



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

DBidS Application User Manual

Version: 2.10
Last Modified Date: January 5, 2012

Prepared for:
The US Department of Health & Human Services
Centers for Medicare & Medicaid Services (CMS)
Office of Information Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Prepared by:
Edaptive Systems
400 Red Brook Blvd., Suite 220
Owings Mills, Maryland 21117
(410) 327-3366

Document Control Number – DBidS0077_User_Manual
Contract – HHSM-500-2010-00020C

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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
<p>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:</p> <ol style="list-style-type: none"> 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*:

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

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

4.3. DBidS Page Layout

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

DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-2642067 (Test Test)
Welcome, HEIMLICH BUGZLIFE

Navigation
[Status Page](#)
[Business Organization Types](#)
[Modify Form A](#)
[Create Form B](#)
[Select Bid](#)
[Help](#)
[Logout](#)

Today's 10/20/2011
Date: 14:13:44
Open Bid 09/01/2011
Date: 09:00:00
Close Bid 12/31/2011
Date: 13:59:59

Form A: Location Specific Information
Print Save Next

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 *

Identifying Information

Provide the legal business name and mailing address for the business organization identified by the PTAN below.

Legal Business Name *

Address Line 1 *

Address Line 2 *

City *

State *

Zip Code *

E-Mail *

Telephone Number *

Toll Free Number (if available) *

PTAN for this location *

NPI Identification Number *

Physical Address

Provide the physical address for the location as identified by the PTAN above in the identifying information question.

☒ Physical address is the same as identified above

Address Line 1 *

Address Line 2 *

City *

State *

Zip Code *

Business Information

Provide the identifying information for the location as identified by the PTAN above in the identifying information question.

Tax Identification Number (TIN) *

Doing Business As (DBA) 1

Doing Business As (DBA) 2

Years in Business *

Months in Business

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 PTAN 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 [www.dmecompetitivebid.com/financialrequirements](#) for further information.

Type of Business *

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

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 (5) years.

Does this location have any current or past legal actions, or sanctions such as debarments? * ☐ Yes ☒ No




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.

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- 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 and 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 and 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.

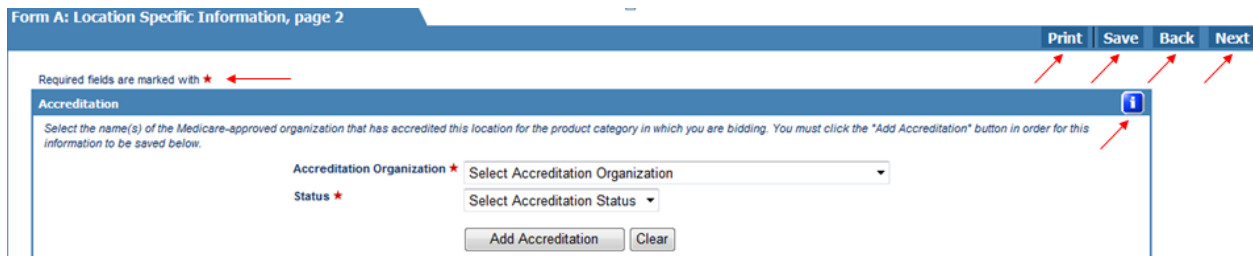


Figure 2 – Buttons

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.

Form A: Summary

Print **Print All Locations** Back Next

Date: 06/22/2011 10:09:20
 PTAN(s): 7210019999
 Bidder Number: 20-6286307
 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. You may modify your information or add a new location. If you do not wish to make any changes or add another location, select NEXT. Only locations identified by the PTAN 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. To make any changes, click EDIT.

Identifying Information			
Legal Business Name	test		
Address Line 1	test	Address Line 2	test
City	test	State	MD
Telephone Number (xxx) xxx-xxxx	(325) 325- 2352	Zip Code	12511
Email Address	test@test.com		
PTAN for this location	7210019999	Toll Free Number(if available) (xxx) xxx-xxxx	(325) 235- 2352
		NPI Identification Number	2352352352

Additional Locations/Network Members/Network Members Additional Locations

Select the PTAN below to review the information for this location.

** Access to Supplier Checklist and Approval screens are restricted to only Authorized Officials and Backup Authorized Officials.

Print **Print All Locations** Back Next

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 ▸ beside each main menu item to expand the menu and to see all available menu options.
- Click the ▸ 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 cbic.admin@palmettogba.com (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 <http://www.dmecompetitivebid.com>.
- 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.

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- *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 ★

Supplier Bidding Type ★

Network Name ★

Has each network member signed a contract to join this network? ★ ☒ Yes ☐ No

Figure 6 – Business Organization Information Pane

Business Organization Information

Indicate how your business organization will be bidding (choose only one).

Legal Business Name ★

Supplier Bidding Type ★

Select one of the following that best describes your business organization structure? (See help for the definitions of business organizations) ★

IMPORTANT: Refer to the [Financial Instructions](#) for required documents 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.

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.

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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 regarding the business or network organization. You must click the **Add Contact Person** button in order for this information to be saved below. You may enter more than one Contact Person. (maximum 5). Once 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 Number ★ () -

Add Contact Person

Clear

Modify/Delete Contact Person(s)

Modify or delete the contact person's information.

First Name	Last Name	Title	Action(s)
John	Doe	CEO	<div>Modify</div> <div>Delete</div>

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

Provide the name(s) and title(s) of the authorized officials or key personnel for the business organization or network. You must click the **Add Authorized Official or Key Personnel** button in order for this information to be saved below. Once you have entered the names of your authorized official or key personnel scroll down to verify the names were entered correctly.

First Name *

Last Name *

Title *

Add Authorized Official or Key Personnel
Clear

Modify/Delete Authorized Official / Key Personnel Information

Modify or delete the authorized official or key personnel information.

First 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.

The screenshot shows two panes in the DBidS application. The top pane, titled 'Competitive Bidding Area (CBA) and Product Category', contains instructional text and input fields. It has a dropdown menu for 'CBAs' with the text 'Select the CBA' and a text box for 'Product Categories' with the text 'No Product Categories Found'. Below these is an 'Add CBA/Product Category' button. The bottom pane, titled 'CBA/Product Category List', contains a table with three columns: 'CBA', 'Product Category', and 'Action(s)'. The table is currently empty, and a message 'No CBA/Product Categories Saved' is displayed below it.

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-XXXXXXX. 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.

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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.

Bidder Number	Supplier Name	Action(s)
1245790	Test Corp	<input type="button" value="Modify Supplier Type"/> <input type="button" value="Access Form A"/>
9876421	Another Bidder	<input type="button" value="Modify Supplier Type"/> <input type="button" value="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-XXXXXXX. 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.

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.

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- 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.

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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 Multiple Locations) Welcome, De'Antonio Miles

Navigation

- Status Page
- Business Organization Types
- Modify Form A
 - Location - Page 1
 - Location - Page 2
 - CBA/Product Category
 - Additional Locations
 - Summary
 - Supplier Checklist
 - Approve Form A
- Help
- Logout

Form A: Application Status

Status	Last Modified Date	Modified By		
Pending Approval	08/09/2011 09:43:15	De'Antonio Miles	Print	Save

Form B: Bid Status

CBA	Product Category	Status	Last Modified Date	Modified By		
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: Application Status Back

Please 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*.

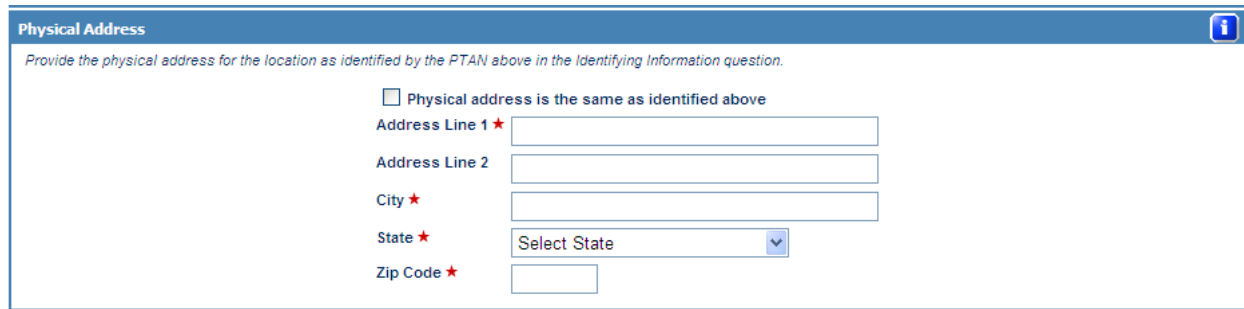
- **Legal Business Name *** field – Type legal business name.
- **Address Line 1 *** field – Type first line of address.
- **Address Line 2** field – Type second line of address.
- **City *** field – Type city name.
- **State *** drop-down list – Click the drop-down arrow and select state from the list 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.

