanctions such as debarments? * Option selection – Click Yes or No. Application defaults to No. Click Yes if applicable.
- If yes, please provide additional information regarding any previous or current sanctions. (Maximum: 1000 characters) text box If yes, type description of any previous or current sanctions. Please note the user is required to manually enter text into the sanctions text box; copy/paste function from another source is not accepted and may result in an error. If using special characters please use the International keyboard or Alt Control buttons to enter the information.

Sanctions						
Indicate whether this location, as identified by the PTAN above, has been subject to any current	Indicate whether this location, as identified by the PTAN above, has been subject to any current or past legal actions, or sanctions, such as debarments, within the past five (5) years.					
Does this location have any current or past legal actions, or sanctions such as debarments?★						
If yes, please provide additional information regarding any previous or current sanctions. (Maximum 1000 characters)	1000 characters left					

Figure 52 – Sanctions Pane

Click Next.

The Form A: CBAs and Product Categories page displays.

5.5.16. Update CBA/Product Category

Refer to Section 5.5.3, Update CBA/Product Category, for instructions on completing this process.

5.5.17. Add Network Member

This action is performed when no additional locations are to be added. This page is accessed when **Next** is selected from the **Form A: Location Summary** page.

- Update the information in the Form A: Network Member page.
 - This page allows modification and/or deletion of network members. A Network Supplier can have a maximum of 20 network members, including the primary network member; hence they need to provide the network name. Each network member name can have multiple locations associated to the specific network member. Refer to *Figure 53 Form A: Network Member Panes*.
- Network Member Name * field Type name of network member.
- Click the Add Network Member button.
- The recently added data displays in the **Network Members** pane and the **Add Network Member** pane is cleared to allow entry of additional information. Repeat the above steps to add additional network members. Once all network members are added, click the **Add Location** button to add the location associated to the network member name. Once the location(s) is added, the PTAN associated to the location(s) for the network member displays below the network member name on the **Form A: Network Member** page.
- Modify the required fields. Refer to *Section 5.5.15, Add Location,* for instructions on modifying these fields.
- Click the Add Location button in the Network Member pane to add a network member location. The Form A: Add Location page displays.



- Click the **Modify** button in the **Network Member** pane to modify network member information. The **Form A: Add Location** page displays.
- Add the required fields.
- Refer to Section 5.5.15, Add Location, for instructions on adding a network member location.
- Optional: Click the Delete button in the Network Member pane to delete a network member.

CMS/	DMEPOS BIDDING SYSTEM (DBidS)		
idder: 20-3509843 (axsdd))	Welcome, Ja	net Whit
lavigation	Form A: Network Member		
Status Page	Pr	nt Save	Back I
Business Organization Types Modify Form A	Required fields are marked with *		
Help	Add Network Hember		
	Please enter the network member name and indicate the contract status. You must click the Add Network Member button in order for this information to be saved below. After member's inform below, click the Add Location button to complete member's location information. Only network members identified by their PTANs are eligible to be awarded a contract.	ation is displayed	
	Network Member Name: * Jane Doe		
oday's 08/03/2011	Add Network Member Clear		
pen Bid 01/18/2011			
ate: 09:00:00 lose Bid 09/30/2011	Hetwork Members		
ate: 23:59:59		*	
	Network Member Action(s)		
	John Doe Modity Delete Add Location	=	
	No Locations Saved		
	esdfsadf Modify Delete Add Location		
	No Locations Saved	-	
	U		
	This information is confidential. Contents shall not be used modified or distributed (electronically or otherwise) to persons not authorized to receive the information.		
	Pr	nt Save	Back

Figure 53 – Form A: Network Member Panes

Click Next.

The Form A: Summary page redisplays, organized into multiple panes. Refer to *Section 5.5.4*, *Review/Update Summary*, for information on the summary.



5.5.18. Add Additional Information to Form A

This is an optional process that is accessed when you click the **Go** button on the **Form A: Summary** page, in the **Additional Locations/Network Members/Network Members Additional Locations** pane. Refer to *Figure 54 – Additional Locations/Network Members/Network Members Additional Locations Pane*. This process allows you to review the summary of all additional locations and network members for business organizations.

Additional Locati	ons/Network Members/Network Members Additional Locations
Select the PTAN b	pelow to review the information for this location.
2609090001	
2609050001	
2609920001	
** Access to Supplie	r Checklist and Approval screens are restricted to only Authorized Officials and Backup Authorized Officials.

Figure 54 – Additional Locations/Network Members/Network Members Additional Locations Pane

• Click the PTAN to review the information for this location. The selected PTAN is highlighted.

Click Go.

The Form A: Summary page displays, organized into multiple panes.

Review the information in the **Additional Location Information** pane. Refer to

Figure 55 – Additional Location Information Pane.

Optional: Click the **Edit** button in the **Additional Location Information** pane to edit any of the information.

The Form A: Additional Locations page displays. Scroll (if necessary) to the Identifying Information pane. Refer to *Section 5.5.1*, *Update Form A: Location* for instructions on updating this section.

Additional Location Information	😰 Edit		
Legal Business Name	Test 2		
Address Line 1	2 Test Ave	Address Line 2	P.O. Box 123
City	Anytown	State	MD Zip Code 12345
Email	abc@def.com		
PTAN	1234567890	Telephone	(123) 456- 7890
Toll Free Number	(800) 111- 1234		
NPI	111111111		
TIN Number	33333333		

Figure 55 – Additional Location Information Pane

Review the information in the Physical Address pane.

Refer to Figure 56 – Physical Address Information Pane.

Optional: Click the **Edit** button in the **Physical Address** pane to edit any of the information. The Form A: **Additional Location** page displays. Scroll (if necessary) to the **Physical Address Information Pane**. Refer to *Section 5.5.1*, *Update Form A: Location* for instructions on updating this section.

Supplier Physical Address			😰 Edit		
Address Line 1	78 Pull Ave	Address Line 2			
City	Baltimore	State	MD	Zip Code	24156



Figure 56 – Physical Address Information Pane

Review the information in the **Supplier Business Information** pane. Refer to *Figure 57 – Supplier Business Information Pane*.

Optional: Click the **Edit** button in the **Supplier Business Information** pane to edit any of the information.

The Form A: Additional Locations page displays. Scroll (if necessary) to the Business Information pane. Refer to *Section 5.5.1*, *Update Form A: Location* for instructions on updating this section.

Identifying Information				🌮 Edit	
Legal Business Name	Test Name				
Address Line 1	asdfasdf	Address Line 2			
City	asdfsadf	State	MI	Zip Code	56465
Telephone Number (xxx) xxx-xxxx	(546) 654- 6544	Toll Free Number(if	available) (xxx) xxx-xxxx		
Email Address	sdfasd@aol.com				
PTAN for this location	1001042409			NPI Identification Number	5646546454

Figure 57 – Supplier Business Information Pane

Review the information in the Accreditation pane. Refer to Figure 58 – Accreditation Pane.

Optional: Click the Edit button in the Accreditation pane to edit any of the information.

The Form A: Additional Locations page displays. Scroll (if necessary) to the Accreditation Information pane. Refer to *Section 5.5.2, Update Form A: Location Specific Information, page 2,* for instructions on updating this section.

Accreditation			😰 Edit	
Accreditation Organization	Product Specific Area(s)	Status	Issue Date	Expiration Date
American Board for Certification in Orthotics and Prosthetics, Inc.	Test_Oxygen Supplies and Equipment	Accredited	04/ 2006	05/ 2013

Figure 58 – Accreditation Pane

Review the information in the **Licensure** pane. Refer to *Figure 59 – Licensure Pane*. *Optional*: Click the **Edit** button in the **Licensure** pane to edit any of the information.

The Form A: Additional Locations page displays. Scroll (if necessary) to the Licensure Information pane. Refer to *Section 5.5.2*, *Update Form A: Location Specific Information*, *page 2*, for instructions on updating this section.

Licensure		20	Edit	
Do you have locations that are licensed to furnish competitively bid items for each state within the CBA for which you are bidding?	Yes			

Figure 59 – Licensure Pane



Review the information in the **Sanctions** pane. Refer to *Figure 60 – Sanctions Information Pane*.

Optional: Click the Edit button in the Sanctions pane to edit any of the information.

The Form A: Additional Locations page displays. Scroll (if necessary) to the Sanctions Information pane. Refer to *Section 5.5.1*, *Update Form A: Location* for instructions on updating this section.

Sanctions	😰 Edit
Does this location have any current or past legal actions, or sanctions No such as debarments?	
Figuro 60	Sanctions Information Pana

Figure 60 – Sanctions Information Pane

Review the information in the **Competitive Bidding Area (CBA) and Product Category** pane. Refer to *Figure 61 – Competitive Bidding Area (CBA) and Product Category Pane.*

Optional: Click the **Edit** button in the **Competitive Bidding Area (CBA) and Product Category** pane to edit any of the information.

The Form A: CBAs and Product Categories page displays. Scroll (if necessary) to the Competitive Bidding Area (CBA) and Product Category pane. Refer to *Section 5.5.3*, *Update CBA/Product Category*, for instructions on updating this section.

CMS	DMEPOS BIDDING SYSTEM (DBidS)	0	Logou
idder: 20-9489203 (asdf)		Welcome, DO1	T BUGZLIFE
avigation	Form A: CBAs and Product Categories	Drint Cours D	al Nava
Satus Page Business Organization Types Modify Form A Create Form B Gater E Bid Hob Late: 14:32:00 pen Bid 01/18/2011 ate: 09:00:00 ose Bid 09/30/2011 ate: 23:59:59	Required fields are marked with ★ CBA and Product Category Select the CBA(s) for which this location will be servicing Medicare beneficiaries. The product categories were previously identified by your organization. You must click the Add CBA buttor information be a saved below. CBA ★ Select CBA Product Category(s) Image: Category (s) CBA + Select CBA Product Category(s) Image: Category (s) CBA and Product Category (s) Image: Category (s) CBA and Product Category (s) for which this location is bidding. Please review for accuracy.	n in order for this	
	CBA Product Categories Test, Charlotte-Gastiona-Concord, NO-SE – Non Mai-Drider Test, Oxygen Supplies and Equipment, Test, Standard Power Wheelchairs, Scooters, and Related Accessories, Test, Complex Rehabilitative Power Wheelchairs and Related Accessories (Group 2), Test_Entral Nutrients, Equipment and Supplies Test, Orlanda-Kasimmee, FL – Non Test_Oxygen Supplies and Equipment Mai-Order Test_Oxygen Supplies and Equipment	Action (s) Delete Delete	
	This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.	Print Save Ba	ack Next

Figure 61 – Competitive Bidding Area (CBA) and Product Category Pane

Review the information in the **Network Member** pane if applicable. Refer to *Figure 62 – Network Member Pane*.

Optional: Click the **Edit** button in the **Network Member** pane to edit any of the information. The **Form A: Network Member** page displays.



Do network members have a signed legal contract?	
	Yes
Network Member Name	John Doe

Figure 62 – Network Member Pane

Update the information in the Form A: Network Member page.

This page allows modification and/or deletion of network members. A Network Supplier can have a maximum of 19 network members; hence they need to provide the network name. Each network member name can have multiple locations associated to the specific network member. Refer to *Figure 63 – Form A: Network Member Panes*.

- Network Member Name * field Type name of network member.
- Click the Add Network Member button. The recently added data displays in the Network Members pane and the Add Network Member pane is cleared to allow entry of additional information. Repeat the above steps to add additional network members. Once all network members are added, click the Add Location button to add the location associated to the network member name.
- Modify the required fields. Refer to *Section 5.5.15*, *Add Location*, for instructions on modifying these fields.
- Click the Add Location button in the Network Member pane to add a network member location. The Form A: Additional Location page displays.
- Click the **Modify** button in the **Network Member** pane to modify network member information. The **Form A: Additional Locations** page displays.
- Add the required fields. Refer to *Section 5.5.15*, *Add Location*, for instructions on adding a network member location.
- *Optional*: Click the **Delete** button in the **Network Member** pane to delete a network member.





	Logout
<u>_cms/</u>	DMEPOS BIDDING SYSTEM (DBidS)
Bidder: 20-3509843 (axsdo) Welcome, Janet Whitmore
Navigation	Form A: Network Member
Status Page > Usuiness Organization Types > Usofly Form A > Hep Lego Date: 13:27:46 Open Bid 01/18/2011 Date: 09:00:00 Close Bid 09/30/2011 Date: 23:59:59	Print Save Back Next Required fields are marked with * Add Inctwork Hember Piesse enter the network member name and indicate the contract status. You must click the Add Network Member button in order for this information to be saved below. After member's information is displayed below, click the Add Location is displayed a contract. Network Member Name: * Jane Dod Add Network Member Clear Intervork Members Add Network Member Network Member Clear Intervork Member Add Location No Locations Saved asdfsadf No Location No Location
	No Locations Saved
	This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.
	Print Save Back Next

Figure 63 – Form A: Network Member Panes

Click Next.

The Form A: Summary page redisplays, organized into multiple panes. Refer to *Section 5.5.4*, *Review/Update Summary*, for information on the summary.

Click Next.

The **Form A:** [Checklist] page displays, organized into multiple panes. Refer to *Section 5.5.5*, *Review Form A Checklist*, for information on the checklist.

Click Next.

The Form A: Approval page displays. Refer to *Section 5.5.6*, *Approve Form A*, for information on approval.



5.6. Creating a Form B

These sections provide instructions for creating a (Form B) bid. The assumptions are that login has already occurred and that Form A status is listed as **Completed and Approved** on the Status page. The option for Form B in the **Navigation** menu is only available when Form A is in the **Completed and Approved** status.

An alternative method of navigation through the various pages in the application is to use the menu links in the left-most **Navigation** pane. The order in which sections are completed is not pertinent.

If, during business organization creation, a CBA and product category was not selected and during Form A location creation, a location was not associated to a CBA, no bids can be created. Only an AO/BAO can go back to modify the business organization to include a missing CBA and product category. This action must be repeated for each location. If a location is not accredited you will not be able to submit a bid for this location.

- Click the Next, Back, or Save button to save any additions or changes made to the current page.

Click Create Form B in the Navigation menu.
 Form B: Create Bid page displays organized into two panes. The bottom-most pane is a summary of CBAs and product categories selected. Refer to *Figure 64 – Competitive Bidding Area (CBA)/Product Category* Panes.

Update the information in the **Competitive Bidding Area (CBA)/Product Category** pane. Refer to *Figure 64 – Competitive Bidding Area (CBA)/Product Category Panes*.