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 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 address is the same as identified above

Address Line 1 ★

Address Line 2

City ★

State ★

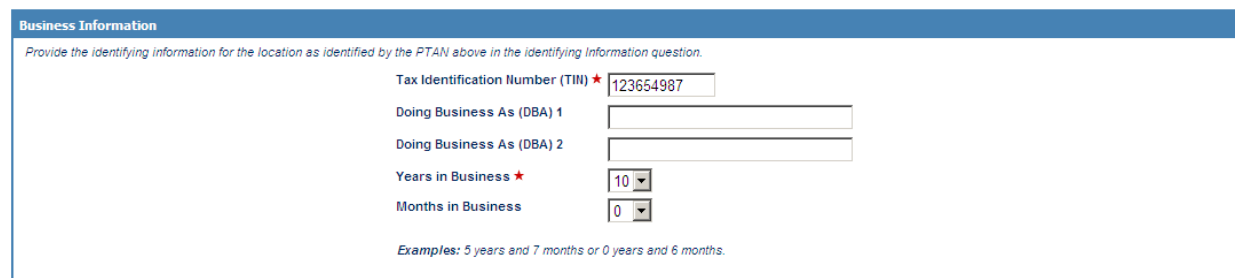
Zip Code ★

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) ★

Doing Business As (DBA) 1

Doing Business As (DBA) 2

Years in Business ★

Months in Business

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  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.

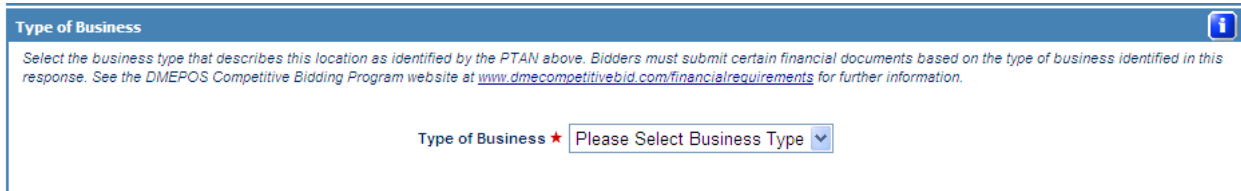


Figure 20 – Type of Business Pane

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.

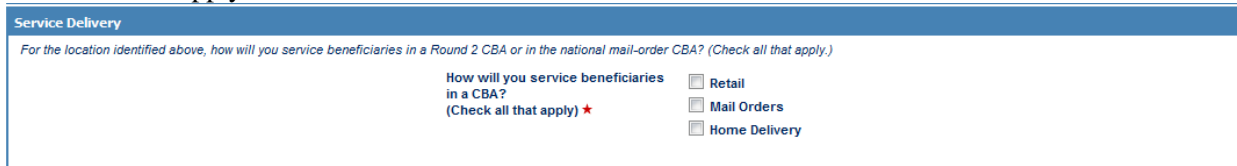


Figure 21 – Service Delivery Pane

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.



Figure 22 – Sanctions Pane

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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.

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- 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 (asdfsfd) Welcome, HEIMLICH BUGZLIFE

Form A: Location Specific Information, page 2 Print Save Back Next

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

Add Accreditation Clear

Modify/Delete Accreditation Information

To modify your accreditation information (status, 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.

Accreditation Organization	Status	Action(s)
No Accreditation(s) Saved		

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 State	Licensure Information	Action(s)
No Licensure State(s) Saved		

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Print Save Back Next

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

Click Next.

The **Form A: CBAs and Product Categories** page displays.

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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.

The screenshot shows the 'Form A: CBAs and Product Categories' page in the DBidS application. The page has a blue header with the 'CMS' logo and 'DMEPOS BIDDING SYSTEM (DBidS)'. Below the header, there's a navigation menu on the left with options like 'Status Page', 'Business Organization Types', 'Modify Form A', 'Help', and 'Logout'. The main content area is divided into two panes. The top pane, titled 'CBA and Product Category', contains a message about associating the location with specific CBA/Product Category(s) and a form with a 'CBA' dropdown menu and a 'Product Category(s)' text box. The bottom pane, titled 'CBA and Product Category List', displays a table with columns 'CBA', 'Product Categories', and 'Action(s)'. The table currently shows 'No CBA/Product Categories Saved'. The page also includes a 'Logout' button in the top right and a 'Welcome, HEIMLICH BUGZLIFE' message.

Figure 24 – Form A: CBAs and Product Categories Page

Click **Next**.

The **Form A: Summary** page displays.

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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 Name	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.

Specialty Supplier	Edit
Bidding as a specialty supplier?	No

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.

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

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

Figure 28 – Physical Address Pane

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)		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 **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
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					Edit
First Name	Last Name	Title	Telephone	E-Mail	
Jane	Doe	CEO	7455836465	JaneD@aol.com	

Figure 31 – Contact Person Pane

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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
First Name	Last Name	Title	
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	 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

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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.

Accreditation Edit				
Accreditation Organization	Product Specific Area(s)	Status	Issue Date	Expiration Date
Accreditation Commission for Healthcare, Inc	Oxygen , Standard PMDs	Accredited	12/ 2009	12/ 2011

Figure 36 – Accreditation Pane

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
FL	<div>Test licensure type text.</div>

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.

Sanctions Edit	
Does this location have any current or past legal actions, or sanctions such as debarments?	No

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	
CBA	Product Category
TEST_Cleveland-Elyria-Mentor, OH	TEST_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. The Supplier 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*.

[illegible]

Figure 40– Form A: Checklist Page

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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.

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*.

DBidS - Application - Windows Internet Explorer
https://dbids10.cms.cmsval/dbids/FormAApprovalPrint.html

CMS DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-3509843 (Whitemore Shoes) Welcome, Janet Whitmore

Navigation

- Status Page
- Business Organization Types
- Modify Form A
- Create Form B
- Help
- Logout

Today's 08/03/2011
Date: 11:53:45
Open Bid 01/18/2011
Date: 09:00:00
Close Bid 09/30/2011
Date: 23:59:59

Form A: Summary [Next](#)

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.

Form A: Summary

Date: 08/03/11 11:53:41
PTAN(s): 7309989999
Bidder 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 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	Whitemore Shoes
Address Line1	sadfasdfasdfsdf
Address Line2	

[Next](#)

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.

- Users with more than one PTAN associated with their User ID - 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.
- Users with only one bidder number - 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.
- Users with more than one bidder number - 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.

The screenshot shows the 'Select PTAN to Create Form A' page. On the left is a navigation menu with the following items: Business Organization Types, PTAN Selection (highlighted with a red arrow), Create Business Organization, Modify Business Organization, Help, and Logout. The main content area has a title 'Select PTAN to Create Form A' and a subtitle '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.' Below this is a table with two columns: 'PTAN' and 'Action(s)'. The table contains one row with the PTAN '8120500001' and a 'Select' button. At the bottom of the page is an orange status bar with the following information: Today's Date: 05/18/2010 15:53:16, Open Bid Date: 10/20/2009 15:15:00, and Close Bid Date: 08/31/2010 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.

CMS/ DMEPOS BIDDING SYSTEM (DBidS) Logout

Bidder: 20-3509843 (Whitemore Shoes) Welcome, Janet Whitmore

Navigation

- Status Page
- Business Organization Types
- Modify Form A
- Create Form B
- Select Bid
- Help
- Logout

Today's 08/03/2011
Date: 13:06:57
Open Bid 01/18/2011
Date: 09:00:00
Close Bid 09/30/2011
Date: 23:59:59

Form A: Application Status

Status	Last Modified Date	Modified By	Print	Save
Complete and Approved	08/03/2011 13:04:09	Janet Whitmore	Print	Save

Form B: Bid Status

CBA	Product Category	Status	Last Modified Date	Modified By	Print	Save
Test_Pittsburgh, PA - Non Mail-Order	Test_Enteral Nutrients, Equipment and Supplies	Pending Certification	08/03/2011 13:06:01	Janet Whitmore	Print	Save

Documentation Status

Documentation Received: No

It is the suppliers' responsibility to ensure that they have submitted the entire package of all required hardcopy documents to the Competitive Bid Implementation Contractor (CBIC). The notation above 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.

Covered Document Review Date (CDRD) Eligible

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.

CMS/ DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-3509843 (Whitemore Shoes) Welcome, Janet Whitmore Logout

Form A: Application Status

Please select the PTAN to modify.

Location	Status	Action(s)
7309989999 Whitemore Shoes	COMPLETE	Modify

Additional Locations	Status	Action(s)
889880001 asdfasd	COMPLETE	Modify
1021102374 asdfasdf	COMPLETE	Modify

Today's 08/03/2011
Date: 13:10:04
Open Bid 01/18/2011
Date: 09:00:00
Close Bid 09/30/2011
Date: 23:59:59

Figure 45 – Location Specific Information Page

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.

CMS/ DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-4099116 (asdfasdf) Welcome, Test Test

Form A: Add Location Print Back Next

All locations that conduct business within a Round 2 CBA or national mail-order CBA and provide the product category for which you are bidding must be listed below. It is important that bidders identify all locations by PTAN that will provide competitively bid items in a CBA. Only those locations entered on the bid will be identified on the contract and be eligible to receive payment for the competitively bid item(s).

If you are bidding as a network in Round 2, the primary network member should add its location on this screen. If there are members of the network with multiple locations, the primary network member should add these members' locations on the next screen. To access this screen, click "Next."

Legal Business Name	PTAN	Action(s)
asdfasdf	1001022210	Modify

Add Location Delete All Locations

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Print Back Next

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)

() -

PTAN for this location *

1027000605

Confirm PTAN for this location *

1027000605

NPI Identification Number *

5555555555

Tax Identification Number (TIN) *

4444444444

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 must 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.

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.

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

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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.

Accreditation

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.

Accreditation Organization *

Status *

Modify/Delete Accreditation Information

Modify the status, product specific area(s), issue or expiration dates. The location must be accredited for the product category for which you are bidding. You must click the Modify Accreditation button in order for this information to be saved below. The Accreditation Organization cannot be modified. You must delete entry and re-enter a new accreditation for this location.

Accreditation Organization	Status	Action(s)
Accreditation Commission for Healthcare, Inc	Accredited	<input type="button" value="Modify"/> <input type="button" value="Delete"/>

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.

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- 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

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 State	Licensure Information	Action(s)
FL	Test state	<div>Modify</div> <div>Delete</div>

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.

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)

Bidder: 20-3509843 (axsdd) Welcome, Janet Whitmore

Navigation

- Status Page
- Business Organization Types
- Modify Form A
- Help
- Logout

Today's 08/03/2011
Date: 13:27:46
Open Bid 01/18/2011
Date: 09:00:00
Close Bid 09/30/2011
Date: 23:59:59

Form A: Network Member Print Save Back Next

Required fields are marked with *

Add Network Member

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** button to complete member's location information. Only network members identified by their PTANs are eligible to be awarded a contract.

Network Member Name: * Jane Doe

Add Network Member Clear

Network Members

Network Member	Action(s)
John Doe	Modify Delete Add Location
No Locations Saved	
asdfsadf	Modify Delete Add Location
No Locations Saved	

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Print Save Back Next

Figure 53 – Form A: Network Member Panes

Click **Next**.

The **Form A: Summary** page redisplay, 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.

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.

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	1111111111				
TIN Number	333333333				

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

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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	asdfsadf	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		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.

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.

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.

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Network Member	
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.

CMS/ DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-3509843 (axsdd) Welcome, Janet Whitmore

Navigation

- Status Page
- Business Organization Types
- Modify Form A
- Help
- Logout

Today's 08/03/2011
Date: 13:27:46
Open Bid 01/18/2011
Date: 09:00:00
Close Bid 09/30/2011
Date: 23:59:59

Form A: Network Member Print Save Back Next

Required fields are marked with *

Add Network Member

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** button to complete member's location information. Only network members identified by their PTANs are eligible to be awarded a contract.

Network Member Name: * Jane Doe

Network Members

Network Member	Action(s)
John Doe	<input type="button" value="Modify"/> <input type="button" value="Delete"/> <input type="button" value="Add Location"/>
No Locations Saved	
asdfsadf	<input type="button" value="Modify"/> <input type="button" value="Delete"/> <input type="button" value="Add Location"/>
No Locations Saved	

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Print Save Back Next

Figure 63 – Form A: Network Member Panes

Click **Next**.

The **Form A: Summary** page redisplay, 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

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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.

Required fields are marked with *

TOP HCPCS Codes

The HCPCS codes listed below represent the top codes that account for approximately 80 percent of the allowed charges for this product category. Indicate the number of units that your business organization has furnished to all customers, both Medicare and non-Medicare, in this CBA during the past calendar year. In the next column, indicate the number of units provided only to Medicare beneficiaries in this CBA during the past calendar year. If your business organization has not provided the item, indicate "0" in the appropriate column. Please refer to the Bidding Information Chart titled "Estimated Capacity and Bid Amount Worksheet" at www.dmecompetitivebid.com/bic for the definition of a unit for each item.

If bidding in the national mail-order CBA, the competitive bidding 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 Medicare Beneficiaries
E1390		
E0439		
E0424		
E1391		
E0431		
E0434		

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.

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

The screenshot displays the DBidS Bidding System interface. At the top, the header includes the CMS logo and the text "DMEPOS BIDDING SYSTEM (DBidS)". Below the header, a navigation pane on the left lists various options: Status Page, Business Organization Types, Modify Form A, Create Form B, Modify Form B, Select Bid, Help, and Logout. A status box on the left indicates the current date and time, as well as the status of the bidding process (Today's Bid, Open Bid, Close Bid). The main content area is titled "Form B: Expansion" and contains a section for the "Expansion Plan". This section includes a question about the bidder's estimated capacity and a series of text input fields for providing details about the expansion plan, categorized by Staff, Finance, Facilities, Inventory Control, Distribution, and Additional Information. Each category has fields for both "Current" and "Expansion Plan" information, with character limits indicated.

Figure 67 - Expansion Plan Pane.

Perform this process if your response is Yes.

CMS/ DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-4099116 (asdfasdf) Welcome, Test Test

Form B: Expansion Print Save Back Next

Bidder #: 20-4099116
CSA: Test_Orlando-Kissimmee, FL -- Non Mail-Order
Product Category: Test_Oxygen Supplies and Equipment
PTAR(s): 1001022210

Required fields are marked with *

Expansion Plan

Is your estimated capacity, the amount you can provide for this product category in the CSA, greater than the amount you currently provide in the CSA? If yes, you must complete an expansion plan. * ☐ Yes ☐ No

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 N/A.

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 (Expansion Plan) 1000 characters left

Inventory Control (Current) 1000 characters left

Inventory Control (Expansion Plan) 1000 characters left

Distribution (Current) 1000 characters left

Distribution (Expansion Plan) 1000 characters left

Additional Information (Current) 1000 characters left

Additional Information (Expansion Plan) 1000 characters left

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.

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- **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.

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

This document contains confidential information. Disclosure is restricted. Contents shall not be used, modified, distributed (electronically or otherwise) in a manner inconsistent with the provisions applicable to this document.

- Item Description – Short narrative description of each HCPCS code. For long description go to www.dmecompetitivebid.com.
- Type of Bid (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.
- Item Weight – Indicates the relative market importance of each item to the overall product category.
- Total Estimated Capacity – 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 www.dmecompetitivebid.com for the definition of a unit for each item.
- Fee Schedule – 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.
- Bid Price – 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.

Logout

DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-4099116 (asdfasdf)
Welcome, Test Test

Navigation

- Status Page
- » Business Organization Types
- » Modify Form A
- Create Form B
- » Modify Form B
- Select Bid
- » Help
- Logout

Print Save Back Next

Form B: Bid Sheet

Bidder #: 20-4099116
CBA: Test_Orlando-Kasimjee, FL -- Non Mail-Order
Product Category: Test_Oxygen Supplies and Equipment
PTAN(s): 1001022210

You must provide your total estimated capacity along with your bid price for each HCPCS code listed for this product category.

Important Reminders:

- HCPCS** - Healthcare Common Procedure Code System. This is a standardized coding system that is used primarily to identify products, supplies, and services.
- Product Class** - A combination of codes for which a single bid is required.
- Item Description** - Short narrative description of each HCPCS code. For long description go to www.dmecompetitivebid.com.
- Type of Bid (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.
 - If "Purchase" is indicated, enter a bid amount for total purchase of the item.
 - If "Rental" is indicated, enter a bid price for one month's rental of the item.
- Item Weight** - Indicates the relative market importance of each item to the overall product category.
- Total Estimated Capacity** - 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 www.dmecompetitivebid.com/bic for the definition of a unit for each item.
- Fee Schedule** - 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.
- Bid Price** - 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.