- **CBA** * field Click the drop-down arrow and select a CBA.
- Click Select to display the Product Categories associated to the CBA and location(s).
- **Product Category** * field Click the drop-down arrow and select the specific Product Category.



Figure 64 - Competitive Bidding Area (CBA)/Product Category Panes





Click Create Bid or Next.

The bid is created and the Form B: Furnished Items page displays, organized into two panes.

Update the information in the **TOP HCPCS Codes** pane.

These should be the top HCPCS codes as identified by CMS. These codes comprise the top 80% of revenue, in terms of volume for this category. Refer to *Figure 65 – TOP HCPCS Codes Pane*. The total units provided must be greater than or equal to the units provided to Medicare beneficiaries.

- Total Units Provided * field Type the total units provided to all customers in this CBA during the past calendar year.
- Units Provided to Medicare Beneficiaries * field Type the total units provided to Medicare beneficiaries in this CBA during the past calendar year. If zero units were provided, type 0. The number of units provided to Medicare beneficiaries must be less than or equal to total units provided.

TOP HCPC5 Codes	
The HCPCS codes listed below represent the top codes the furnished to all customers, both Medicare and non-Medica. the past calendar year. If your business organization has n Worksheet [*] at <u>www.dmecompetitivebid.com/bic</u> for the defi If bidding in the national mail-order CBA, the competitive bit	ount for approximately 80 percent of the allowed charges for this product category. Indicate the number of units that your business organ this CBA during the past calendar year. In the next column, indicate the number of units provided only to Medicare beneficiaries in this C vided the item, indicate "0" in the appropriate column. Please refer to the Bidding Information Chart titled "Estimated Capacity and Bid Ar of a unit for each item. a area includes all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa.
	HCPCS Code Total Units Provided Units Provided to
	E1390
	E0439
	E0424
	E1391
	E0431

Figure 65 – TOP HCPCS Codes Pane

Update the information in the **TOP HCPCS Codes** pane. Refer to *Figure 66 – TOP HCPCS Codes Pane (continued)*.

• **Percentage Increase** * field – Type the percentage increase in Medicare business that your business would be capable of providing for all HCPCS codes in the product category for this CBA during a projected 12 month period. The percentage increase may exceed 100%, but may not exceed 100000%.

TOP HCPCS Codes
Indicate the percentage increase in Medicare business that your business organization or network would be capable of providing for all HCPCS codes in the product category for this CBA during a projected 12 month period. The percentage increase may exceed 100 percent. ★
%

Figure 66 – TOP HCPCS Codes Pane (continued)

Click Save or Next.

The Form B: Expansion page displays, organized into two panes.

Is your estimated capacity greater than your historic capacity? If yes you must complete an expansion plan * option selection. Click Yes or No. Application defaults to No, click Yes if applicable. If Yes, the user is required to complete the expansion fields.



Complete the information in the **Expansion Plan** pane.

CMS	DMEPOS BIDDING SYSTEM (DBidS)
/	
vication	Form B: Extransion
atus Page siness Organization Types ddty Form A wate Form B bdty Form B field Bid BP gout	Print Save Back Bidder #.20.400118 CdAI Test_Orando-Klasimmer, FL = 10n Mai-Order Product Category: Test_Orando-Klasimmer, FL = 10n Mai-Order Product Category: Test_Orando-Klasimmer, FL = 10n Mai-Order Product Category: Test_Orando-Klasimmer, FL = 10n Mai-Order Product Category: Test_Orando-Klasimmer, FL = 10n Mai-Order Product Category: Test_Orando-Klasimmer, FL = 10n Mai-Order
ley's 10/13/2011 te: 16:46:37 en Bid 01/18/2011 te: 09:00:00 se Bid 12/31/2011 te: 13:59:59	Required fetis are marked with * Expansion Reim Expansion Reim Source estimated capacity, the amount you can provide for this product category in the CBA, greater than the amount you currently provide in the CBA? If yes, you must complete an expansion plan. * Yes Rei Pyou plan to expand your business under the Competitive Bolding Program, describe your current structure and expansion plan in the space provided. If additional space is needed, you may submit documentation along with the required hardcopy documents, (Maximum 1000 Characters). If an item does not apply, please enter NM.
	Start' (Current) 1000 characters left
	Staff (Expansion Plan) 1000 dwasters left
	Pinance (Current) 1000 objectives left
	Finance (Expansion Plan) 1000 diawows wh
	Facilities (Current) 1000 stassanes left
	Facilities (Expansion Plan) 1000 dwarawa wit
	Inventory Control (Current) 1000 sharakees lah
	Inventory Control (Expansion Plan) 1000 structures left
	Destribution (Current) 1000 sharedees left
	Destribution (Expansion Plan) 1000 characters left
	+ Additional Information (Current) 1000 characters init Additional Information (Current) 1000 characters init Additional Information (Current) 1000 characters init
	Additional Information (Expansion Plan) 1988 observes with
	R

Figure 67 - Expansion Plan Pane.

Perform this process if your response is Yes.





D/CD/	DMEPOS BIDDING SYSTEM (DBidS)	
99116 (asdfa	sdf)	Welcom
	Form B: Expansion	
cation Types	Bridser #, 20-4001116 CBA: Test_Orando-Gasimmee, Fis — Non Mail-Order Product Catlegory: Test_Oxygen Supples and Exiptment	rint Save B
	PTAN(8) TOPTIZZZTO	
	Required fields are marked with *	6
	Тараникон учан	
13/2011 16:37 18/2011	Is your estimated capacity, the amount you can provide for this product category in the CBA, greater than the amount you currently provide in the CBA? If yes, you must complete an expansion Bo	lan. * 🖷 Yes 🤇
00:00 01/2011 99:59	If you plan to expand your business under the Competitive Bidding Program, describe your current structure and expansion plan in the space provided. If additional space is needed, you me along with the required hardcopy documents, (Maximum 1000 Characters). If an item does not apply, please enter NIX.	y submit documentatio
	Staff (Current) 1000 characters left	
		-
	Staff (Depansion Plan) 1000 starscens left	*
		-
	Finance Control 100 descents lab	
		-
	Finance (Expansion Flat) 1000 descenses into	
	L	-
	Facilities (Current) 1000 sharates wh	
		-
		*
	Facilities (Expansion Plan) 1000 shareners bit	
		-
	· · · · · · · · · · · · · · · · · · ·	
	Inventory Control (Current) 1000 sharanees en	
		2
	Intentity Control (Expansion Party) 1000 phasters an	
		-
	Destination (Current) 1000 characters and	
		-
	Distribution (Expansion Plan) 1900 observes left	
		*
	Additional information (Current) 1000 dwasters with	
		*
	Additional Information (Expansion Plan) 1000 characters with	

Figure 67 - Expansion Plan Pane

Please note the user is required to manually enter text into the expansion text box; copy/paste function from another source is not accepted and may result in an error. If using special characters please use the International keyboard or Alt Control buttons to enter the information.

- Staff (Current) 1000 characters left text box List the current staff. If listing of staff will exceed the 1000 character maximum, utilize the Additional Information text boxes. If the staff listing exceeds this additional entry area, additional content may be mailed to the CBIC with the hardcopy package submission.
- Staff (Expansion Plan) 1000 characters left text box List any planned modifications or additions to staff.
- Finance (Current) 1000 characters left text box Describe the current financial plan.
- Finance (Expansion Plan) 1000 characters left text box Describe any planned modifications to the financial plan.
- Facilities (Current) 1000 characters left text box Describe the current facilities.



- Facilities (Expansion Plan) 1000 characters left text box Describe any planned modifications or additions to the facilities.
- **Inventory Control (Current) 1000 characters left** text box Describe the current inventory process.
- Inventory Control (Expansion Plan) 1000 characters left text box Describe any planned modifications to the inventory control process.
- Distribution (Current) 1000 characters left text box Describe the current distribution process.
- **Distribution (Expansion Plan) 1000 characters left** text box Describe any planned modifications to the distribution process.
- Additional Information (Current) 1000 characters left text box Provide any additional information that may be applicable, but is not covered elsewhere on this form.
- Additional Information (Expansion Plan) 1000 characters left text box Provide any additional information that may be applicable to the expansion plan, but is not covered elsewhere on this form.

Update the information in the Subcontractor Information pane.

Refer to *Figure 68 – Subcontractor Information Panes*. Perform this process if there is a plan to modify subcontractors under the DMEPOS Competitive Bidding Program.

• **Do you plan to use subcontractor(s)** field – Click **Yes** or **No**. No is the default. Click **Yes** if applicable. If yes, you will be required to select one or more of the functions the subcontractor will perform.



Figure 68 – Subcontractor Information Panes

Click **Save** or **Next**. The **Form B: Bid Sheet** page displays.

Update the information in the Bid Sheet pane.

The following list provides a description of the non-modifiable fields on the form.

- <u>HCPCS</u> Healthcare Common Procedure Code System. This is a standardized coding system that is used primarily to identify products, supplies, and services.
- <u>Product Class</u> A combination of codes for which a single bid is required.



- <u>Item Description</u> Short narrative description of each HCPCS code. For long description go to <u>www.dmecompetitivebid.com</u>.
- <u>Type of Bid</u> (Rental or Purchase) This column indicates whether your bid should be for the purchase or monthly rental of the item (identified by the HCPCS code). In most cases you will be asked to submit a bid amount that represents the purchase price of the item even if that item is routinely paid for on a monthly rental.

o If "Purchase" is indicated, enter a bid amount for total purchase of the item.

o If "Rental" is indicated, enter a bid price for one month's rental of the item.

It is very important that you review your bid amount and ensure it was entered correctly.

- <u>Item Weight</u> Indicates the relative market importance of each item to the overall product category.
- <u>Total Estimated Capacity</u> Indicates the number of units per HCPCS code that you estimate you can provide throughout the entire CBA for this product category for one (1) year. For the national mail-order competition for diabetic testing supplies, the CBA includes all parts of the United States, including the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa. To determine the capacity for each HCPCS code, calculate the number of units that you currently furnish on a yearly basis and add any additional number of units or capacity you would be capable of providing annually at the start of the contract period. It is anticipated that suppliers will be capable of sustaining the same level of estimated capacity throughout the entire contract period. Please refer to the Bidding Information Chart titled "Estimated Capacity and Bid Amount Worksheet" at <u>www.dmecompetitivebid.com</u> for the definition of a unit for each item.
- <u>Fee Schedule</u> This indicates the fee schedule amount for the HCPCS code in this CBA. For items included in the national mail-order competition for diabetic testing supplies, the fee schedule amount is the average amount for all parts of the United States, including the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa. You must provide a bid price that is less than or equal to the fee schedule amount.
- <u>Bid Price</u> Indicate your bid price for this item. You should submit a bona fide bid amount for each HCPCS code. The amount submitted should be rational, feasible, supportable, and reflect all costs associated with providing these items and services. If requested, you must be able to provide supporting documentation, such as a manufacturer's invoice and a rationale that verifies you can provide the item to the beneficiary for the bid amount. The bid amount you submit for each HCPCS code should include the cost of furnishing the item throughout the CBA (except for skilled nursing facilities and nursing facilities that elect to participate as specialty suppliers) for the duration of the contract.



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		this prod United S	sumated Capacity-indicates the humber fuct category for one (1) year. For the nation tates, including the 50 states, the District o	or units per nal mail-orc f Columbia	er competition t Puerto Rico, th	at you estimate you o or diabetic testing su e U.S. Virgin Islands.	oplies, the Guam. an	CBA includes all par d American Samoa. T	ts of the			
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	HCPCS Code	Product Class	t Item Description	Rental Or Purchase	ltem Weight	Total Estimated Capacity	Fee Schedule	Bid Price				
	HCPCS Code E1390	Product Class A	t Item Description Test_Oxygen concentrator - BID FOR ENTIRE CLASS USING THIS CODE	Rental Or Purchase Rental	Item Weight 0.6108082987	Total Estimated Capacity	Fee Schedule 175.79	Bid Price				
	HCPCS Code E1390	A Product	tem Description Test_Oxygen concentrator - BID FOR ENTRE CLASS USING THIS CODE Test_Stationary liquid 02 - BID FOR ENTRE CLASS - NOT BY CODE	Rental Or Purchase Rental	Item Weight 0.6108082987	Total Estimated Capacity	Fee Schedule 175.79	Bid Price				
	HCPCS Code E1390 E0439	A A	Item Description Test_Oxygen concentrator - BD FOR ENTIRE CLASS USNO THIS CODE Test_Statonary liquid 02 - BD FOR ENTRE CLASS, NOT BY CODE	Rental Or Purchase Rental Rental	Item Weight 0.6108082987 0.000000000	Total Estimated Capacity	Fee Schedule 175.79 175.79	Bid Price				
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	HCPCS Code E1380 E0439 E0424 E1391	A A A A A	Herrin Description Test_Oxygen concentrator > BD FOR BUTRE CLASS USING THIS CODE Test_Stationary lquid 02 - BD FOR ENTRE CLASS, NOT BY CODE Test_Stationary compressed gas 02 - BD FOR ENTIRE CLASS; NOT BY CODE Test_Oxygen concentrator, dual - BD FOR ENTIRE CLASS; NOT BY CODE	Rental Or Purchase Rental Rental Rental	Item Weight 0.6108082987 0.0000000000 0.0000000000 0.0000000000 0.0000000000	Total Estimated Capacity	Fee Schedule 175.79 175.79 175.79 175.79	Bid Price *	-			
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	HCPC5 Code E1380 E0439 E0439 E0434 E1391 E0434	Product Class A A A A B B B	Herm Description Test_Oxygen concentrator - BD FOR ENTIRE CLASS USING THIS CODE Test_Stationary liquid 02 - BD FOR ENTIRE CLASS, NOT BY CODE Test_Stationary liquid 02 - BD FOR ENTIRE CLASS, NOT BY CODE Test_Stationary compressed gas 02 - BD FOR ENTIRE CLASS, NOT BY CODE Test_Ontable gaseous 02 - BD FOR ENTIRE CLASS, NOT BY CODE Test_Portable gaseous 02 - BD FOR ENTIRE CLASS, NOT BY CODE Test_Portable gaseous 02 - BD FOR ENTIRE CLASS, NOT BY CODE Test_Portable gase oxygen system - BD	Rental Or Purchase Rental Rental Rental Rental Rental Rental	Hem Weight 0.610002967 0.000000000 0.000000000 0.000000000 0.3602632991 0.000000000	Total Estimated Capacity	Fee Schedule 175.79 175.79 175.79 175.79 28.77 28.77	Bid Price *				
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	HCPC5 Code E1390 E0439 E0439 E0434 E1391 E0434 K0738 E1392	Productors A A A A A A A B B B C C C	Herm Description Test_Oxygen concentrator - BD FOR ENTIRE CLASS USNG THIS CODE Test_Stationary liquid 02 - BD FOR ENTIRE CLASS, NOT BY CODE Test_Stationary compressed gas 02- BD FOR ENTIRE CLASS; NOT BY CODE Test_Oxygen concentrator, dual - BD FOR ENTIRE CLASS, NOT BY CODE Test_Oxygen concentrator, dual - BD FOR ENTIRE CLASS, NOT BY CODE Test_Ontable gaseous 02 - BD FOR ENTIRE CLASS, NOT BY CODE Test_Portable gaseous 02 - BD FOR ENTIRE CLASS, NOT BY CODE Test_Portable songen system - BD FOR ENTIRE CLASS, NOT BY CODE Test_Portable oxygen concentrator - BD FOR ENTIRE CLASS USING THIS CODE	Rental Or Purchase Rental Rental Rental Rental Rental Rental Rental	Rem Weight 0.6108052967 0.000000000 0.000000000 0.000000000 0.000000000 0.000000000 0.000000000 0.000000000 0.000000000 0.000000000 0.000000000 0.000000000 0.000000000	Total Estimated Capacity *	Fee Schedule 175.79 175.79 175.79 28.77 28.77 51.63 51.63	*				
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Figure 69 – Bid Sheet Pane

Click **Save** or **Next**. The **Form B: Manufacturer** page displays.