HCPCS Code	Product Class	Item Description	Rental Or Purchase	Item Weight	Total Estimated Capacity	Fee Schedule	Bid Price
E1390	A	Test_Oxygen concentrator - BID FOR ENTIRE CLASS USING THIS CODE	Rental	0.6108082987	★ <input type="text"/>	175.79	★ <input type="text"/>
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	★ <input type="text"/>	28.77	★ <input type="text"/>
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	★ <input type="text"/>	51.63	★ <input type="text"/>
E0441	D	Test_Oxygen contents, gaseous - BID FOR ENTIRE CLASS USING THIS CODE	Rental	0.0000000000	★ <input type="text"/>	77.45	★ <input type="text"/>
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	★ <input type="text"/>	77.45	★ <input type="text"/>
E0444	E	Test_Portable 02 contents, liquid - BID FOR ENTIRE CLASS; NOT BY CODE	Rental	0.0000000000		77.45	

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Print Save Back Next

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 <http://www.medicare.gov>.

CMS DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-4099116 (asdfsdf) Welcome, Test Test

Form B: Manufacturer [Print] [Back] [Next]

Bidder #: 20-4099116
CBA: Test_Orlando-Kissimmee, FL – Non Mail-Order
Product Category: Test_Oxygen Supplies and Equipment
PTAN(s): 1001022210

Required fields are marked with *

Listed below are the top HCPCS codes, in terms of allowed charges, for this product category. Identify the manufacturer(s), model name(s) and model number(s) of all products that you plan to make available to Medicare beneficiaries in this CBA. You must provide information for each HCPCS code in order for your bid to be complete.

If you are bidding in the national mail order competition for diabetic testing supplies, national mail-order competition you must provide manufacturer and model information for the codes identified below. In order to meet the 50% rule you must complete the "50 Percent Compliance Form" located on the CBIC website identifying the products you plan to provide for HCPCS code A4253. In order for your bid to be considered, this form must be submitted to the CBIC as part of your package of hardcopy documents. This form is a requirement and failure to submit will result in disqualification of your bid.

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

HCPCS Code	Manufacturers, Model Names and Model Numbers Entered	Action(s)
E1390	0	[Add]
E0439	0	[Add]
E0424	0	[Add]
E1391	0	[Add]
E0431	0	[Add]
E0434	0	[Add]

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[Print] [Back] [Next]

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.

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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.

Manufacturer, Model Name and Model Number: E0431

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.

Manufacturer ★

Model Name ★

Model Number ★

Add Manufacturer, Model Name & Model Number **Clear**

Manufacturers, Model Names and Model Numbers

Manufacturer	Model Name	Model Number	Action(s)
Manufacturer	Model Name	Model Number	Modify Delete
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 Edit		
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
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.
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
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.
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.

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
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						
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	0.0000000000	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	0.0000000000	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

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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 Edit			
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*.

CMS DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-4099116 (asdfasdf) Welcome, Test Test

Form B: Bid [Certification Statement] Print Back Next

Bidder #: 20-4099116
CBA: Test_Orlando-Kissimmee, FL – Non Mail-Order
Product Category: Test_Oxygen Supplies and Equipment
PTAN(s): 1001022210

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 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 true, correct, and complete to the best of my knowledge, and I authorize the Competitive Bidding Implementation Contractor (CBIC) to verify this information. I also 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 I am 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 Reduction Act of 1995, no persons 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 existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Blvd., Baltimore, Maryland 21244.

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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*.

Form B: Public Address Announcement

Bidder #: 20-3509843
CBA: Test_Pittsburgh, PA -- Non Mail-Order
Product Category: Test_Enteral Nutrients, Equipment and Supplies
PTAN(s): 7309898999

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-1016

PUBLIC ADDRESS ANNOUNCEMENT FORM

Penalties for Falsifying Information on this Enrollment Application

This section explains the penalties for deliberately furnishing false information to gain enrollment in the Medicare program.

1. 18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

2. Section 1128A(a)(1) of the Social Security Act authorizes criminal penalties against any individual who, "knowingly and willfully," makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program.

The offender is subject to fines of up to \$25,000 and/or imprisonment for up to five years.

3. The Civil False Claims Act, 31 U.S.C. § 3729, imposes civil liability, in part, on any person who:

a.) knowingly presents, or causes to be presented, to an officer or any employee of the United States Government a false or fraudulent claim for payment or approval;

b.) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or

c.) conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

The Act imposes a civil penalty of \$5,000 to \$10,000 per violation, plus three times the amount of damages sustained by the Government.

4. Section 1128A(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency...a claim...that the Secretary determines is for a medical or other item or service that the person knows or should know:

a.) was not provided as claimed; and/or

b.) the claim is false or fraudulent.

This provision authorizes a civil monetary 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.

5. The government may assert common law claims such as "common law fraud," "money paid by mistake," and "unjust enrichment."

Remedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.

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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.

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*.

HCPCS Code	Total Units Provided	Units Provided to Medicare Beneficiaries
B4150	9	9
B4152	9	9

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**

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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.

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- 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*.

Form B: Select Bid

Update and Modify Bid

Select 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	<input type="button" value="Select"/> <input type="button" value="Delete"/>
TEST_Cleveland-Elyria-Mentor, OH	TEST_PMD - Complex	<input type="button" value="Select"/> <input type="button" value="Delete"/>
TEST_Cleveland-Elyria-Mentor, OH	TEST_PMD - Standard	<input type="button" value="Select"/> <input type="button" value="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.

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.

Table 2 – DBidS Error Messages


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.

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.

Table 3 – Frequently Asked Questions

Frequently Asked Questions	
Who can I contact for help?	<p>Contact the CBIC Help Desk Monday through Friday between 9 A.M. and 9 P.M. prevailing Eastern time.</p> <ul style="list-style-type: none"> • Phone: 1-877-577-5331 • Email cbic.admin@palmettogba.com (Do not e-mail technical questions or problems. Please call the Customer Service Center for assistance.) <p>Click  to access application help.</p>
How do I ensure that information I've entered is saved before I move to the next page?	Click the Next , Back , or Save button to save any additions or changes made to the current page.
Why can't I access the Approval pages for Form A?	Only the AO and BAO have the privileges necessary to access these pages.
Why can't I access the Certification pages for Form B?	Only the AO and BAO have the privileges necessary to access these pages.

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.
BAO	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.
CM	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.

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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 www.dmecompetitivebid.com .
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.

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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.

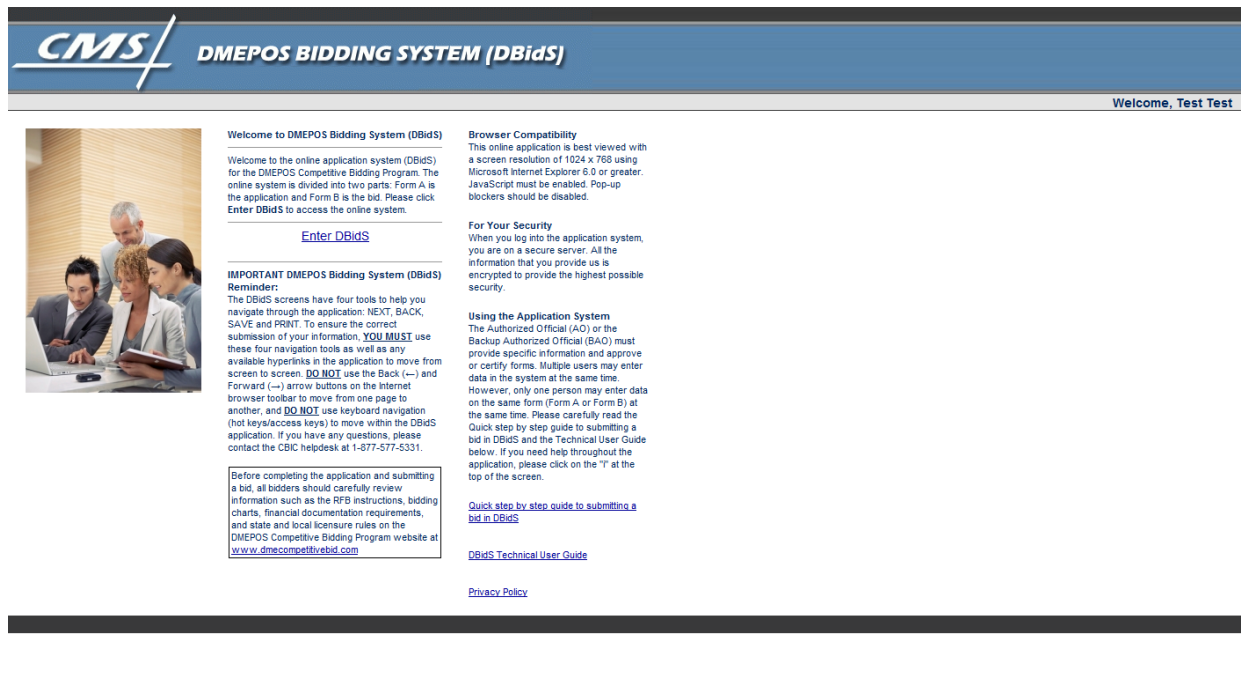


Figure 83 – DBidS Welcome

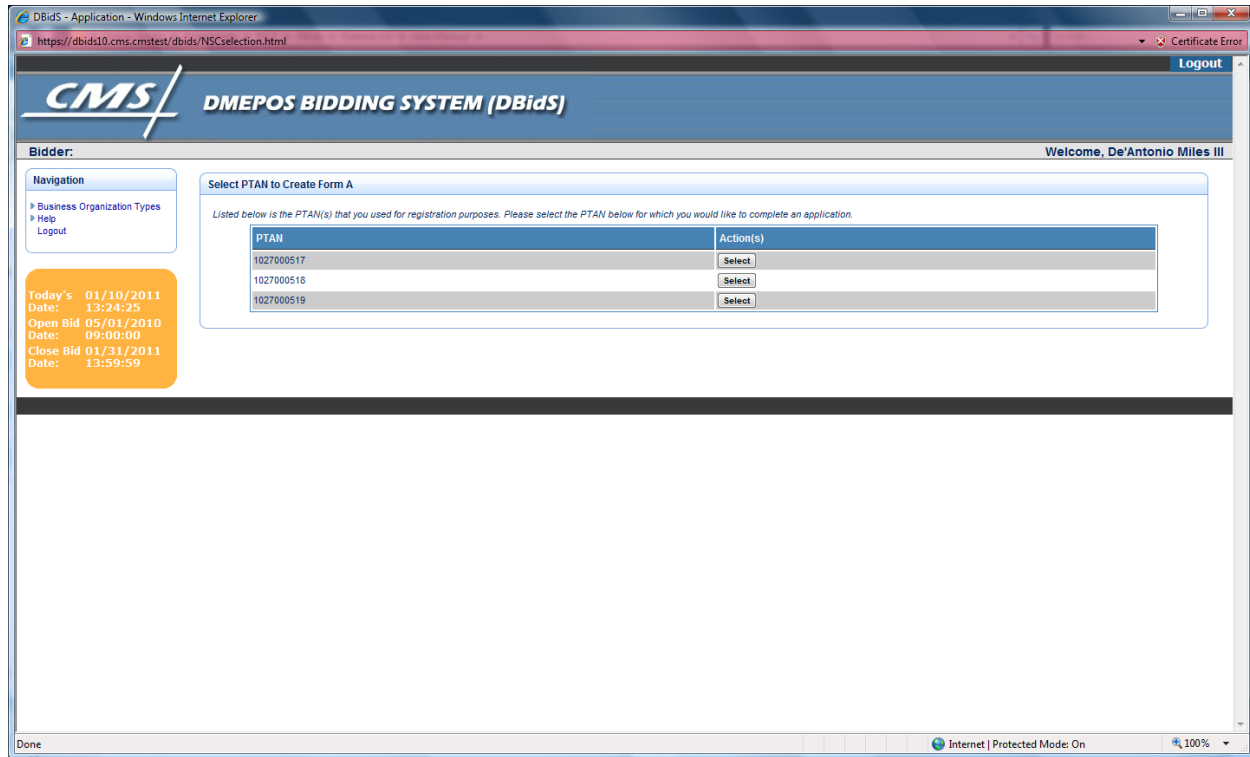



Figure 84 – DBidS: Select PTAN to Create Form A (Organization with Multiple Locations)



DMEPOS BIDDING SYSTEM (DBids)

Welcome, Ben Teen

Navigation

Business Organization Types
Help
Logout

Today's Date: 11/15/2011 14:54:57
Open Bid Date: 01/18/2011 09:00:00
Close Bid Date: 12/31/2011 13:59:59

Form A: Business Organization Information

Print Save Next

Business Organization Information is required for each supplier type (supplier single location, supplier multiple locations, or network supplier).

You must complete all required fields. Required fields are marked with *

Business Organization Information

Indicate how your business organization will be bidding (choose only one).

Legal Business Name *

Supplier Bidding Type *

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? *

☐ Yes ☒ No ☐ N/A*

Licenses

The bidder is responsible for having a copy of the applicable state license(s) on file in the Provider Enrollment Change and Ownership System (PECOS) and with the National Supplier Clearinghouse (NSC) before they submit a bid. Bids will be disqualified if a bidder does not meet all state licensure requirements for the applicable product category and for every state in a CBA. Every supplier location is responsible for having all applicable license(s) for each state in which it provides services. For a multi-state CBA the bidder must collectively have all applicable license(s) for every state in the CBA. Each location is not required to have licenses for every state in the CBA as long as each state has a bidding location licensed for the product category. For the National mail-order competition, 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. The supplier must have all applicable licenses needed to provide mail-order diabetic testing supplies throughout the entire CBA. Please use the drop-down box to identify each state in which you have a license to provide diabetic testing supplies and then indicate the type of license that you have for each of those states.

See the [CBA website](#) for a listing of CBAs.

Do the locations included on your bid comply with the licensure requirements for the CBA/Product Category? *

☒ Yes ☐ No ☐ N/A*

* 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 CBA website to verify licensure requirements.

Contact Person

Provide the name(s) of the person(s) who should be contacted to answer questions regarding the business or network organization. You must click the **Add Contact Person** button in order for this information to be saved below. You may enter more than one Contact Person. (maximum 5). Once 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 Number * -

Modify/Delete Contact Person(s)

Modify or delete the contact person's information.

First Name	Last Name	Title	Action(s)
TEST	TEST	TEST	<input type="button" value="Modify"/> <input type="button" value="Delete"/>

Authorized Official or Key Personnel

Provide the name(s) and title(s) of authorized official(s) or key personnel for the business organization or network. You must click the **Add Authorized Official or Key Personnel** button in order for this information to be saved below. Once you have entered the names of your authorized official or key personnel scroll down to verify that the names were entered correctly.

First Name *

Last Name *

Title *

Modify/Delete Authorized Official / Key Personnel Information

Modify or delete the authorized official or key personnel information.

First Name	Last Name	Title	Action(s)
TEST	TEST	TEST	<input type="button" value="Modify"/> <input type="button" value="Delete"/>

Competitive Bidding Area (CBA) and Product Category

For Round 2 select all of the CBA(s) and product category(ies) 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(ies) 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(ies) 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(ies) associated with each of your locations.

Note: Networks are excluded from bidding in the national mail-order competition.

CBAs *

Product Categories *

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)
Test_Pittsburgh, PA -- Non N/A/Order	Test_Oxygen Supplies and Equipment	<input type="button" value="Delete"/>
Test_Pittsburgh, PA -- Non	Test_Standard Power Wheelchairs, Scooters, and	<input type="button" value="Delete"/>

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Print Save Next

Figure 85 - DBidS: Form A: Business Organization Information

This document contains confidential information. Disclosure is restricted. Contents shall not be used, modified, distributed (electronically or otherwise) in a manner inconsistent with the provisions applicable to this document.

DMEPOS BIDDING SYSTEM (DBidS)

Logout

Bidder: 20-2842067 (Test Test)
Welcome, HEIMLICH BUGZLIFE

Navigation

- [Status Page](#)
- [Business Organization Types](#)
- [Modify Form A](#)
- [Create Form B](#)
- [Select Bid](#)
- [Help](#)
- [Logout](#)

Form A: Location Specific Information
Print Save Next

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 *

Identifying Information

Provide the legal business name and mailing address for the business organization identified by the PTAN below.

Legal Business Name *

Address Line 1 *

Address Line 2 *

City *

State *

Zip Code *

E-Mail *

Telephone Number *

Toll Free Number (if available)

PTAN for this location *

NPI Identification Number *

Physical Address

Provide the physical address for the location as identified by the PTAN above in the Identifying Information question.

☒ Physical address is the same as identified above

Address Line 1 *

Address Line 2 *

City *

State *

Zip Code *

Business Information

Provide the identifying information for the location as identified by the PTAN above in the identifying information question.

Tax Identification Number (TIN) *

Doing Business As (DBA) 1

Doing Business As (DBA) 2

Years in Business *

Months in Business

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 PTAN 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 www.dmecompetitivebid.com/financialrequirements for further information.

Type of Business *

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

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 (5) years.


Does this location have any current or past legal actions, or sanctions such as debarments? *

☐ Yes ☒ No

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Print Save Next

Figure 86 – DBidS Form A: Location Specific Information



DMEPOS BIDDING SYSTEM (DBidS)

Logout

Bidder: 20-4099116 (asdfasdt)
Welcome, Test Test

Navigation

- Status Page
- Business Organization Types
- Modify Form A
- Create Form B
- Select Bid
- Help
- Logout

Today's 10/14/2011
Date: 10:42:07
Open Bid 01/18/2011
Date: 09:00:00
Close Bid 12/31/2011
Date: 13:59:59

Form A: Location Specific Information, page 2 Print Save Back Next

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 *

Status *

Select Accreditation Organization

Select Accreditation Status

Add Accreditation Clear

Modify/Delete Accreditation Information

To modify your accreditation information (status, 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.