Refer to Figure 70 – Form B: Manufacturer Page.



Click Add to add a manufacturer.

The Form B: Manufacturer, Model Name and Model Number page displays, organized into two panes. The manufacturer, model name, and model number must be submitted for each of the identified HCPCS codes. A minimum of one entry is required per HCPCS. The displayed HCPCS codes are the top HCPCS codes. Refer to *Figure 71 – Manufacturer, Model Name, and Model Number Panes*.

Note: If a contract is awarded, the information entered on this screen will be displayed to the public in the online Supplier Locator tool located on <u>http://www.medicare.gov</u>.

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	HCPCS Code	Manufacturers, Model Names and Model Numbers Entered	Action(s)	
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	E0439	0	Add	
	E0424	0	Add	
	E1391	0	Add	
	50404	0	Add	
	E0431			
	E0431 E0434	0	Add	
	E0431 E0434	0	Add	
	E0431 E0434 This information is confidential. Contents shall not be used, mo	0 diffed, or distributed (electronically or otherwise) to persons not suthorized to receive the im	(Add)	

Figure 70 – Form B: Manufacturer Page

Update the information in the **Manufacturer**, **Model Name**, and **Model Number** panes. Refer to *Figure 71 – Manufacturer*, *Model Name*, and *Model Number Panes*.

- **Manufacturer** * field Type the manufacturer name.
- Model Name * field Type the model name.
- **Model Number *** field Type the model number.
- Click the Add Manufacturer, Model Name, & Model Number button to add the information. The recently added data displays in the bottom Manufacturer, Model Name, and Model Numbers pane and the top Manufacturer, Model Name, and Model Number pane is cleared to allow entry of additional information. Repeat the above steps to add additional information.
- Click the Modify button in the bottom Manufacturer, Model Name, and Model Numbers pane to modify information.
 The information for the selected manufacturer populates the top Manufacturer, Model Name, and Model Number pane.
 - Modify the required fields.
 - Click Modify Manufacturer, Model Name, & Model Number when modifications are complete.



The updated information displays in the top **Manufacturer**, **Model Name**, **and Model Numbers** pane.

• *Optional*: Click the **Delete** button in the **Manufacturer**, **Model Name**, and **Model Numbers** pane to delete a manufacturer.

Manufac	Manufacturer, Model Name and Model Number: E0431								
Please e saved be	Please enter the Manufacturer, Model Name and Model Number. You must click the Add Manufacturer, Model Name and Model Number button in order for this information to be saved below. You must click the Back button after you have finished entering Manufacturer data for this HCPCS.								
	Manut	acturer ★							
	Mode	Name ★							
	Mode	Number ★							
		Add Manufacturer, Mo	del Name & Model Number	Clear					
Manufac	turers, Model Names and Model No	ımbers							
	Manufacturer	Model Name	Model Number	Action(s)					
	Manufacturer	Model Name	Model Number	Modify Delete					
		ļ	Delete All						

Figure 71 – Manufacturer, Model Name, and Model Number Panes

Click Save or Back.

The information is saved and the **Form B: Manufacturer Page** is redisplayed. To add more manufacturer information, repeat the steps above.

Click Next.

The Form B: Bid Summary page displays, organized into multiple panes.

Review the information in the **Top HCPCS Codes** pane. Refer to *Figure 72 – Top HCPCS Codes Pane*.

Optional: Click the **Edit** button in the **Top HCPCS Codes** pane to edit any of the information. The **Form B: Business Organization** page displays. Scroll (if necessary) to the **TOP HCPCS Codes** pane. Refer to *Section 5.6, Creating a Form B*, for instructions on updating this section.

Top HCPCS Codes					
	HCPCS Code	Total Units Provided	Units Provided to Medicare Beneficiaries		
	E0431	9	9		
	E0439	9	9		
	E1390	9	9		

Figure 72 – Top HCPCS Codes Pane



Review the information in the **Top HCPCS Codes** pane. Refer to *Figure 73 – Top HCPCS Codes Pane (continued)*.

Optional: Click the **Edit** button in the **Top HCPCS Codes** pane to edit any of the information. The **Form B: Business Organization** page displays. Scroll (if necessary) to the **TOP HCPCS Codes** pane. Refer to *Section 5.6, Creating a Form B*, for instructions on updating this section.

TOP HCPCS Codes	2	Edit
Indicate the percentage increase in Medicare business that your business organization or network would be capable of providing for all HCPCS codes in th category for this CBA during a projected 12 month period. The percentage increase may exceed 100 percent.	e produ	ıct
89%		

Figure 73 – Top HCPCS Codes Pane (continued)

Review the information in the **Expansion Plan** pane. Refer to *Figure 74 – Expansion Plan Pane*.

Click the **Edit** button in the **Expansion Plan** pane to edit any of the information.

The Form B: Expansion page displays. Scroll (if necessary) to the Expansion Plan pane. Refer to *Section 5.6, Creating a Form B*, for instructions on updating this section.

Expansion Plan	🛃 🕹 Edit	
If you plan to expand your business under the Competitive Bi documentation along with the required hardcopy documents.	dding Program, describe your current structure and expansion plan in the space provided. If additional space is needed, you may subn	nit
Is your estimated capacity, the amount you can provide for this product category in the CBA, greater than the amount you currently provide in the CBA? If yes, you must complete an expansion plan.	No	

Figure 74 – Expansion Plan Pane

Review the information in the **Subcontractors** pane. Refer to *Figure 75 – Subcontractors Pane*.

Click the **Edit** button in the **Subcontractors** pane to edit any of the information. The **Form B: Expansion** page displays. Scroll (if necessary) to the **Subcontractors** pane. Refer to *Section 5.6, Creating a Form B*, for instructions on updating this section.

Subcontractor Information		20	Edit
Do you plan to use use subcontractor(s)?	No		

Figure 75 – Subcontractors Pane

Review the information in the **Bid Sheet** pane. Refer to *Figure 76 – Bid Sheet Pane*.

Optional: Click the **Edit** button in the **Bid Sheet** pane to edit any of the information. The **Form B: Bid Sheet** page displays. Scroll (if necessary) to the information to be edited. Refer to *Section 5.6, Creating a Form B*, for instructions on updating this section.

Bid Sheet					20	Edit
HCPCS Code	Item Description	Rental Or Purchase	Item Weight	Total Estimated Capacity	Fee Schedule	Bid Price
E1390	Test_Oxygen concentrator - BID FOR ENTIRE CLASS USING THIS CODE	Rental	0.6108082987	5	\$175.79	\$5.00
E0439	Test_Stationary liquid 02 - BID FOR ENTIRE CLASS; NOT BY CODE	Rental	0.0000000000	5	\$175.79	\$5.00
E0424	Test_Stationary compressed gas 02 - BID FOR ENTIRE CLASS; NOT BY CODE	Rental	0.0000000000	5	\$175.79	\$5.00
E1391	Test_Oxygen concentrator, dual - BID FOR ENTIRE CLASS; NOT BY CODE	Rental	0.0000000000	5	\$175.79	\$5.00
E0431	Test_Portable gaseous 02 - BID FOR ENTIRE CLASS USING THIS CODE	Rental	0.3602632991	5	\$28.77	\$5.00
E0434	Test_Portable liquid 02 - BID FOR ENTIRE CLASS; NOT BY CODE	Rental	0.000000000	5	\$28.77	\$5.00
K0738	Test_Portable gas oxygen system - BID FOR ENTIRE CLASS; NOT BY CODE	Rental	0.0286888699	5	\$51.63	\$5.00
E1392	Test_Portable oxygen concentrator - BID FOR ENTIRE CLASS USING THIS CODE	Rental	0.0000000000	5	\$51.63	\$5.00
E0441	Test_Oxygen contents, gaseous - BID FOR ENTIRE CLASS USING THIS CODE	Rental	0.000000000	5	\$77.45	\$5.00
E0442	Test_Oxygen contents, liquid - BID FOR ENTIRE CLASS; NOT BY CODE	Rental	0.0000396515	5	\$77.45	\$5.00
E0443	Test_Portable 02 contents, gas - BID FOR ENTIRE CLASS USING THIS CODE	Rental	0.0001998807	5	\$77.45	\$5.00
E0444	Test_Portable 02 contents, liquid - BID FOR ENTIRE CLASS; NOT BY CODE	Rental	0.0000000000	5	\$77.45	\$5.00

Figure 76 – Bid Sheet Pane



Review the information in the **Top HCPCS Manufacturer**, **Model Name and Model Number** pane.

Refer to Figure 77 – Top HCPCS Manufacturer, Model Name, and Model Number Pane.

Optional: Click the **Edit** button in the **Top HCPCS Manufacturer**, **Model Name and Model Number** pane to edit any of the information.

The **Form B: Manufacturer** page displays. Scroll (if necessary) to the information to be edited. Refer to *Section 5.6, Creating a Form B*, for instructions on updating this section.

Top HCPCS Manufacturer, Model Name and Model Number					
HCPCS Code	Manufacturer	Model Name	Model Number		
E0431	Manufacturer	Model Name	Model Number		
E0439	test	test	test		
E1390	Man	Mod	Num		

Figure 77 – Top HCPCS Manufacturer, Model Name, and Model Number Pane

Click Next.

The **Form B: Bid [Certification]** page displays. Only the AO and BAO have access to this page after the specific Form B status is Pending Certification and all required fields are entered.

Review the Certification Statement.

Refer to Figure 78 – Form B: Bid [Certification Statement] Page.

<u>_cms</u>	DMEPOS BIDDING SYSTEM (DBidS)	
Bidder: 20-4099116 (asdfasdf) Welcome, Test Test		
Navigation	Form B: Bid [Certification Statement]	
Status Page	Print Back Next Bidder #: 22-4099116 CBA; Teat_Orlands-Klasimme, FL – Non Mail-Order Product Category Teat_Dsygen Supples and Equipment PTAIL(s): 1001022210	
Today's 10/13/2011 Date: 16:38:42 Open Bid 01/18/2011 Date: 09:00:00 Close Bid 12/31/2011 Date: 13:59:59	Certifying Statement Applies to All Information Submitted Electronically or Hardcopy. I have read the contents of this application. I hereby certify that I have examined the completed application and accompanying financial dataments and I certify that they are two, correct, and complete to the base information contracted from or books and records. Wy signature, I certify that I have examined the complete dapplication and accompanying financial dataments and I certify that they are two, correct, and complete to the base information contracted from or books and records. Wy signature, I certify that I have examined the complete bidding Implementation Contractor (CBIC) to verify the information. I also certify that I will adhere to the terms of the competitive Bidding contract. I associated here in any such carge easile in my failure to carry out the terms of the contract, prior to such change or within 30 days of the effective date of such change. I understand that I may be interead or contract finant such carry could the terms of the contract. If also certify that I have read, understand, meet, and will contruce to meet all supplier standards and quality standards as outlined in 42 CFR §424.53 and f24.53. If become aware that any information in this application is not true, correct or complete, I agree to notify the CBIC of this fact immediately. I agree that I am a Medicare enrolled supplier and meet the basic eligibility requirements of the DMEPOS Competitive Bidding reformance of a supported, fees, and/or threst and supplier standards are yorigen and with the superised attachments and all regulated attachments and suppliers and/or the CBIC of this fact immediately. I agree that I am a Medicare enrolled supplier and meet the basic eligibility requirements of the DMEPOS Competitive Bidding revocation of any proval, fees, and/or improvement under federal law. I further certify that I am an untwized official of this organization the DMEPOS Competitive Bidding Program.	
	Hetwork Hembers: If I can a member of a network, I further certify that I meet the definition of a small supplier who joined the network because I am unable to independently furnish all items in the product category to Medicare beneficiaries throughout the entire geographic hidding area. According to the Papework Reaction Act 1955, no parents are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1016. The time required to complete this information collection is estimated to average 14 hours per response, including the time to review instructions, search estimating data resource, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate() or suggestions for improving this form, please write to: CMS, Attiv IPAR Reports Clearance Officer, 7500 Security Bird, Baltimore, Manyland 21244.	
	This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.	
	Print Back Next	

Figure 78 – Form B: Bid [Certification Statement] Page

Click Next.

The **Form B: Public Address Announcement** page displays. Only the AO and BAO have access to this page after the specific Form B status is Pending Certification and all required fields are entered.



Review the Public Address Announcement.

Refer to Figure 79 – Form B: Public Address Announcement Page.