Accreditation Organization	Status	Action(s)
Accreditation Commission for Healthcare, Inc	Accredited	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 State	Licensure Information	Action(s)
FL	fasdaadffds	Modify Delete

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Print Save Back Next

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

Form A: CBAs and Product Categories

Required fields are marked with *

CBA and Product Category

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. 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.

CBA *

Product Category(s)

CBA and Product Category List

Displayed below is a summary of the CBA(s) and product category(s) in which this location is bidding. Please review for accuracy.

CBA	Product Categories	Action(s)
Test_Orlando-Kissimmee, FL -- Non Mail-Order	Test_Oxygen Supplies and Equipment	<input type="button" value="Delete"/>

This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.

Figure 88 – DBidS Form A: CBA and Product Categories

Form A: Add Location


All locations that conduct business within a Round 2 CBA or national mail-order CBA and provide the product category for which you are bidding must be listed below. It is important that bidders identify all locations by PTAN that will provide competitively bid items in a CBA. Only those locations entered on the bid will be identified on the contract and be eligible to receive payment for the competitively bid item(s).

If you are bidding as a network in Round 2, the primary network member should add its location on this screen. If there are members of the network with multiple locations, the primary network member should add these members' locations on the next screen. To access this screen, click "Next."

Legal Business Name	PTAN	Action(s)
asdfasdf	1001022210	<input type="button" value="Modify"/>

This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.

Figure 89 – DBidS Form A: Add Location


DMEPOS BIDDING SYSTEM (DBidS)

[Logout](#)

Bidder: 20-9489203 (asdf)
Welcome, DOT BUGZLIFE

Navigation

- Status Page
- Business Organization Types
- Modify Form A
- Help
- Logout

Today's 08/15/2011
Date: 12:42:36
Open Bid 01/10/2011
Date: 09:00:00
Close Bid 09/30/2011
Date: 23:59:59

Form A: Additional Locations Print Save Back Next

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 *

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 * asdfasdf

Address Line 1 * sadfsadf

Address Line 2

City * asdfasdf

State * Minnesota

Zip Code * 54564

E-Mail * sdasfasdf@aol.com

Telephone Number * (654) 654 - 6546

Toll Free Number (if available)

PTAN for this location * 9898880001

Confirm PTAN for this location * 9898880001

NPI Identification Number * 6546546546

Tax Identification Number (TIN) * 564654645

Physical Address

Provide the physical address for the location as identified by the PTAN above in the Identifying Information question.

☒ Physical address is the same as identified above

Address Line 1 * sadfsadf

Address Line 2

City * asdfasdf

State * Minnesota

Zip Code * 54564

Business Information

Provide the length of time in business for this location as identified by the PTAN above.

Years in Business * 10

Months in Business 0

Examples: 5 years and 7 months or 0 years and 6 months.

Doing Business As (DBA)

Accreditation Information

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.

Accreditation Organization * Select Accreditation Organization

Status * Select Accreditation Status

Add Accreditation Clear

Modify/Delete Accreditation Information

Modify the status, product specific area(s), issue or expiration dates. The location must be accredited for the product category for which you are bidding. You must click the Modify Accreditation button in order for this information to be saved below. The Accreditation Organization cannot be modified. You must delete entry and re-enter a new accreditation for this location.

Accreditation Organization	Status	Action(s)
Accreditation Commission for Healthcare, Inc	Accredited	Modify Delete

Licensure

Select the state or states in the CBA for which you have a license to furnish the durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) for which you are bidding. (Select all that apply.)

State * Select State

Add Licensure Clear

Modify/Delete Licensure Information

Modify the licensure information for selected states. You must click the Modify Licensure button in order for this information to be saved below.

Licensure State	Licensure Text	Action(s)
FL	dEgqdadEg	Modify Delete
NC	asdfasdf	Modify Delete
SC	asdfasdf	Modify Delete

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 (5) years.

Does this location have any current or past legal actions, or sanctions such as debarments? * ☐ Yes ☒ No

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Print Save Back Next

Figure 90- DBidS Form A: Additional Locations

This document contains confidential information. Disclosure is restricted. Contents shall not be used, modified, distributed (electronically or otherwise) in a manner inconsistent with the provisions applicable to this document.

DMEPOS BIDDING SYSTEM (DBidS)

Logout

Bidder: 20-8489203 (asdf)
Welcome, DOT BUGZLIFE

Navigation

[Status Page](#)

[Business Organization Types](#)

[Modify Form A](#)

[Help](#)

[Logout](#)

Form A: CBAs and Product Categories Print Save Back Next

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** button in order for this information to be saved below.

CBA *

Product Category(s)

Test_Charlotte-Gastonia-Concord, NC-SC -- Non Mail-Order

☒ Test_Oxygen Supplies and Equipment

☒ Test_Standard Power Wheelchairs, Scooters, and Related Accessories

☒ Test_Complex Rehabilitative Power Wheelchairs and Related Accessories (Group 2)

☒ Test_Enteral Nutrients, Equipment and Supplies

☐ Test_CPAP Devices, Respiratory Assist Devices, and Related Supplies and Accessories

☐ Test_Hospital Beds and Related Accessories

☐ Test_Walkers and Related Accessories

☐ Test_Support Surfaces (Group 2 mattresses and overlays) in Miami

☐ Test_Hospital Beds and Related Accessories_11

☐ Test_Hospital Beds and Related Accessories_12

☐ Test_Hospital Beds and Related Accessories_13

☐ Test_Hospital Beds and Related Accessories_14

☐ Test_Hospital Beds and Related Accessories_15

☐ Test_Hospital Beds and Related Accessories_16

☐ Test_Hospital Beds and Related Accessories_17

☐ Test_Hospital Beds and Related Accessories_18

CBA 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 Mail-Order	Test_Oxygen Supplies and Equipment	<input type="button" value="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 Back Next

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

DBidS - Network Member - Windows Internet Explorer provided by Eadaptive Systems

https://dbids10.cms.cmsval/dbids/FormANetworkMember.html?prevLocationId=2

Certificate error

Logout

CMS DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-9489203 (fdsfasdf) Welcome, DOT BUGZLIFE

Navigation

- Status Page
- Business Organization Types
- Modify Form A
- Help
- Logout

Today's 08/15/2011
Date: 12:47:07
Open Bid 01/18/2011
Date: 09:00:00
Close Bid 09/30/2011
Date: 23:59:59

Form A: Network Member Print Save Back Next

Required fields are marked with *

Add Network Member

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** button to complete member's location information. Only network members identified by their PTANs are eligible to be awarded a contract.

Network Member Name: *

Add Network Member Clear

Network Members


Network Member	Action(s)
werwadsf	Modify Delete Add 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 92-- DBidS Form A: Add Network Member


DMEPOS BIDDING SYSTEM (DBidS)

Logout

Bidder: 20-4099116 (asdfsdf)
Welcome, Test Test

Navigation

- Status Page
- Business Organization Types
- Modify Form A
- Help
- Logout

Today's 10/14/2011
Date: 10:46:53
Open Bid 01/18/2011
Date: 09:00:00
Close Bid 12/31/2011
Date: 13:59:59

Form A: Summary

[Print](#)
[Print All Locations](#)
[Back](#)
[Next](#)

Date: 10/14/2011 10:46:45
PTAN(s): 1001022210
Bidder Number: 20-4099116
Supplier Type: TestSingleLocationBidder
Bidder Status: Pending Approval

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. You may modify your information or add a new location. If you do not wish to make any changes or add another location, select NEXT. Only locations identified by the PTAN 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. To make any changes, click EDIT.

Identifying Information				
Legal Business Name		asdfsdf		
Address Line 1		asdfsdf		Address Line 2
City	asdfsdf	State	FL	Zip Code
Telephone Number (xxx) xxx-xxxx	(546) 654-5646	Toll Free Number(if available) (xxx) xxx-xxxx		
Email Address	asdfsdf@aol.com			
PTAN for this location	1001022210	NPI Identification Number	5465465456	

Specialty Supplier	
Bidding as a specialty supplier?	No

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

Physical Address	
Address Line 1	asdfsdf
City	asdfsdf
Address Line 2	asdfsdf
State	FL
Zip Code	45645

Tax Identification Number (TIN)	
Tax Identification Number	564654654

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

Contact Person				
First Name	asdfsdf	Last Name	asdfsdf	Title
		Telephone	546546545	
		E-Mail	asdfsdf@aol.com	

Authorized Official or Key Personnel		
First Name	asdfsdf	Last Name
		Title

Type of Business	
Type Of Business	Test Sole Proprietorship

Service Delivery	
Service Delivery Type(s)	Retail Mail Orders Home Delivery

Years in Business/Months in Business	
Years supplying DMEPOS items	5
Months supplying DMEPOS items	0

Accreditation				
Accreditation Organization	Product Specific Area(s)	Status	Issue Date	Expiration Date
Accreditation Commission for Healthcare, Inc	Test_Oxygen Supplies and Equipment	Accredited	05/2005	06/2012

Licensure	
Licensure State	Licensure Information
FL	asdfsdf

Sanctions	
Does this location have any current or past legal actions, or sanctions such as debarments?	No

CBA and Product Category	
CBA	Product Category
Test_Oriando-Kissimmee, FL - Non Mail-Order	Test_Oxygen Supplies and Equipment

Additional Locations/Network Members/Network Members Additional Locations

Select the PTAN below to review the information for this location.

** Access to Supplier Checklist and Approval screens are restricted to only Authorized Officials and Backup Authorized Officials.

This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.

[Print](#)
[Print All Locations](#)
[Back](#)
[Next](#)

Figure 93--DBidS Form A: Summary

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

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CMS/ DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-4099116 (asdfasdf) Welcome, Test Test

Form A: Approval [Print] [Back] [Next]

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 *

Last Name *

User ID *

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.

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[Print] [Back] [Next]

Figure 95-- DBidS Form A: Approval *Displayed only to AOs and BAOs

Bidder: 20-1622875 (TEST) Welcome, Ben Teen

Form A: Approval [Print] [Back] [Next]

Required fields are marked with *

Approval

The Authorized Official (AO) or back-up Authorized Official (BAO) must approve Form A before you can proceed to Form B. The User ID is assigned during registration.

First Name *

Message from webpage

⚠ Please note that all of the Form A required fields have been completed and the AO or BAO must approve Form A before you can proceed to Form B. Any modifications to any of the information on Form A will require the AO or BAO to reapprove Form A.

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

DBidS - Application - Windows Internet Explorer provided by Edaptive Systems

https://dbids10.cms.cmsval/dbids/FormApprovalPrint.html

CMS/ DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-9489203 (asdf) Welcome, DOT BUGZLIFE

Form A: Summary

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.

Form A: Summary

Date: 08/15/11 01:05:39
PTAN(s): 1101270001
Bidder Number: 20-9489203
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
Address Line1	asdf
Address Line2	

Figure 97– DBidS Form A: Summary pdf

DBidS - Status Page - Windows Internet Explorer provided by Edaptive Systems

https://dbids10.cms.cmsval/dbids/Homepage.html

CMS/ DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-9489203 (asdf) Welcome, DOT BUGZLIFE

Form A: Application Status

Status	Last Modified Date	Modified By		
Complete and Approved	08/15/2011 13:05:39	DOT BUGZLIFE	Print	Save

Form B: Bid Status

CBA	Product Category	Status	Last Modified Date	Modified By		
No bids found						

Documentation Status

Documentation Received: No

It is the suppliers' responsibility to ensure that they have submitted the entire package of all required hardcopy documents to the Competitive Bid Implementation Contractor (CBIC). The notation above 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.

Covered Document Review Date (CDRD) Eligible

CDRD Eligible: No

Figure 98– DBidS: Status

CMS/ DMEPOS BIDDING SYSTEM (DBidS) Logout

Bidder: 20-4098116 (asdfasdf) Welcome, Test Test

Navigation

- Status Page
- Business Organization Types
- Modify Form A
- Create Form B
- Select Bid
- Help
- Logout

Today's 10/14/2011
Date: 10:50:53
Open Bid 01/18/2011
Date: 09:00:00
Close Bid 12/31/2011
Date: 13:59:59

Form B: Create Bid Print Next

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. You must click the Select button in order for the product category to be displayed below.

CBA * Select the CBA Select

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
Test_Orlando-Kissimmee, FL -- Non Mail-Order	Test_Oxygen Supplies and Equipment

This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.

Print Next

Figure 99– DBidS Form B: Create Bid

DMEPOS BIDDING SYSTEM (DBidS)

Logout

Bidder: 20-4099116 (asdfasdf)
Welcome, Test Test

Navigation
[Status Page](#)
[Business Organization Types](#)
[Modify Form A](#)
[Create Form B](#)
[Modify Form B](#)
[Select Bid](#)
[Help](#)
[Logout](#)

Form B: Furnished Items
Print Save Next

Bidder #: 20-4099116
CBA: Test_Orlando-Kissimmee, FL -- Non Mail-Order
Product Category: Test_Oxygen Supplies and Equipment
PTAN(s): 1001022210

Required fields are marked with *

TOP HCPCS Codes
i

The HCPCS codes listed below represent the top codes that account for approximately 80 percent of the allowed charges for this product category. Indicate the number of units that your business organization has furnished to all customers, both Medicare and non-Medicare, in this CBA during the past calendar year. In the next column, indicate the number of units provided only to Medicare beneficiaries in this CBA during the past calendar year. If your business organization has not provided the item, indicate "0" in the appropriate column. Please refer to the Bidding Information Chart titled "Estimated Capacity and Bid Amount Worksheet" at www.dmecompetitivebid.com/bic for the definition of a unit for each item.

If bidding in the national mail-order CBA, the competitive bidding 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 Medicare Beneficiaries
E1390	9	9
E0439	9	9
E0424	9	9
E1391	9	9
E0431	9	9
E0434	9	9

TOP HCPCS Codes
i

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. *

%

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 Next

Figure 100– DBidS Form B: Furnished Items

CMS/ DMEPOS BIDDING SYSTEM (DBidS)
Logout

Bidder: 20-4099116 (asdfasdf)
Welcome, Test Test

Navigation

- Status Page
- Business Organization Types
- Modify Form A
- Create Form B
- Modify Form B
- Select Bid
- Help
- Logout

Form B: Expansion
Print Save Back Next

Bidder #: 20-4099116
CBA: Test_Oriando-Kissimmee, FL -- Non Mail-Order
Product Category: Test_Oxygen Supplies and Equipment
PTAN(s): 1001022210

Required fields are marked with *

Expansion Plan

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. Yes No

No

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 N/A.

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 (Expansion Plan) 1000 characters left

Inventory Control (Current) 1000 characters left

Inventory Control (Expansion Plan) 1000 characters left

Distribution (Current) 1000 characters left

Distribution (Expansion Plan) 1000 characters left

Additional Information (Current) 1000 characters left

Additional Information (Expansion Plan) 1000 characters left

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 "i" above for specific requirements.

Do you plan to use subcontractor(s)? Yes No

Select one or more of the following functions that the subcontractor will perform:

- ☐ Delivery of Medicare-covered item only
- ☐ Set-up and/or instruction on use of Medicare-covered item
- ☐ Repair of rented equipment only
- ☐ Purchase of inventory

Any time the subcontractor sets up and/or instructs, he/she must be accredited

If you clicked "Yes" above, you must provide a copy(s) of the signed letter of intent to enter into an agreement with each subcontractor that includes the following:

- Parties Involved
- Functions/services to be performed
- Anticipated length of agreement
- Signature of an Authorized Official for each party
- Include language obligating subcontractor to abide by state and federal privacy, security and licensure requirements

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Print Save Back Next

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

This document contains confidential information. Disclosure is restricted. Contents shall not be used, modified, distributed (electronically or otherwise) in a manner inconsistent with the provisions applicable to this document.

CMS
DMEPOS BIDDING SYSTEM (DBidS)
Logout

Bidder: 20-4099116 (asdfasdf)
Welcome, Test Test

Navigation

- Status Page
- Business Organization Types
- Modify Form A
- Create Form B
- Modify Form B
- Select Bid
- Help
- Logout

Form B: Bid Sheet
Print Save Back Next

Bidder #: 20-4099116
CBA: Test, Orlando-Kassimie, FL -- Non Mail-Order
Product Category: Test_Oxygen Supplies and Equipment
PTAN(s): 1001022210

You must provide your total estimated capacity along with your bid price for each HCPCS code listed for this product category.

Important Reminders:

- HCPCS:** Healthcare Common Procedure Code System. This is a standardized coding system that is used primarily to identify products, supplies, and services.
- Product Class:** A combination of codes for which a single bid is required.
- Item Description:** Short narrative description of each HCPCS code. For long description go to www.dmecompetitivebid.com.
- Type of Bid (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.

- Item Weight:** Indicates the relative market importance of each item to the overall product category.
- Total Estimated Capacity:** 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 www.dmecompetitivebid.com/bic for the definition of a unit for each item.
- Fee Schedule:** 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.
- Bid Price:** 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.