	Logout
<u>_cms</u>	DMEPOS BIDDING SYSTEM (DBidS)
Bidder: 20-3509843 (Whiter	more Shoes) Welcome, Janet Whitmore
Navigation	Form B: Public Address Announcement
Status Page P Business Organization Types Modify Form A Create Form B Modify Form B Select Bid Select Bid Help Logout	PHILE Data Next Bidder #: 20-3509843 CBA: Test, Pitsburgh, PA Non Mail-Order Product Category: Test_Enteral Nutrients, Equipment and Supplies PTAN(s): 7309889999
Today's 08/03/2011	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES
Date: 13:43:33 Open Bid 01/18/2011 Date: 09:00:00	Form Approved OMB No. 0938-1015
Date: 23:59:59	PUBLIC ADDRESS ANNOUNCEMENT FORM
	Penalties for Falsifying Information on this Enrollment Application
	This section explains the penaltes for deleterately furnishing false information to gain errollment in the Medicare program. 1: 18 U.S.C. 5100 authorizes criminal penaltes against an individual whin, in any matter within the jurisdiction of any department or agency of the United States, knowingly and wilfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false fulfitious or fraudulent statements or representations, or makes any false withing markes any false withing the same to contain any false, futitous or fraudulent statement or entry. Individual offenders are adjusted to these of up to 550,000 and improvement fror up to five years. Offender bar tar er organizations are adjusted to this organization 520,000 and improvement fror up to five the pross gain denived by the offender if it is greater than the amount specifically authorized by the sememory statute. any bar target and the same state or adjusted to the same transmittion of a statement or statute. The offender is adjusted to fitse of up to 552,000 and improvement for up to five years. The offender is adjusted to fitse of up to 552,000 and improvement for up to five years. The offender is subject to fitse of up to 552,000 and/or improvement for up to five years. 3: The CuH false Claima Act, Just 20: 5372(3) and organize claima adjusted and with Just 3. 3: The CuH false Claima Act, Just 2: 5372(3) and organize claima adjusted and with Just 3. 3: The CuH false Claima Act, Just 3: 52,000 and/or improvement for up to the years.
	 b) Involvingly makes, uses, or causes to be made or used, a failer record or statement to get a faile or fraudulent dain paid or approved by the Government; or c) comprise to defauld the Government by entities of failer of fraudulent dain allowed or paid. The Act imposes a origin penalty of \$5,000 per violation, plus three times the amount of damages sustained by the Government. A. Section 1218(a)(1) of the Social Security Act imposes violation, plus three times the amount of damages sustained by the Government. A. Section 1218(a)(1) of the Social Security Act imposes violation, plus three times the amount of damages sustained by the Government. A. Section 1218(a)(1) of the Social Security Act imposes violation in part, on any present (or of any State segme) and the sections of the United States, or of any department or agency three/, or of any State agency a dam that the Secteary determines is for a medical or other return or service that the person knows or agency in the Social and (or the section and/there as violation). A) was not transition or faudulent. The provision and dimentary penalty of up to \$10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and State health care programs. S. The government may assert common law claims such as "common law fraud," "morey paid by mistake," and "unjust errichment." Reemedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.
	This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.
	Print Back Next

Figure 79 – Form B: Public Address Announcement Page

Click Next.

The **Form B: Certification** page displays. Only the AO and BAO have access to this page after the specific Form B status is Pending Certification and all required fields are entered. Each Form B bid must be certified. Any changes to a Form B bid will change the status from Complete and Certified to Pending Certification and will require the bid to be re-certified. Refer to *Figure 80 – Form B: Certification Page*.

Complete the fields in the **Certification** pane.

Any modifications to a **Complete and Certified** bid require certification by an AO or BAO since the status changes to **Pending Certification**.

- First Name * field Pre-populated based upon login.
- Last Name * field Pre-populated based upon login.
- User ID * field Type assigned user ID.


/	Logout
CMS	DMEPOS BIDDING SYSTEM IDBIdSI
Bidder: 20-4099116 (asdfas	df) Welcome, Test Test
Navigation	Form B: Certification
Status Page	Print Back Next
Business Organization Types Modify Form A Create Form B Select Bid Hedp Logout Today's 10/13/2011 Date: 16:54:10 Open Bid 0/1/8/2011	Bidder #: 20-499116 CRA: Test_Orkindo-Kissimmee, FL Non Mail-Order Product Category: Test_Oxygen Supplies and Equipment PTAN(g): 1001022210 Required fields are marked with * Control The Authorized Official (AO) or Back-up Authorized Official (BAO) must certify the bid is accurate. Please complete all fields below to certify your bid and then click "Certify and Submit Bid." Changes made to the bid application after you have certified may result in the need to recertly. Please visit your DBidS home page to make sure your bid application is complete.
Date: 09:00:00	
Date: 13:59:59	
	Certrify and Submit Bid
	This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.
	Print Back Next

Figure 80 – Form B: Certification Page

Click Certify and Submit Bid.

The completed Form B is certified. A message displays alerting the user that the Form B has been submitted. Click OK. The **Form B: Summary** page displays alerting you to print in PDF the Summary page for your records. Refer to *Figure 81 – Form B: Summary Page*.

					Loyout
<u>_cms/</u>	DMEPOS BIDDING	i SYSTEM (DBidS	0		
Bidder: 20-3509843 (White	more Shoes)				Welcome, Janet Whitmore
Navigation	Form B: Summary				
Status Page					Next
Business Organization Types Modify Form A Create Form B Modify Form B Select Bid	Displayed	below is a summary for the location	n(s) for which you are submitting a bid. Pleas	e print and/or save the summary page data to PDF for your reco	rds.
/ Help Logout					E
	Form B: Summar	y			
oday's 08/03/2011	Bidder:	20-3509843			
Date: 13:46:09 Doon Bid: 01/18/2011	CBA:	Test_Pittsburgh, PA Non M	/ail-Order		
Date: 09:00:00	Product Category:	Test_Enteral Nutrients, Equip	pment and Supplies		
lose Bid 09/30/2011	PTAN(s):	7309989999			
20100100	Bid Status:	Complete and Certified			
	Bidder Network Name:				
	Displayed below is a	summary of Form B. Please car	efully review for accuracy.		
	Top HCPCS Code	s			
	HCPCS Code		Total Units Provided	Units Provided to Medicare Beneficia	ries
	B4150		9	9	
	B4152		9	9	
					Blow
					Next

Figure 81 – Form B: Summary Page

Print to PDF the Summary Page.

5.7. Modifying a Form B

These sections provide instructions for modifying a (Form B) bid. The assumption is that login has already occurred. Form A is already in a **Complete and Approved** status. Access to a **Complete and Certified** Form B is restricted to the AO and BAO. Modifying a **Complete and**



Certified Form B will require the AO or BAO to recertify the form, as the status will change to **Pending Approval** upon update.

An alternative method of navigation through the various pages in the application is to use the menu links in the left-most **Navigation** pane. The order in which sections are completed is not pertinent.

If an attempt is made to access a Form B and a message is received indicating that the account is locked, the account remains locked until you log out of the application. In the event of a system error that generates a locking issue, reattempt login in 30 minutes.

- Click the Next, Back, or Save button to save any additions or changes made to the current page.

5.7.1. Update Furnished Items

This section provides instructions for updating the Form B furnished items section.

• Click Modify Form B> Furnished Items in the Navigation menu.

The Form B: Furnished Items page displays.

Update the applicable items.

Refer to Section 5.6, Creating a Form B, for instructions on updating this section.

5.7.2. Update Expansion Plan

This section provides instructions for updating the Form B expansion plan.

• Click Modify Form B > Expansion in the Navigation menu. The Form B: Expansion page displays organized into multiple panes.

Update the **Expansion Plan** pane information. Refer to *Section 5.6, Creating a Form B*, for instructions on updating this section.

Update the **Subcontractor Information** pane information. Refer to *Section 5.6*, *Creating a Form B*, for instructions on updating this section.

5.7.3. Update Bid Sheet

This section provides instructions for updating the Form B bid sheet.

• Click Modify Form B > Bid Sheet in the Navigation menu. The Form B: Bid Sheet page displays.

Update the applicable bid sheet information. Refer to *Section 5.6, Creating a Form B*, for instructions on updating this section.

5.7.4. Update Manufacturer Information

This section provides instructions for updating the Form B manufacturer information.



• Click Modify Form B > Manufacturer in the Navigation menu. The Form B: Manufacturer page displays.

Update the applicable manufacturer information.

Refer to Section 5.6, Creating a Form B, for instructions on updating this section.

5.7.5. Update Summary

This section provides instructions for updating the Form B summary.

• Click Modify Form B > Summary in the Navigation menu. The Form B: Summary page displays.

Update the applicable manufacturer information. Refer to *Section 5.6*, *Creating a Form B*, for instructions on updating this section.

5.7.6. Review Certification Statement

This section provides instructions for reviewing the Form B certification statement.

- Click Modify Form B > Certification Statement in the Navigation menu. The Form B: [Certification Statement] page displays.
- Review the Certification Statement.

5.7.7. Review Public Address Announcement

This section provides instructions for reviewing the Form B public address announcement.

- Click Modify Form B > Public Address Announcement in the Navigation menu. The Form B: Public Address Announcement page displays.
- Review the Public Address Announcement.

5.7.8. Complete Certification

This section provides instructions for updating the Form B certification. If modifications are made to a **Complete and Certified** Form B bid, the certification process must be completed again. If viewing Certification, the User ID will not be displayed for security reasons.

- Click Modify Form B > Certification in the Navigation menu. The Form B: Certification page displays.
- Complete the certification fields. Refer to *Section 5.6*, *Creating a Form B*, for instructions on completing this section.





5.8. Selecting a Bid

These sections provide instructions for selecting a bid. The assumption is that login has already occurred. Form A is in a **Complete and Approved** status. Access to the certification statement, public address, and certification is restricted to the AO and BAO.

An alternative method of navigation through the various pages in the application is to use the menu links in the left-most **Navigation** pane. The order in which sections are completed is not pertinent.

- Click the **Next**, **Back**, or **Save** button to save any additions or changes made to the current page.

• Click Select Bid in the Navigation menu. The Form B: Select Bid page displays. Refer to *Figure 82 – Form B: Select Bid*.

te and Modify Bid		
ect the bid for which you would like to update, modify or delete.		
Competitive Bidding Area (CBA)	Product Category	Action(s)
TEST_Cleveland-Elyria-Mentor, OH	TEST_Oxygen Supplies/Equip	Select Delete
TEST_Cleveland-Elyria-Mentor, OH	TEST_PMD - Complex	Select Delete
TEST_Cleveland-Elyria-Mentor, OH	TEST_PMD - Standard	Select Delete

Figure 82 – Form B: Select Bid Page

Click Select to select a CBA and product category bid.

The Form B: Business Organization page displays. Refer to *Section 5.6*, *Creating a Form B*, to perform any actions associated with this selection.

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DBidS User Manual

5.9. Accessing DBidS Online Help

Help is available from the **Navigation** menu. The following sections detail the steps to access this help.

5.9.1. Access CMS RFB Instructions

This action provides a link to a viewable/printable version of CMS Request for Bid (RFB) instructions. These instructions should be referenced for any questions regarding the bidding rules and regulations.

• Click Help > CMS RFB Instructions. The CBIC Website displays a link to CMS RFB instructions.

5.9.2. Access DBidS Technical User Guide

This action provides a viewable/printable version of the **DBidS Technical User Guide**. These instructions should be referenced for any questions regarding the actual procedures involved in the DBidS process.

• Click Help > DBidS Technical User Guide. The DBidS Technical User guide displays.

5.9.3. Access Quick step by step guide to submitting a bid in DBidS

This action provides a viewable/printable version of the DBidS Reference Guide. These instructions should be referenced for any questions regarding entering or modifying a bid in the DBidS system.

• Click Help > Quick step by step guide to submitting a bid in DBidS. The DBidS User Guide displays.

5.10. Logging Out

Perform this task to log out of DBidS.

• Click Logout button in the top right hand corner of the screen or click Logout on the Navigation menu.

Logout occurs and Login must be performed before any further actions may be taken in the DBidS process. When logging out with a bid pending certification, a message will display upon clicking Logout alerting the user that the bid is pending certification, and the bid will need to be certified before it can be submitted.



6. Error Messages

This section provides an example of the types of Error Messages that may be seen as well as examples of actions required to resolve the errors. In addition to the Error Messages provided here, various other error messages and alerts will instruct the user as needed.

Error Message	Resolution
The zip code must be five digits only.	Verify that five numeric digits are typed. Example: 12345
You must enter a valid email address.	Verify that a valid email address is typed. Example: jdoe@test.com
The PTAN must be ten (10) numeric digits and must be the PTAN that corresponds to the address information being provided.	Verify that the PTAN is ten numeric digits and that the number corresponds to the address provided. Example: 1234567891
The NPI number must be ten (10) numeric digits.	Verify that the NPI number is ten numeric digits. Example: 1234567891
The TIN must be nine (9) numeric digits.	Verify that the TIN is nine numeric digits. Example: 123456789
You may only enter up to 20 characters for your first name.	Verify that 20 characters or fewer are entered for your first name.
You may only enter up to 30 characters for your last name.	Verify that 30 characters or fewer are entered for your last name.
Your request has timed out. Please try again. If problem persists, please contact the administrator at 1-877-577-5331. Please fix the errors and re-submit the form.	If problem persists, please contact the administrator at 1- 877-577-5331.

Table 2 – DBidS Error Messages

Note: For Incomplete Status, to display any error messages, click on the Incomplete Status on the Status Page, which will guide you to the page with the error.



7. Frequently Asked Questions

This section provides a list of frequently asked questions as well as the answers to those questions.

	Frequent	tly Asked Questions
Who can I contact for help?	Contact the CBIC Help prevailing Eastern time	Desk Monday through Friday between 9 A.M. and 9 P.M.
	• Phone:	1-877-577-5331
	• Email	<u>cbic.admin@palmettogba.com</u> (Do not e-mail technical questions or problems. Please call the Customer Service Center for assistance.)
	Click 🚺 to access app	plication help.
How do I ensure that	Click the Next, Back, o	or Save button to save any additions or changes made to
information I've	the current page.	
entered is saved		
before I move to the		
next page?		
Why can't I access	Only the AO and BAO	have the privileges necessary to access these pages.
the Approval pages		
for Form A?		
Why can't I access	Only the AO and BAO	have the privileges necessary to access these pages.
the Certification		
pages for Form B?		