HCPCS Code	Product Class	Item Description	Rental Or Purchase	Item Weight	Total Estimated Capacity	Fee Schedule	Bid 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 O2 - BID FOR ENTIRE CLASS; NOT BY CODE	Rental	0.0000000000		175.79	
E0424	A	Test_Stationary compressed gas O2 - 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 O2 - BID FOR ENTIRE CLASS USING THIS CODE	Rental	0.3602632991	★ 5	28.77	★ 5.00
E0434	B	Test_Portable liquid O2 - 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 O2 contents, gas - BID FOR ENTIRE CLASS USING THIS CODE	Rental	0.0001998807	★ 5	77.45	★ 5.00
E0444	E	Test_Portable O2 contents, liquid - BID FOR ENTIRE CLASS; NOT BY CODE	Rental	0.0000000000		77.45	

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Figure 102– DBidS Form B: Bid Sheet

This document contains confidential information. Disclosure is restricted. Contents shall not be used, modified, distributed (electronically or otherwise) in a manner inconsistent with the provisions applicable to this document.

CMS/ DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-4099116 (asdfasdf) Welcome, Test Test

Form B: Manufacturer Print Back Next

Bidder #: 20-4099116
CBA: Test_Orlando-Kissimmee, FL -- Non Mail-Order
Product Category: Test_Oxygen Supplies and Equipment
PTAN(s): 1001022210

Required fields are marked with *

Listed below are the top HCPCS codes, in terms of allowed charges, for this product category. Identify the manufacturer(s), model name(s) and model number(s) of all products that you plan to make available to Medicare beneficiaries in this CBA. You must provide information for each HCPCS code in order for your bid to be complete.

If you are bidding in the national mail order competition for diabetic testing supplies, national mail-order competition you must provide manufacturer and model information for the codes identified below. In order to meet the 50% rule you must complete the "50 Percent Compliance Form" located on the CBIC website identifying the products you plan to provide for HCPCS code A4253. In order for your bid to be considered, this form must be submitted to the CBIC as part of your package of hardcopy documents. This form is a requirement and failure to submit will result in disqualification of your bid.

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

HCPCS Code	Manufacturers, Model Names and Model Numbers Entered	Action(s)
E1390	1	Add
E0439	1	Add
E0424	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.

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Figure 103– DBidS Form B: Manufacturer with top HCPCS

CMS/ DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-4099116 (asdfasdf) Welcome, Test Test

Form B: Manufacturer, Model Name and Number Print Save Back

Bidder #: 20-4099116
CBA: Test_Orlando-Kissimmee, FL -- Non Mail-Order
Product Category: Test_Oxygen Supplies and Equipment
PTAN(s): 1001022210

Required fields are marked with *

Manufacturer, Model Name and Model Number: E1390

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.

Manufacturer *
Model Name *
Model Number *

Add Manufacturer, Model Name & Model Number Clear

Manufacturers, Model Names and Model Numbers

Manufacturer	Model Name	Model Number	Action(s)
asdfasdf	asdfasdf	asdfasdf	Modify Delete
Delete All			

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

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

Logout

DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-4099116 (asdfsdf)
Welcome, Test Test

Navigation

- Status Page
- Business Organization Types
- Modify Form A
- Create Form B
- Modify Form B
- Select Bid
- Help
- Logout

Form B: Summary
Print Back Next

Bidder #: 20-4099116
CBA: Test_Orlando-Kissimmee, FL -- Non Mail-Order
Product Category: Test_Oxygen Supplies and Equipment
PTAN(s): 1001022210
Bid Status: Pending Certification

Displayed below is a summary of Form B. Please carefully review for accuracy. You may make changes by selecting Edit.

Top HCPCS Codes
Edit

HCPCS Code	Total Units Provided	Units Provided to Medicare Beneficiaries
E1390	9	9
E0439	9	9
E0424	9	9
E1391	9	9
E0431	9	9
E0434	9	9

Top HCPCS Codes
Edit

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.

9%

Expansion Plan
Edit

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.

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.

Subcontractor Information
Edit

Do you plan to use subcontractor(s)? No

Bid Sheet
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 O2 - BID FOR ENTIRE CLASS; NOT BY CODE	Rental	0.0000000000	5	\$175.79	\$5.00
E0424	Test_Stationary compressed gas O2 - 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 O2 - BID FOR ENTIRE CLASS USING THIS CODE	Rental	0.3602632991	5	\$28.77	\$5.00
E0434	Test_Portable liquid O2 - BID FOR ENTIRE CLASS; NOT BY CODE	Rental	0.0000000000	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	0.0000000000	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 O2 contents, gas - BID FOR ENTIRE CLASS USING THIS CODE	Rental	0.0001998807	5	\$77.45	\$5.00
E0444	Test_Portable O2 contents, liquid - BID FOR ENTIRE CLASS; NOT BY CODE	Rental	0.0000000000	5	\$77.45	\$5.00

Top HCPCS Manufacturer, Model Name and Model Number
Edit

HCPCS Code	Manufacturer	Model Name	Model Number
E1390	asdfsadf	asdfsadf	asdfsdfa
E0439	asdfsadf	asdfsadf	afdsf
E0424	asdfsadf	asdfsadf	asdfsadf
E1391	asdfsadf	asdfsadf	asdfsadf
E0431	asdfsadf	asdfsadf	asdfsadf
E0434	asdfsadf	asdfsadf	asdfsdfa

*** Access to Certification Statement, Public Address Announcement and Certify screens are restricted to only Authorized Officials and Backup Authorized Officials.
This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.

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Figure 105– DBidS Form B: Summary

CMS/ DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-4099116 (asdfasdf) Welcome, Test Test Logout

Form B: Bid [Certification Statement] Print Back Next

Bidder #: 20-4099116
CBA: Test_Oriando-Kissimmee, FL -- Non Mail-Order
Product Category: Test_Oxygen Supplies and Equipment
PTAN(s): 1001022210

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 statements and I certify that they are true, correct, and complete statements that can be substantiated from my 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 true, correct, and complete to the best of my knowledge, and I authorize the Competitive Bidding Implementation Contractor (CBIC) to verify this information. I also 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 I am 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 Reduction Act of 1995, no persons 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 existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, Attn: PRA Reports Clearance Officer, 7500 Security Blvd, Baltimore, 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.

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Figure 106– DBidS Form B: Certification Statement *Displayed only to AOs and BAOs

CMS/ DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-4099116 (asdfasdf) Welcome, Test Test Logout

Form B: Public Address Announcement Print Back Next

Bidder #: 20-4099116
CBA: Test_Oriando-Kissimmee, FL -- Non Mail-Order
Product Category: Test_Oxygen Supplies and Equipment
PTAN(s): 1001022210

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-1016

PUBLIC ADDRESS ANNOUNCEMENT FORM

Penalties for Falsifying Information on this Enrollment Application

This section explains the penalties for deliberately furnishing false information to gain enrollment in the Medicare program.

- 18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 (18 U.S.C. § 3571). Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.
- Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against any individual who, "knowingly and willfully," makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program.
- The offender is subject to fines of up to \$25,000 and/or imprisonment for up to five years.
- The Civil False Claims Act, 31 U.S.C. § 3729, imposes civil liability, in part, on any person who:
 - a.) knowingly presents, or causes to be presented, to an officer or any employee of the United States Government a false or fraudulent claim for payment or approval;
 - b.) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or
 - c.) conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.
- The Act imposes a civil penalty of \$5,000 to \$10,000 per violation, plus three times the amount of damages sustained by the Government.
- Section 1128A(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency...a claim...that the Secretary determines is for a medical or other item or service that the person knows or should know:
 - a.) was not provided as claimed; and/or
 - b.) the claim is false or fraudulent.

This provision authorizes a civil monetary 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.

5. The government may assert common law claims such as "common law fraud," "money paid by mistake," and "unjust enrichment." Remedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.

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Print Back Next

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

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

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

CMS/ DMEPOS BIDDING SYSTEM (DBidS) Logout

Bidder: 20-3509843 (Whitemore Shoes) Welcome, Janet Whitmore

Navigation

- Status Page
- Business Organization Types
- Modify Form A
- Create Form B
- Modify Form B
- Select Bid
- Help
- Logout

Today's 08/03/2011
Date: 13:46:09
Open Bid 01/18/2011
Date: 09:00:00
Close Bid 09/30/2011
Date: 23:59:59

Form B: Summary Next

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.

Form B: Summary

Bidder: 20-3509843

CBA: Test_Pittsburgh, PA -- Non Mail-Order

Product Category: Test_Enteral Nutrients, Equipment and Supplies

PTAN(s): 7309989999

Bid Status: Complete and Certified

Bidder Network Name:

Displayed below is a summary of Form B. Please carefully review for accuracy.

Top HCPCS Codes

HCPCS Code	Total Units Provided	Units Provided to Medicare Beneficiaries
B4150	9	9
B4152	9	9

Next

Figure 110– DBidS Form B: Summary pdf