Table 3 – Frequently Asked Questions



Appendix A – Glossary of Terms and Definitions

Table 4 – Terms and Definitions

	Terms and Definitions
Accreditation	Each location in the CBA that shares common ownership and each member
	in a network must be accredited.
AO	Authorized Official – An authorized official is an appointed official to whom the supplier has granted the legal authority to enroll it in the Medicare program, to make changes and/or updates to the supplier's status in the Medicare program (e.g., new practice locations, change of address, etc.) to verify correctness of the information on the form, and to commit the supplier to fully abide by the laws, regulations, and program instructions of Medicare. The authorized official must be the supplier's general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of the supplier organization, or must hold a position of similar status and authority within the supplier's organization. The authorized official also has the legal authority to submit a bid on behalf of the company and to enter into contract with Medicare to provide competitive bid items to Medicare beneficiaries. An authorized official is identified on the 855-S form.
ВАО	Backup Authorized Official – This user has authority and privileges identical to the AO.
Business Organization	a.k.a. An Entity. For competitive bidding there are three types: Supplier single location, supplier with multiple locations, and network supplier.
CBA	Competitive Bid Area – These areas are organized and identified by counties.
СМ	Center for Medicare – This is one of the three divisions of CMS and is involved in deciding what types of health policies the government would support, setting the reimbursement rate for doctors, and managing the volumes of Medicare paperwork.
CMS	Centers for Medicare & Medicaid Services – This is the US federal agency that administers Medicare, Medicaid, and the State Children's Health Insurance Program. The agency provides associated information for health professionals, regional governments, and consumers.
Competitive Bidding Program	The competitive bidding program offers beneficiaries in the designated CBAs access to quality DMEPOS products and services with lower out-of-pocket costs. Under the program, the single payment amount will become the Medicare allowed payment amount for the competitive bidding items for beneficiaries who reside in the CBAs.
Contact Person	The contact person is the person who may be directly contacted and who is authorized to discuss bids and the business or network organization.
Corporation	This is a commercial establishment or enterprise comprised of one or more employees and legally recognized as a separate entity.
DBidS	DMEPOS Competitive Bidding Process – DBidS is a system for online submissions of bids for the DMEPOS competitive bidding program. Refer to the link below for more information.





	Terms and Definitions
	http://www.cms.hhs.gov/DMEPOSCompetitiveBid/.
DME	Durable Medical Equipment – This is equipment that is primarily and customarily used to serve a medical purpose, can withstand repeated use, and is appropriate for use in the home.
DMEPOS	Durable Medical Equipment, Prosthetics, Orthotics, and Supplies – The DMEPOS competitive bidding program is mandated in Section 302 of the MMA.
End User	An end-user requires access to the application to create forms for suppliers with single and multiple locations as well as network suppliers. This user may also create and select bids.
Entity	See Business Organization.
Form A	One Form A must be completed by each entity (supplier single location, supplier multiple locations and network supplier). However, only one Form A needs to be submitted by a particular supplier for each entity, regardless of the number of Form B (bidding sheets) submitted.
Form B	This is the bidding sheet that must be submitted for each CBA and product category. Each Form B bid will be considered for evaluation individually. The supplier completes this form for the business organization and associated locations. If bidding as a network, the information supplied must be aggregate information for the network.
HCPCS	Healthcare Common Procedure Code System. This is a standardized coding system that is used primarily to identify products, supplies, and services.
HIPAA Act	 Health Insurance Portability and Accountability Act – Title I of HIPAA protects health insurance coverage for workers and their families when they change or lose their jobs. Title II of HIPAA, the Administrative Simplification (AS) provisions, requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers.
IACS	Individuals Authorized to Access CMS Computer Services – The IACS system is an on-line application used to register and provision authorized users for access to CMS Part C and D business applications and systems.
Item Description	Short narrative description of each HCPCS code. For long description go to <u>www.dmecompetitivebid.com</u> .
Item Weight	Indicates the relative market importance of each item to the overall product category.
MMA	Medicare Prescription Drug Improvement and Modernization Act – (sometimes shortened to Medicare Modernization Act) This act provides seniors and individuals with disabilities with a prescription drug benefit, more choices, and better benefits under Medicare.
Municipality Owned	This is an enterprise owned by an urban district.
Non-Profit	This is a not-for-profit organization.



	Terms and Definitions
NPI	National Provider Identifier – The Administrative Simplification provisions of the HIPAA Act of 1996 mandated the adoption of a standard unique identifier for health care providers. The NPPES collects identifying information on health care providers and assigns each a unique NPI.
NPPES	National Plan and Provider Enumeration System – The NPPES collects identifying information on health care providers and assigns each a unique NPI.
Partnership	This is a contract entered into by two or more persons in which each agrees to furnish either a part of the capital or labor of a business enterprise and by which each shares in a portion of the profits and losses.
PECOS	Provider Enrollment, Chain and Ownership System - This is the organizational entity contracted by CMS to issue Medicare billing privileges to suppliers of DMEPOS, and to maintain a supplier file that contains information collected via the CMS 855S enrollment form. This system transfers the PTAN file to DBidS.
Product Class	A combination of codes for which a single bid is required.
PTAN	Provider Transaction Access Number – This is the ten digit number required to bill CMS for DMEPOS transactions. The number must be specific to the location submitting the bid and should not be the corporate number. Suppliers with multiple locations that share common ownership must list their PTAN numbers for all locations within the CBA.
Sanctions	Any information about current or past (within last five years) legal actions, sanctions, or debarments should be disclosed. Sanctions include, but are not limited to, debarment from any Federal program, revocation from the Medicare program, sanctions issued by the Department of Health and Human Services Office of the Inspector General, or sanctions issued at the state or local level. This includes any actions taken against any member of the board of directors, chief corporate officers, high-level employees, affiliated companies, network members or subcontractors.
Sole Proprietorship	This is an unincorporated business that is owned by one individual.
Specialty Supplier	This is a supplier that only provides DMEPOS items to its residents. Only skilled nursing facilities and nursing facilities are eligible to be specialty suppliers.
TIN	Taxpayer Identification Number – This is a unique tax processing number issued by the IRS.
User	This term is used throughout this document to refer to all users of the application, regardless of role or privileges.





Appendix B – DBidS Screen Shots

The following screenshots represent the DBidS application screen flow.

<page-header><page-header><image/><image/><image/><image/><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></page-header></page-header>	Description Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>	ome, Test Test
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<section-header><image/><image/><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>	Weice Weice Weice Weice Bowser Compatibility The online application system (DBids) Bowser Compatibility Weice Bidding System (DBids) Importantic Brewser Compatibility Importantic Brewser Compatitility	ome, Test Test
<image/> <image/> <section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header></section-header>	Welcome to DMEPOS Bidding System (DBidS) Browser Compatibility Welcome to the onlive application system (DBidS) The online application is best viewed with a specific resolution of 102 x47 x58 wing Morrosoft Internet Explore 10 or greater. Welcome to the onlive application system (DBidS) Browser Compatibility Inter oplication and form B is the bid. Pesse club Browser Compatibility Inter oplication and form B is the bid. Pesse club Browser Compatibility Inter oplication and form B is the bid. Pesse club Browser Compatibility Inter oplication and form B is the bid. Pesse club Browser Compatibility Inter oplication and form B is the bid. Pesse club Browser Compatibility Inter oplication and form B is the bid. Pesse club Browser Compatibility Inter oplication and form B is the bid. Pesse club Browser Compatibility Inter oplication and form B is the bid. Pesse club Browser Compatibility Inter oplication and form B is the bid. Pesse club Browser Compatibility Inter oplication and form B is the bid. Pesse club Browser Compatibility Inter oplication and form B is the bid. Pesse club Browser Compatibility Inter oplication and pesse club Browser Compatibility Inter oplication applicatin application applicatin applicatin	
	The DBBdS screens have four tools to help vorg Subsection Subsection <td< td=""><td></td></td<>	

Figure 83 – DBidS Welcome



Ø DBidS - Application - Windows Int	temet Eplorer	×
https://dbids10.cms.cmstest/dbid	ds/NSCselection.html 🔹 🤕 Certificate E	rror
/_	Logout	^
<u>_cms</u>	DMEPOS BIDDING SYSTEM (DBidS)	
Bidder:	Welcome, De'Antonio Miles III	
Navigation	Select PTAN to Create Form A	
 Business Organization Types Help 	Listed below is the PTAN(s) that you used for registration purposes. Please select the PTAN below for which you would like to complete an application.	
Logout	PTAN Action(s)	
	1027600517 Select	
Today's 01/10/2011	1027000518 Select	
Date: 13:24:25	102/00519 Select	
Date: 09:00:00		
Close Bid 01/31/2011 Date: 13:59:59		
		-
Done		•

Figure 84 – DBidS: Select PTAN to Create Form A (Organization with Multiple Locations)



Form A: Business Org	anization Information
	Print Sav
Business Organization Inf network supplier).	ormation is required for each supplier type (supplier single location, supplier multiple loc
Business Organization	ured helds, kedured helds are marked with * Information
Indicate how your busine Legal Bu	iss organization will be bidding (choose only one). siness Name★ TEST
Supplier	Bidding Type * TestSingleLocationBidder V
Specialty Supplier	
Indicate if you are biddin Are yo Facility	ng as a specially supplier. Nu a Skilled Hursing ⊑acility (SNF) or Nursing O Yes ⊙ No VIET that is birdring as a specialty supplier that O Yes ⊙ No
plans t own re	to provide competitively bid items only to its esidents?★
Licensure	
The bidder is responsib Change and Ownership a bid. Bids will be discus	le for having a copy of the applicable state license(s) on file in the Provider Enrollme System (PECOS) and with the National Supplier Clearinghouse (NSC) before they su willind it a blidder does not meet all state licensour coursements for the anolicable
product categories and f license(s) for each state applicable license(s) for	or every state in a CBA. Every supplier location is responsible for having all applicab in which it provides services. For a multi-state CBA the bidder must collectively hav every state in the CBA. Each location is not required to have licenses for every state
the CBA as long as each order competition, the Ci Columbia, Puerto Rico, I	1 state has a bidding location licensed for the product category. For the national mail- BA includes all parts of the United States, including the 50 states, the District of the U.S. Virgin Islands, Guam, and American Samoa. The supplier must have all
applicable licenses need the drop down box to ide indicate the type of licen	ded to provide mail-order diabetic testing supplies throughout the entire CBA. Please http://each.state.in.which.you.have.allcense.to.provide diabetic testing supplies and i see that you have for each of those states.
See the <u>CBIC website</u> for	ir a listing of CBAs.
Do the loca	ttions included on your bid comply with the System O No II/A*
Category? * Some states may n	* not require a license to furnish items in a specific product category. Please check the
DMEPOS State License	 Directory on the NSC website and the Licensure for Bidding Suppliers fact sheet on CBIC website to verify licensure requirements.
Contact Person Provide the name(s) of the	he person(s) who should be contacted to answer questions regarding the business o
Delow. You may enter mo Contact Person(s) scroll	u must click the Add Contact Person button in order for this information to be saw ore than one Contact Person, (maximum 5). Once you have entered the names of you I down to verify the name(s) was entered correctly.
First Na Last Na	ame★
Title ★	
E-mail #	one Number ★
	Add Contact Person Clear
Modify/Delete Contact	t Person(s)
mouny or barele the cont	First Name Last Name Title Action(s)
Authorized Official or F	Key Personnel
Provide the name(s) and You must click the Add	I title(s) of authorized officials or key personnel for the business organization or netw Authorized Official or Key Personnel button in order for this information to be as related the same of your authorized official or the same and applied and the same of the same of the same and the same applied and
names were entered con First Nar	nonco no nonce o your examinized oniclei or key personner scron down to verify the rectly.
Last Nar	me *
Title *	Add Authorized Official or Key Personnel Clear
Modify/Delete Authori	ized Official / Key Personnel Information
Modify or delete the auth	vorized official or key personnel information. First Name Last Name Title Action(s)
	TEST TEST TEST Modify Delete
Competitive Bidding A	rea (CBA) and Product Category
For Round 2 select all of submitting a bid(s). If yo "National Mail-Order" fro	f the CBA(s) and product category(s) for which your business organization or networn w are bidding in the national mail-order competition for diabetic testing supplies, sel om the drop-down list of CBAs.
Choose one CBA from th all of the product categor	te drop down box. The product category(s) for the selected CBA will appear. Then se rry(s) for which you are submitting a bid for this CBA. You must click the Add CBA/Pri
Category button in order	for this information to be saved below.
CBA(s) and product cate category(s) for which you you will be required to in	agory(s), scroll down to verify they were entered correctly. All of the CBA(s) aetecned agory(s), scroll down to verify they were entered correctly. All of the CBA(s) and produ ur organization will be bidding must be displayed on this screen. Later in the applica fentify the CBA(s) and product category(s) associated with each of your locations
Note: Networks are exclu	uded from bidding in the national mail-order competition.
CBAs ★	Select the CBA
Product Categories ★	No Product Categories Found
	Add CBA/Product Category
CBA/Product Category Displayed below is a sim	List
review for accuracy.	Droduct Catagon
СВА	Product Category Action (s) E
Teres Office a	Man Test Owners Superior and Superior

Figure 85 - DBidS: Form A: Business Organization Information



<u>CMS</u>	DMEPOS BIDDING SYSTEM (DBidS)
der: 20-2642067 (Test '	rest) Welcome, HEIMLICH BUC
vigation	Form A: Location Specific Information
us Page	Print Save Next
siness Organization Types dify Form A vate Form B ect Bid p pout	Please provide the requested information for each location in your business organization. You must provide the unique National Supplier Clearinghouse (NSC) Provider Transaction Access Number (PTAN) that applies to each location. The NSC PTAN is hereafter referred to as PTAN. If you are bidding as a network, the primary network member should provide information for all its locations first. Required fields are marked with *
)	Provide the legal business name and mailing address for the business organization identified by the PTAN below.
	Legal Business Name * Test Test
/s 10/20/2011 14:13:44	Address Line 1 * Test
Bid 09/01/2011	Address Line 2 Test
Bid 12/31/2011	City * Test
13:59:59	State \star Marvland 🗸
	F.Mail +
	(564) 654 _ 5455
	PTAN for this location ★ 1101810001
	NPI Identification Number * 5465454654
	Revenue Addresse
	Physical Aduress
	Impsical address is the same as identified above Address line 1★
	Itest
	lest
	state ★ Maryland ▼
	2/p Code * 65546
	Business Information
	Provide the identifying information for the location as identified by the PTAN above in the identifying Information question.
	Tax Identification Number (TIN) ★ 465465456
	Doing Business As (DBA) 1
	Doing Business As (DBA) 2
	Examples: 5 years and 7 months or 0 years and 6 months.
	Type of Business
	Select the business type that describes this location as identified by the r1AN above, subders must submit certain transcal accuments based on the type of business identified in this response. See the DMEPOS Competitive Bidding Program website at your dimeconcellalequiraments for further information.
	Type of Business * Test Corporation -
	Service Delivery
	For the location identified above, how will you service beneficiaries in a Round 2 CBA or in the national mail-order CBA? (Check all that apply.)
	How will you service beneficiaries 🛛 🕅 Retail
	in a CBA? (Check all that apply)★ ☑ Mail Orders
	V Home Delivery
	Sanctions
	Indicate whether this location, as identified by the PTAN above, has been subject to any current or past legal actions, or sanctions, such as debarments, within the past five (3) years.
	Does this location have any current [©] Yes ③ No or past legal actions, or sanctions
	such as debarments? *

Figure 86 – DBidS Form A: Location Specific Information



		Logout
_cms/	DMEPOS BIDDING SYSTEM (DBidS)	
Bidder: 20-4099116 (asdfas	sdf) Welcom	e, Test Test
Navigation	Form A: Location Specific Information, page 2	
Chatra Dava	Print Save B	ack Next
Business Organization Types ▶ Modify Form A Create Form B Select Bid ▶ Help Logout	Required fields are marked with * Accreditation Select the name(s) of the Medicare-approved organization that has accredited this location for the product category in which you are bidding. You must click the *Add Accreditation* button in order for this information to be saved below.	
	Accreditation Organization * Select Accreditation Organization	
	Status * Select Accreditation Status *	
Today's 10/14/2011 Date: 10:42:07 Open Bid 01/18/2011	Add Accreditation Clear	
Date: 09:00:00	Modify/Delete Accreditation Information	
Date: 13:59:59	To modify your accreditation information (tatus, products, issue or expiration dates), click the "Modify" button next to the applicable accreditation organization. Once the changes are complete, click the "Save Accreditation" button to save the modified information. The selected accreditation organization cannot be modified. To make a change to this information you must delete the entry and re-enter a new accreditation organization for this location.	
	Accretation commission for realmoster, inc. Accretate Modify, Delete	
	Licensure	
	Select the state(s) in the CBA in which you have a license to furnish the competitively bid item(s).	
	State ★ Select State ▼	
	Add Licensure Clear	
	Modify/Delete Licensure Information	
	To modify your licensure information for the selected state(s), you must click the "Modify" button next to the applicable license. Next, complete the necessary changes and click "Save Licensure" to save the modified information below.	
	Licensure Information Action(s)	
	FL fasdasdffds	
	This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.	
	Print Save B	ack Next

Figure 87 - DBidS Form A: Location Specific Information, page 2



20-4099116 (asdfa	sdf)		Weld
. 20-4055110 (asula			Tren
Ion	Form A: CBAS and Product Categories		Print Save
Status Page Business Organization Types			
e Form B	CBA and Product Category		a
id	You must associate this location with specific CBA/Product Category	(s) where it will furnish items and services in order to be eligible to receive Medicare paymer	nt for competitively bid items. Select the CBA
	(s)/product category(s) associated with this location. You must click	the "Add CBA" button in order for this information to be saved below.	
Today's 10/14/2011	CBA *	✓ CBA	
	Product Category(s)	roduct Categories Found	
10:42:50	A	dd CBA	
Bid 01/18/2011 09:00:00	CBA and Product Category List		
Bid 12/31/2011 13:59:59	Displayed below is a summary of the CBA(s) and product category(s,	in which this location is bidding. Please review for accuracy.	
	СВА	Product Categories	Action(s)
	Test_Orlando-Kissimmee, FL Non Mail-Order	Test_Oxygen Supplies and Equipment	Delete
	This information is confidential. Contents shall not be used modified or di	stributed (electronically or otherwise) to recease not authorized to receive the information	
		(Drint Save

Figure 88 – DBidS Form A: CBA and Product Categories

Bidder: 20-4099116 (asdfa	sdf)			Welcome, Tes
lavigation	Form A: Add Location			
Nodify Form A Help Logout May's 10/14/2011 tre: 10:43:59 Logo Bid 01/18/2011 tre: 09:00:00	All locations that conduct business within a Round 2 CBA or by PTAN that will provide competitively bid items in a CBA. C If you are bidding as a network in Round 2, the primary netwo these members' locations on the next screen. To access this Legal Business Name	national mail-order CBA and provide the product category for which you are bidding m only those locations entered on the bid will be identified on the contract and be eligible with member should add its location on this screen. If there are members of the network a screen, click "Next."	ust be listed below. It is important that bidders iden to receive payment for the competitively bid item(s with multiple locations, the primary network memb Action(s)	tify all locations). er should add
ite: 13:59:59	49010901	Add Location Delete All Locations		

Figure 89 – DBidS Form A: Add Location









_cms/	DMEPOS BIDDING SYSTEM (DBidS)	ogout
Bidder: 20-9489203 (asdf)	Welcome, DOT BUC	ZLIFE
Navigation	Form A: CBAs and Product Categories	
Navgadon Status Page + Busines Organization Types + Help Logout Today's 08/15/2011 Date: 12:44:23 Open Bid 0/18/2011 Date: 09:00:00 Close Bid 09/30/2011 Date: 23:59:59	Print Save Back Required fields are marked with * Image: Call and Product Callegory Image: Call and Product Callegory Select the CBA(s) for which this location will be servicing Medicare beneficiaries. The product categories were previously/identified by your organization. You must click the Add CBA button in order for this information to be save below. Image: Call and Product Category(s) Image: Call and Product Category(s) CBA * Test_Charlotte-Castonia-Concord, NC-SC - Non Mail-Order * Image: Call and Product Category(s) Image: Call and Product Category(s) Image: Test_Charlotte-Castonia-Concord, NC-SC - Non Mail-Order * Image: Call and Product Category(s) Image: Call and Product Category(s) Image: Test_Charlotte-Castonia-Concord, NC-SC - Non Mail-Order * Image: Call and Product Category(s) Image: Call and Product Category(s) Image: Test_Charlotte-Castonia-Concord, NC-SC - Non Mail-Order * Image: Call and Product Category(s) Image: Call and Product Category(s) Image: Test_Complex Rehabilitative Power Wheelchairs and Related Accessories Image: Call and Product Category 2) Image: Call and Product Category 2) Image: Test_Complex Rehabilitative Power Wheelchairs and Related Accessories Image: Call and Product Category 2) Image: Call and Product Category 2) Image: Test_Complex and Related Accessories Image: Call and Product Category 2) Image: Call and Related Accessories	Next
	Con and Product Category List Displayed below is a summary of the CBA(s) and Product Category(s) for which this location is bidding. Please review for accuracy.	
	CBA Product Categories Action(s)	
	Test_Orlando-Kissimmee, FL Non Mai-Order Test_Oxygen Supples and Equipment Delete	
	L This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.	
	Print Save Back	Next

Figure 91 - DBidS Form A: Additional Locations CBAs and Product Categories



BidS - Network Member - Windo	ows Internet Explorer provided by Edaptive Systems	×
Https://dbids10.cms.cmsval/dbids	Centicate-	error 🗟
	Logo	ut_^
<u>CMS</u>	DMEPOS BIDDING SYSTEM (DBidS)	
Bidder: 20-9489203 (fdsfaso	df) Welcome, DOT BUGZLI	FE
Navigation	Form A: Network Member	vt
Status Page Business Organization Types		<u> </u>
 Modify Form A Help 	Required fields are marked with *	
Logout	Please enter the network member name and indicate the contract status. You must click the Add Network Member button in order for this information to be saved below. After member's information is displayed	
	below, click the Add Location buttor to complete member's location information. Only network members identified by their PTAVs are eligible to be awarded a contract. Network Member Amer: *	
Today's 08/15/2011	Arid Network Member	
Open Bid 01/18/2011		
Close Bid 09/30/2011	Itetwork Hembers	
Dute. 25.59.59	Network Member Action(s)	
	werwadsf Modify Delete Add Location	
	No Locations Saved	
		- 1
	This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information. Print Save Back Net	xt
		- 1
		-

Figure 92-- DBidS Form A: Add Network Member





99116 (asdfaso	lf)				Welco
	Form A: Summary				
zation Types	Date: 10/14/2011 10:46:45 PTAN(s): 1001022210 Bidder Humber: 20-4099116 Supplier Type: TestSingleLocationBidder Bidder Status: Pendina Apenroval			Print Prin	t All Locations
14/2011	Displayed block is a summary for the location (location. If you do not wish to make any change DMEPOS Competitive Bidding Program. You can	s) for which you are submitting a bid. Please s or add another location, select NEXT. Only not use the same 10-digit PTAN for each loc	e carefully review the information you provided on y locations identified by the PTAN listed on this sur ation. To make any changes, click EDIT.	Form A application information for accuracy. You ma mmary page will be eligible to be awarded a contract	ay modify your information or and to receive payment und
18/2011	Identifying Information	-		😰 Edit	
31/2011 59·59	Legal Business Name Address Line 1	asdfasdf sadffasdf	Address Line 2		
	City Telephone Number (xxx) xxx-xxxx	asdffasdsadf (546) 654- 5646	State FL Toll Free Number(if available) (xx	Zip Code	45645
	Email Address PTAN for this location	sadfsdaf@aol.com 1001022210		NPI Identification Number	5465465456
	Speciality Supplier			🔊 Edit	
	Bidding as a speciality supplier?	No			
	Licensure			🖉 Edit	
	Do you have locations that are licensed competitively bid items for each state w CBA for which you are bidding?	to furnish ithin the Yes			
	Physical Address			· Fdit	
	Address Line 1	sadffasdf	Address Line 2		
	City	asdffasdsadf	State FL	Zip Co	de 45645
	Tax Identification Number (TIN)			🔛 Edit	
	Tax Identification Number	564654654			
	Doing Business As (DBA)			😰 Edit	
	Doing Business As (DBA) 1 Doing Business As (DBA) 2				
	boing business its (bbit) 2				
	Contact Person			🐼 Edit	
	First Name	Last Name	Title	Telephone	E-Mail
	asdtasdt	asdtasd	tasdtasd	5465645645	tasdf@aol.co
	Authorized Official or Key Personnel			😰 Edit	
	First Name asdfa		Last Name sdfasd	Tit	l <u>e</u> df
	Type of Business			🖆 Edit	
	Type Of Business		Test Sole Proprietorship		
	Service Delivery			🖗 Edit	
	Service Delivery Type(s)	Retail Mail Orders			
		Home Delivery			
	Years in Business/Months in Business			😰 Edit	
	Years supplying DMEPOS items Months supplying DMEPOS items	5			
	Accreditation			🔐 Edit	
	Accreditation Organization	e, Inc Test_Oxygen Sup	plies and Equipment Accredited	1 05/ 2005	06/ 2012
	11			ato e to	
	Licensure State Licensure Informati	on			
	fasdasdffds			A	
				-	
	Sanctions Does this location have any current or n	ast legal actions, or sanctions		🔐 Edit	
	such as debarments?	No			
	CBA and Product Category			🞒 Edit	
	Test Orlando-Kissimmee, FL Non Mail-Order	<u>CBA</u>	Test Oxygen S	Product Category	
			rea_ox/gen a		
	Additional Locations/Network Members Select the PTAN below to review the info	/Network Members Additional Location rmation for this location.	ns		
	and the second second second second				

Figure 93--DBidS Form A: Summary





Figure 94-- DBidS Form A: Checklist *Displayed only to AOs or BAOs



Bidder: 20-4099116 (asofasd) Welcome, Test 1 Navigation Status Fage bidder: Software and the set of the set				
Avigation Form A: Approval Status Page Pusitions Organization Types Pedge Strain Status Flog Required fields are marked with * Logout Approval The Authorized Official (AO) or Back-up Official (BAO) must approve Form A before proceeding to Form B. The User (D assigned during registration must be identified in your response. First Name * Test Today's: 10/14/2011 The Authorized Official (AO) or Back-up Official (BAO) must approve Form A before proceeding to Form B. The User (D assigned during registration must be identified in your response. First Name * Test Test Last Name * Test Last Name * Test Opprovel Approvel Atter the AO or BAO approves Form A the AO or BAO approves Form A if any changes are made to this form.	Bidder: 20-4099116 (asdfasdf)		Welcome, T	est Te
Status Page Business Organization Types Mody form A top Use util Use util U	Navigation	h A: Approval		
day's 10/14/2011 tat: 10:49:29 pen Bid 01/18/2011 tat: 10:49:29 pen Bid 01/18/2011 tat: 10:49:29 After the AO or BAO approves Form A the AO or BAO approve Form A if any changes are made to this form.	Status Page Business Organization Types Modify Form A Felp Logout	lequired fields are marked with ★ Approval	Print Back	Nex
After the AO or BAO approves Form A the AO or BAO must re-approve Form A if any changes are made to this form.	day's 10/14/2011 tte: 10:49:29 ben Bid 01/18/2011 te: 09:00:00 5ee Bid 12/31/2011 je: 13:29:59	The Authorized Official (AO) or Back-up Official (BAO) must approve Form A before proceeding to Form B. The User ID assigned during registration must be identified in your response. First Name * Test Last Name * Test User ID * Approve		
	This in	After the AO or BAO approves Form A the AO or BAO must re-approve Form A if any changes are made to this form.		

Figure 95 DBidS Fo	rm A: Approval	*Displayed o	only to A	Os and BAOs
--------------------	----------------	--------------	-----------	-------------

Bidder: 20-1622875 (TEST)		Welcome, Be	n Teen
Navigation	Form A: Approval		
Status Page		Print Back	Next
 Business Organization Types Modify Form A 	Required fields are marked with ★		
Create Form B Help	Approval	l 🚺	
Logout	The Authorized Official (AO) or back-up Authorized Official (BAO) must approve Form A befor proceed to Form B. The User ID is assigned during registration.	ore you can	
	First Name ★ Ben		
Todi Dati Message from webpage			X
Ope Date Clos	of the Form A required fields have been completed and the AO or BAO must approve Form A before you c any of the information on Form A will require the AO or BAO to reapprove Form A.	an proceed to Form	п В.
Date	ОК		
	This information is confidential. Contents shall not be used, modified, or distributed (electronically or authorized to receive the information.	othenvise) to pers	ons not
	, I I I I I I I I I I I I I I I I I I I	Print Back	Next

Figure 96- DBidS Form A: Approval Message *Displayed only to AOs and BAOs



Ø DBidS - Application - Windows Int	ernet Explorer provided by Edaptive Systems
Attps://dbids10.cms.cmsval/dbids	/FormAApprovalPrint.html
CMAS	
	DMEPOS BIDDING STSTEM (DBIaS)
Bidder: 20-9489203 (asdf)	Welcome, DOT BUGZLIFE
Navigation	Form A: Summary
Status Page Business Organization Types Modify Form A	
Create Form B Select Bid	Displayed below is a summary for the location(s) for which you are submitting a bid. Please print and/or save the summary page data to PDF for your records.
P Help Logout	
Today's 08/15/2011 Date: 13:05:44	Form A: Summary
Open Bid 01/18/2011 Date: 09:00:00	Date: 08/15/11 01:05:39 PT A Y(o): 110127001
Close Bid 09/30/2011	Bilder Number: 20-9489203
Date. 25.59.59	Supplier Type: TestSingleLocationBidder
	Bidder Status: Complete and Approved
	Displayed below is a summary for the location(s) for which you are submitting a bid. Please carefully review the information you provided on Form A application
	information for accuracy. Only locations identified by the PTANs listed on this summary page will be eligible to be awarded a contract and to receive payment
	under the DMEPOS Competitive Bidding Program. You cannot use the same 10-digit PTAN for each location.
	Identifying Information
	Legal Business Name asdf
	Next
	~

Figure 97– DBidS Form A: Summary pdf

DBidS - Status Page - Window	vs Internet Explorer provided by Edaptive Systems							
https://dbids10.cms.cmsval/o	dbids/Homepage.html	a second in the					Certificate	
<u>cms</u>	DMEPOS BIDDING S	YSTEM (DBidS)						
dder: 20-9489203 (asd	if)					Welcon	ne, DOT BUGZL	
vigation	Form A: Application Status						_	
itus Page siness Organization Types	Status	Last Modified D	Jate	Modified By		₩		
dify Form A eate Form B ଖp gout	Complete and Approved	08/15/2011 13:05	:39	DOT BUGZLIFE	Print	Save		
	Form B: Bid Status							
	CBA F	Product Category S	tatus Last Modified	Date	Modified By	71 71		
n Bid 01/18/2011 : 09:00:00 e Bid 09/30/2011 : 23:59:59	No bids found							
	Documentation Status	Documentation Status						
	Documentation Received: No It is the suppliers' responsibility to ensure that the package of hardcopy documents. However, It do	y have submitted the entire package of all requ es not acknowledge the accuracy or complete	ired hardcopy documents to the Co ness of the package. The CBIC is ur	mpetitive Bid Implementation C able to provide this informatio	ontractor (CBIC). The notation al n.	bove indicates whether th	e CBIC has received	
	Covered Document Review Date (CDRD) El	igible					1	
	CDRD Eligible: No							

Figure 98– DBidS: Status



<u>CMIS</u>	DMEPOS BIDDING SYSTEM (DBidS)	Logo
Bidder: 20-4099116 (asdfasdt)	Welcome, Test Te
Navigation	Form B: Create Bid	
Terregulation Status Page Bunness Organization Types Buddy Form B Select Bid Help Logout Teday's 10/14/2011 Date: 10/50:53 Open Bid 01/18/2011 Date: 09:00:00 Close Bid 12/21/2011 Date: 13:59:59	Required fields are marked with * Competitive Bidding Area (CBA)/ Product Category To create a Bid, select the Round 2 CBA and product category or select "National Mail-Order" if bidding in the national mail-order competition. This field is populated from the information provided on Form A. Y must click the Select button in order for the product category or select "National Mail-Order" if bidding in the national mail-order competition. This field is populated from the information provided on Form A. Y must click the Select button in order for the product category or select "National Mail-Order" if bidding in the national mail-order competition. This field is populated from the information provided on Form A. Y must click the Select button in order for the product Category * Select the CBA Product Category * Select Product Category * Create Bid CBA/Product Category List Displayed below is a summary of the CBA(s) and Product Category(s) you have selected. CBA Product Category CBA Product Category Test_Orlando-Kissimmee, FL – Non Mail-Order Test_Orxyen Supples and Equipment The information is confidential. Contents shell not be used, modified, or distributed (electronically or othenvise) to persons not authorized to receive the information.	Print Nes

Figure 99– DBidS Form B: Create Bid



<u>.MS/</u>	DMEPOS BIDDING SYSTEM (DBidS)	
: 20-4099116 (acdfa	isdf)	Welcome Te
. 20-4055110 (asula		Welcome, re
ion	Form B: Furnished Items	Print Save
Page iss Organization Types Form A Form B Bid	Bidder #: 20-4099116 CBA: Test_Orland-Kasimmee, FL Non Mail-Order Product Category: Test_Oxygen Supples and Equipment PTAN(s): 1001022210	
)	Required fields are marked with *	
5 10/14/2011 10:53:20	. TOP HCPCS Codes The HCPCS codes lided below represent the top codes that account for approximately 80 p	Instruct of the allowed charges for this product calegory. Indicate the number of units that your business organization has
Bid 01/18/2011 09:00:00 Bid 12/31/2011 13:59:59	fur har boo clobal shadowin kipicatin no by clobal market, in this CAD and the shadowing you p furnished to all customers, both Medicare and non-Medicare, in this CAD during the past ca the past celendar year. If your business organization has not provided the item, indicate "0". Worksheet" at <u>uww dmecompetitivebid com/bic</u> for the definition of a unit for each item.	calendar year. In the next column, indicate the number of units provided only to Medicare beneficiaries in the CBA during 7° in the appropriate column. Please refer to the Bidding Information Chart titled "Estimated Capacity and Bid Amount
	If bidding in the national mail-order CBA, the competitive bidding area includes all 50 states,	es, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa. *
	HCPCS Code To	Total Units Provided Lonits Provided to Medicare Beneficiaries
	E1390	9 9
	E0439	9 9
	E0424 S	9 9
	E1391	9 9
	E0431	9 9
	E0434	9 9
	TOP HCPC5 Codes	
	Indicate the percentage increase in Medicare business that your business organization or n month period. The percentage increase may exceed 100 percent. ★	r network would be capable of providing for all HCPCS codes in the product category for this CBA during a projected 12
		9 %
	This information is confidential. Contents shall not be used modified or distributed (electronically or othe	herwise) to persons not authorized to receive the information
	The methatorie contactual, contact of an net be back, mounta, or distributed (electrometary or other	Print Save

Figure 100– DBidS Form B: Furnished Items



/	Logout
<u>CMS</u>	DMEPOS BIDDING SYSTEM (DBidS)
Bidder: 20-4099116 (asdfas	sdf) Welcome, Test Test
Navigation	Form B: Expansion Print Save Back Next
Status Page Business Organization Types	
Modify Form A Create Form B Modify Form B	Bidder #: 20-4099116
Select Bid Help	LeAi 18tL/IndoA-stamme, r.L - No Mai-Vreir Product Category: Tel. Cycle Suphers and Equipment Product Category: Tel. Cycle Suphers and Equipment
Logout	Fringep 100 totals to Described fields are marked with ♦
	Expansion Plan
Today's 10/14/2011 Date: 10:53:52	Is your estimated capacity, the amount you can provide for this product category in the CBA, greater than the amount you currently provide in the CBA? If yes, you must complete an expansion plan. *
Date: 09:00:00 Close Bid 12/31/2011 Date: 13:59:59	If you plan to expand your business under the Competitive Bidding Program, describe your current structure and expansion plan in the space provided. If additional space is needed, you may submit documentation along with the required hardcopy documents. (Maximum 1000 Characters). If an item does not apply, please enter NA.
	Staff (Current) 1000 characters left
	×
	Staff (Expansion Plan) 1000 characters left
	•
	Finance (Current) 1000 characters left
	Finance (Expansion Plan) 1000 characters left
	· · · · · · · · · · · · · · · · · · ·
	Facilities (Current) 1000 characters left
	Facilities (Evnansion Plan) 1000 observates laft
	v
	Inventory Control (Current) 1000 obtacters left
	v
	Inventory Control (Expansion Plan) 1000 characters left
	Distribution (Current) 1000 characters left
	Distribution (Expansion Plan) 1000 characters left
	A
	Additional Information (Current) 1000 characters left
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	Additional Information /Fynansjon Dian 1 1000 Jakawawa Isit
	· · · · · · · · · · · · · · · · · · ·
	Subcontractor Information
	If you plan to expand using subcontractors choose "Yes" below. Please note that "Subcontracting Arrangements" must be in compliance with Supplier Standards and subcontractor(s) can only perform services allowed under these standards. If a subcontractor is providing the service to set-up and/or provide instruction on the use of Medicare-covered item(s), they must be accredited by a CMS approved accreditation
	organization. Click on the "t" above for specific requirements.
	Select one or more of the following functions that the Delivery of Medicare-covered item only
	subcontractor will perform:
	Repair of rented equipment <u>only</u> Purchase of Inventory
	Any time the subcontractor sets up and/or instructs, he/she must be accredited
	a yee energe i ee een yee maa paarae a waytay in na angroo nawa in man in anna maa maa maa an agroometik mui daan suurunii daan suurunii taan kutaas ine huhamiig.
	Parties involved
	runctionaiservices to be performed Anticipated length of egreement
	Signsture of an Authorized Official for each party
	 Include language obligating subcontractor to abide by state and federal privacy, security and licensure requirements
	This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.
	Print Save Back Next

Figure 101– DBidS Form B: Expansion Plan and Contractor "Yes"



										Logout
CMS/	DMEPO	S BIDDING SYSTEI	M (DBi	dS)						
Bidder: 20-4099116 (asdfa	sdf)									Welcome, Test Test
Navigation	Form B: Bid Sh	ieet				D -1				
Status Page ▶ Dusiness Organization Types ▶ Modify Form A Create Form B ▶ Modify Form B Select Bid ▶ Help Logout	Bidder #: 20-40 CBA: Test_Orlar Product Categ PTAN(s): 10010	999116 ndo-Kisaimmee, FL Non Mail-Order nory: Test_Oxygen Supplies and Equipment 222210				Pn	nt Save Bao	k Next		
	You must provid Important Remin	le your total estimated capacity along with yo nders:	our bid price fo	or each HCPC	S code listed for this	product c	ategory.			
Today's 10/14/2011 Date: 10:54:38 Open Bid 01/18/2011 Date: 09:00:00 Close Bid 12/31/2011 Date: 13:59:59	 HCPCS suppliei Produkce Item De Tunce of (identifitieit o o o o o o It is represent to the second s	I Healthcare Commo Procedure Code Sys and services (12) and services (12) and (12) and (12) and (12) and (12) and (12) (12) and (12) and (12) and (12) and (12) and (12) (12) and (12) and (12) and (12) and (12) and (12) and (12) (13) and (12) and (12	tem. This is a a single bid is as a single bid is as th HCPCs cost whether the association of the and ensure it will be asked will be asked will be asked will be asked and ensure it will be and ensure it will be and ensure it will be and ensure it and ensure it and and and and and and and and	standardized required. de, For long de, For long de, for long and the long de for long de to submit a bi to a for long de sociated with pr s invoice an och HCPCS cos to that elect to j	coding system that i lescription go to <u>www</u> puid be for the purch of amount that represe term. In product category: all products category: all products category: all products category: all products category. U S. Virgin Islands, U S. All category and the start of the entry of the start of the entry of the start o	a used prin <u>dmecomp</u> ase or movide oplies, the pu- bound oplies, the Guam, an h on a yea contract per <u>com/bic</u> for included i s of the Un for unust p HCPCS oc and service the you can cost of fur ty supplie	entity to identify produ- etitivebid com. thily rental of the item trichase price of the ite throughout the entire CRA includes all part. I American Samo. Try y basis and add any rind. It is anticipated of Alfease refer to the to the definition of a un nthe national mail-oros work and the States, including to rovide a bit price that de. The amount subm provide the item to to an bit mathing the item thoo a) for the duration of 1	rm even CBA for s of the s of the that Bidding it for it is less itted must be he ghout he		
	HCPCS Produc	t Item	Rental Or	Item	Total Estimated	Fee	Bid			
	Code Class	Description	Purchase	Weight	Capacity	Schedule	Price			
	E1390 A	Test_Oxygen concentrator - BID FOR ENTIRE CLASS USING THIS CODE	Rental 0.	6108082987	* 5	175.79	★ 5.00			
	E0439 A	Test_Stationary liquid 02 - BID FOR ENTIRE CLASS; NOT BY CODE	Rental 0.	.0000000000		175.79				
	E0424 A	Test_Stationary compressed gas 02 - BID FOR ENTIRE CLASS; NOT BY CODE	Rental 0.	.0000000000		175.79				
	E1391 A	Test_Oxygen concentrator, dual - BID FOR ENTIRE CLASS; NOT BY CODE	Rental 0.	.0000000000		175.79				
	E0431 B	Test_Portable gaseous 02 - BID FOR ENTIRE CLASS USING THIS CODE	Rental 0.	3602632991	* 5	28.77	★ 5.00			
	E0434 B	Test_Portable liquid 02 - BID FOR ENTIRE CLASS; NOT BY CODE	Rental 0.	.0000000000		28.77				
	K0738 C	Test_Portable gas oxygen system - BID FOR ENTIRE CLASS; NOT BY CODE	Rental 0.	.0286888699		51.63				
	E1392 C	Test_Portable oxygen concentrator - BID FOR ENTIRE CLASS USING THIS CODE	Rental 0.	.0000000000	* 5	51.63	★ 5.00			
	E0441 D	Test_Oxygen contents, gaseous - BID FOR ENTIRE CLASS USING THIS CODE	Rental 0.	0000000000	* 5	77.45	★ 5.00			
	E0442 D	Test_Oxygen contents, liquid - BID FOR ENTIRE CLASS; NOT BY CODE	Rental 0.	.0000396515		77.45				
	E0443 E	Test_Portable 02 contents, gas - BID FOR ENTIRE CLASS USING THIS CODE	Rental 0.	0001998807	* 5	77.45	★ 5.00			
	E0444 E	Test_Portable 02 contents, liquid - BID FOR ENTIRE CLASS; NOT BY CODE	Rental 0.	.0000000000		77.45				
	This information is c information.	confidential. Contents shall not be used, mo	dified, or distri	buted (electro	nically or otherwise)	to person:	s not authorized to rec	eive the		
						Pri	nt Save Bad	k Next	t	

Figure 102– DBidS Form B: Bid Sheet



Consistency of the second	/			
idex 20-409918 (gatTast) Weicome, Test T wigation indices contraction Types of goal Form B: Manufacturer Print Back Ne starts Form 0 bit (grant Fact Table Page of goal http:// 10/14/7011 10/15/131 10/15	<u>CMS/</u>	DMEPOS BIDDING S	YSTEM (DBidS)	
Wighting Print Back Media Making Segretation Tryes and Form A test Segret Segret Segret Image: Segretation Tryes Segret Se	dder: 20-4099116 (asdfas	sdf)		Welcome, Tes
Print Dark Net subsets Operation Print Back Net subsets Operation Print Back Net oddy Form A Subsets Print Back Net oddy Form A Subsets Print Back Net oddy Form B Subsets Print Back Net oddy Form A Subsets Print Back Net Subsets Print Subsets Print Back Net <th>vigation</th> <th>Form B: Manufacturer</th> <th></th> <th></th>	vigation	Form B: Manufacturer		
HCPC S Code Manufacturers, Model Names and Model Numbers Entered Action(s) E1390 1 Ada E0439 1 Ada E0439 1 Ada E0434 1 Ada E0431 1 Ada E0434 1 Ada E0431 1 Ada E0434 1 Ada	Idus Page usiness Organization Types odify Form B odify Form B odify Form B set E Bid e b ogout Iday's 10/14/2011 te: 10:55:13 en Bid 01/18/2011 te: 09:00:00 see Bid 12/31/2011 te: 13:59:59	Bidder #: 20-4099116 CBA: Test_Orlando-Kosimmee, FL Non Haik- Product Category: Test_Oxygen Supples an PTAN(s): 1001022210 Required fields are marked with ★ Listed below are the top HCPCS codes, in ter Medicare beneficiaries in this CBA. You must fi you are bidding in the national mail order or meet the 50% rule you must complete the "50 form must be submitted to the CBIC span of If a contract is awarded, the information enter	Order d Equipment ms of allowed charges, for this product category, Identify the manufacturer(s), model name(s) and mod provide information for each HOPOS code in order for your bid to be complete. Impetition for diabetic testing supplies, national mail-order competition you must provide manufacturer Percent Compliance Form Tocaled on the CBIC website identifying the products you pien to provide for Parce Tocampiance Form Tocaled on the CBIC website identifying the products you pien to provide the submit will result in al ad on this screen will be displayed to the public in the online Medicare Supplier Directory located at <u>his</u>	Print Back el number(s) of all products that you plan to make available to and model information for the codes identified below. In order to rHCPCS code A4233. In order for your bid to be considered, this aguillaction of your bid.
E1390 1 Add E0439 1 Add E0424 1 Add E1391 1 Add E0431 1 Add E0434 1 Add Without a stall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information. Print Back Network		HCPCS Code	Manufacturers, Model Names and Model Numbers Entered	Action(s)
E0439 1 Add E0424 1 Add E1391 1 Add E0431 1 Add E0434 1 Add E0434 1 Add E0434 1 Add E0435 1 Add E0436 1 Add E0437 1 Add E0438 1 Add Developmental contents and modified, or distributed (electronically or otherwise) to persons not authorized to receive the information. Print Back Net		E1390	1	Add
E0424 1 E1391 1 E0431 1 E0434 1 Add E0434 1 This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information. Print Back Net		E0439	1	Add
E1391 1 Add E0431 1 Add E0434 1 Add This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information. Print Back Nect		E0424	1	Add
E0431 1 Add E0434 1 Add This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information. Print Back Next		E1391	1	Add
E0434 1 Add This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information. Print Back Net		E0431	1	Add
This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information. Print Back Net		E0434	1	Add
This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information. Print Back Net				
Print Back Ne		This information is confidential. Contents shall not	be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the	information.
				Print Back

Figure 103–DBidS Form B: Manufacturer with top HCPCS

20-4099116 (asd	fasdf)					Welcome,
on .	Form B:	Manufacturer, Model Name and N	lumber			
						Print Save
Status Pape Business Organization Types Modify Form A Create Form B Modify Form B Select Bid Help Logout	Bidde CBA: Produ PTAN	r # 20-4093116 Fest_Orkindo-Kasimmee, FL — Non Mail-Order et Category: Test_Oxygen Supples and Equipr sp: 1001022210 red fields are marked with * Manufacturer, Model Name and Model Name the Back button after you have finished ente	nent umber: E1390 and Model Number: You must click the Add ing Manufacturer data for this HCPCS. Manufacturer * Model Name * Model Name *	Manufacturer, Model Name and Model Nun	nber button in order for this information to be	e saved below. You must click
			Add Manufactu	irer. Model Name & Model Number	Clear	
			, ica manadate			
		Manufacturers, Model Names and Mode	Numbers			
		Manufacturer	Model Name	Model Number	Action(s)	
		asdfsadf	asdfasdf	asdfsdfa	Modify Delete	
				Delete All		

Figure 104– DBidS Form B: Manufacturer, Model Name and Number





INAS								
		IDDING SYSTE	M (DBidS)					
	5		m[33003]					
-4099116 (asdfas	sdf)						Welco	ome, T
	Form B: Summary							
							Print	Back
ganization Types								
в	Bidder #: 20-4099116	5						
P	CBA: Test_Orlando-Kit Product Category: T	issimmee, FL Non Mail-Order lest, Oxygen Supplies and Equipment						
	PTAN(s): 1001022210							
	Bid Status: Pending C	Certification						
10/14/2011	Displayed below is a su	ummary of Form B. Please carefully r	eview for accuracy. You may make changes by selecting	ıg Edit.				
10:56:26 01/18/2011	Top HCPCS Codes						20	Edit
09:00:00								
12/31/2011 13:59:59		HCPCS Code	Total Un	ts Provided		Units Provided to I	Medicare Benefic	ciaries
		E1390		9			9	
		E0439		9			9	
		E1391		9			9	
		E0431		9			9	_
		E0434		9			9	
				-				_
	Ton HCPCS Codes						20	Edit
	Top heres codes				t (Huenes		(
	Expansion Plan If you plan to expa documentation alo	and your business under the Cor ong with the required hardcopy	npetitive Bidding Program, describe your curren documents.	t structure and expansion	plan in the space p	rovided. If additional space is	needed, you ma	ay subi
	Expansion Plan If you plan to expa documentation alo Is your estimated capic category in the CBA, g the CBA? If yes, your	and your business under the Cor ong with the required hardcopy a acity, the amount you can provide fo greater than the amount you current must complete an expansion plan.	npetitive Bidding Program, describe your curren documents. r this product ly provide in No	t structure and expansion	plan in the space p	rovided. If additional space is	i needed, you ma	ay subi
	Expansion Plan If you plan to expa documentation alo Is your estimated capic category in the CBA, of the CBA? If yes, your Subcontractor Info	and your business under the Cor ong with the required hardcopy : acity, the amount you can provide for greater than the amount you current must complete an expension plan.	npetitive Bidding Program, describe your curren documents. r this product ly provide in No	t structure and expansion	olan in the space p	rovided. If additional space is	needed, you ma	ay subr Edit
	Expansion Plan If you plan to expan- documentation alo Is your estimated caps category in the CBA, of the CBA? If yes, you r Subcontractor Info Do you plan to use	Ind your business under the Cor ong with the required hardcopy acity, the amount you can provide for greater than the amount you current must complete an expansion plan. Immation subcontractor(s)?	npetitive Bidding Program, describe your curren documents. If this product by provide in No	t structure and expansion ;	plan in the space p	rovided. If additional space is	: needed, you ma	ay subr Edit
	Expansion Plan If you plan to expanded documentation alo Is your estimated cap category in the CBA, of the CBA? If yes, your Subcontractor Info Do you plan to use Bid Shuet	Ind your business under the Cor ong with the required hardcopy acity, the amount you can provide for greater than the amount you current must complete an expansion plan. primation subcontractor(s)?	npetitive Bidding Program, describe your curren documents. If this product by provide in No	t structure and expansion ;	plan in the space p	rovided. If additional space is	needed, you ma	ay subr Edit Edit
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Figure 105– DBidS Form B: Summary



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CMS	
	DMEPOS BIDDING STSTEM (DBIOS)
Bidder: 20-4099116 (asdfas	df) Welcome, Test Test
	Count D. Did [CostReadon Obstamont]
Navigation	Print Back Next 1
Status Page Business Organization Types Modity Form A Create Form B Modity Form B Select Bid Help Logout	Bidder #: 20-4099116 CBA: Test, Orando-Kasimmes, FL Non Mail-Order Product Category: TestOxygen Supples and Equipment PTAN(s): 1001022219
Today's 10/14/2011	Certifying Statement Applies to All Information Submitted Electronically or Hardcopy.
Date: 10:56:56 Open Bid 01/18/2011 Date: 09:00:00 Close Bid 12/31/2011 Date: 13:59:59	I have read the contents of this application. I hereby certify that I have examined the completed application and accompanying financial statements and I certify that they are true, correct, and complete statements that can be substantiated from our books and records. My signature legally and financially binds this supplier to the laws, regulations, and program instructions of the Medicare program. By my signature, I certify that the information contained herein is use, correct, and complete to the barks, regulations, and program instructions of the Medicare program. By my signature, I certify that the information contained herein is use, correct, and complete to the barks, regulations, and program instructions of the Medicare program. By my signature, I certify that I will adhere to the terms of the competitive bidding contract if awarded a contract.
	I agree to notify the CBIC in writing of any changes that may affect the contract and/or my ability to carry out the terms of the contract, prior to such change or within 30 days of the effective date of such change. I understand that I may be in breach of contract if any such change results in my failure to carry out the terms of the contract.
	I also certify that I have read, understand, meet, and will continue to meet all supplier standards and quality standards as outlined in 42 CFR §424.57 and 424.58. If I become aware that any information in this application is not true, correct or complete, I agree to notify the CBIC of this fact immediately. I agree that I am a Medicare enrolled supplier and meet the basic eligibility requirements of the DMEPOS Competitive Bidding Program.
	I understand that in accordance with 18 U.S.C. §1001, any omission, misrepresentation, or falsification of any information contained in this application and all required attachments and supplemental information or contained in any communication supplying information to CMS or the CBIC may be punishable by criminal, civil, or other administrative actions including revocation of approval, fees, and/or imprisonment under federal law.
	I further certify that I am an authorized official of this organization that is submitting a bid in the DMEPOS Competitive Bidding Program.
	Network Members: If Jam a member of a network, I further certify that I meet the definition of a small supplier who joined the network because I am unable to independently furnish all items in the product category to Medicare beneficiaries throughout the entire geographic bidding area. According to the Paperwork Relaction Act of 1955, no person are required to respond to a collection of information unless it diplays a valid OMB corted number. The valid OMB corted number for this information collection is 033-1016. The time required to complete the information collection is denoted to a variable to information unless it diplays a valid OMB corted number. The valid OMB corted number for this information collection is 033-1016. The time required to complete this information collection is denoted to a variable to information unless it diplays a valid OMB corted number. The valid OMB corted number for this information collection. If you have any comments covaring the accuracy of the time estimate() for supportions for importing the torm, plase write tor OMS. Attin IPAA Report Clasence Office. 7500 Security Bird. Baltmone, Maryland 21244.
	This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.
	Print Back Next





Figure 107-DBidS Form B: Public Address Announcement *Displayed only to AOs and BAOs





/	Logo
CMS/	DMEPOS BIDDING SYSTEM (DBidS)
Bidder: 20-4099116 (asdfas	df) Welcome, Test Te
Navigation	Form B: Certification
Situs Page > Busness Organization Types > Busness Organization Types > Create Form A > Modify Form B Select Bit > Help Logout Today's 10/14/2011 Date: 10:58:24 Open Bid 01/18/2011 Date: 01:58:24 Open Bid 01/18/2011 Date: 01:59:39	Bidder #: 20-4099116 CBA: Test_Oriende-Kasimmee, FL – Non Mai-Order Print Bidder #: 20-409916 CBA: Test_Oriende-Kasimmee, FL – Non Mai-Order Product Category: Test_Oxygen Supplies and Equipment Print(bidder) Product Category: Test_Oxygen Supplies and Equipment Product Category: Test_Oxygen Supplies The Authorized Official (AO) or Back-up Authorized Official (BAO) must certify the bid is accurate. Please complete all fields below to certify your bid and then click: "Certify and Submit Bid." Changes made to the Last Name * Test
	Certify and Submit Bid
	Inis information is controlential. Contents shall not be used, modified, or distributed (electronicality or otherwise) to persons not authorized to receive the information.

Figure 108-DBidS Form B: Certification *Displayed only to AOs and BAOs

/	Logout
<u>_CMS</u>	DMEPOS BIDDING SYSTEM (DBidS)
Bidder: 20-4099116 (asdfas	dt) Welcome, Test Test
Navigation	Print Back Next
Status Page Business Organization Types Bodify Form A Create Form B Bodify Form B body Form B body big Legout Legout Today's 10/14/2011 Date: 05:010 Open Bid 01/18/2011 Date: 09:00:00 Close Bid 12/31/2011 Date: 13:59:59	Bidder #. 20-4099116 CBA: Test_Orlando-Kisamme, FL Non Mail-Order Product Category: Test_Oxygen Supplies and Equipment PTAIl(s): 100102210 Required fields are marked with *
	This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.
	Pint back NOXL

Figure 109-DBidS Form B: Certification with Message *Displayed only to AOs and BAOs



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CMS/	DMEPOS BIDDING	SYSTEM (DBidS	1		
			(
Bidder: 20-3509843 (White	more Shoes)			Welcome	a, Janet Whitmore
Navigation	Form B: Summary				
Shahar Dana					Next
Business Organization Types Modify Form A Create Form B	Displayed I	below is a summary for the location	(s) for which you are submitting a bid. Please	print and/or save the summary page data to PDF for your records.	
Modify Form B Select Bid					
▶ Help Logout					
	Form B: Summary	,			
Today's 08/03/2011	Bidder:	20-3509843			
Date: 13:46:09	CBA:	Test Pittsburgh, PA Non M	[ail-Order		
Open Bid 01/18/2011 Date: 09:00:00	Product Category:	Test_Enteral Nutrients, Equip	ment and Supplies		
Close Bid 09/30/2011	PTAN(s):	7309989999			
Date: 25.59.59	Bid Status:	Complete and Certified			
	Bidder Network Name:				
	Displayed below is a	summary of Form B. Please care	efully review for accuracy.		
	Top HCPCS Code	s			_
	HCPCS Code		Total Units Provided	Units Provided to Medicare Beneficiaries	
	B4150		9	9	
	B4152		9	9	-
					Next

Figure 110- DBidS Form B: Summary pdf