

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

**Round 1 2017**

# DBidS User Guide

# Contents

Introduction.....	3
Tips .....	4
Getting Started.....	7
Form A.....	9
Business Organization Information.....	10
Primary Location Specific Information.....	18
Form A: Single Location .....	22
Form A: Multiple Locations.....	25
Form A: Networks .....	29
Form A: All Bidding Types .....	34
Form B.....	38
Form B: Create Bid .....	39
Form A and B Status.....	47
International Keyboard & Alt Control Instructions.....	48

# Introduction

The following guide provides step-by-step instructions for entering or modifying a bid using the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Bidding System (DBidS). **Before completing the application and submitting a bid, all bidders should carefully review information such as the Request for Bids (RFB) instructions, bid preparation worksheets, financial documentation requirements, state licensure rules and other important information about the program on the Competitive Bidding Implementation Contractor (CBIC) website, [www.dmecompetitivebid.com](http://www.dmecompetitivebid.com).**

This guide numbers the screens and sections in DBidS. The screens and sections in the DBidS application are not numbered.

# Tips

After keying information into any screen in DBidS, it is always a good idea to save your entry by clicking **Save**. Do NOT press the enter key on your computer keyboard. This may cause the screen to reset and your information to be lost. Make sure you use the **Save**, **Back**, or **Next** buttons to navigate in DBidS.

Do **NOT** click on the **X** in the upper right corner to exit DBidS as this will cause your DBidS account to lock. Instead, click **Logout** located in the left navigation menu or in the upper right corner of the DBidS screen.

DBidS will time out after 30 minutes of inactivity. A warning message will appear after 25 minutes of inactivity. If you do not click **Refresh my Session** within five minutes, you will be logged out of DBidS and will lose any unsaved data. If DBidS times out, you must completely close all browser windows and open a new browser window to log back into DBidS. Simply inputting information on a screen will not keep you in an active status. To remain active in DBidS, you must click **Save** every 25 minutes or click **Next** to proceed to the next screen. Error messages will display at the top of the screen in *red*. Please read the messages carefully to correct the issue.

A navigation menu is located on the left side of the screen to assist you with moving through the DBidS screens. The menu initially displays as collapsed with the submenu items hidden. Your role (authorized official (AO), backup authorized official (BAO), or end user (EU)), as well as the screen where you are currently located, will determine the options available to you when the menu expands. Please note that this menu will not expand until the Business Organization Information screen is completed and you have been assigned a bidder number.

When entering information in DBidS, you may copy and paste data from Excel. Simply click on the cell in Excel, copy the data, then click in the fields in DBidS and paste the data. Since this data affects your entire bid, review the information you entered before certifying your bid, especially if you are using a version of Excel other than 2003. Please note that the copy/paste function from sources or programs other than Excel is not acceptable and may result in an error.

Please use the supported browser versions for DBidS; Microsoft Internet Explorer 8.0 through 10.0 except for IE 10-Metro. DBidS does not support the use of mobile devices such as tablets or iPhones. DBidS will check your browser when you login and display a message if you are using an unsupported browser. If you use an un-supported browser, you may experience slow response times and functions in DBidS may not work properly.

Once you delete information from DBidS, it is permanently removed from the application.

Any modifications made to Form A or Form B, after Form A is approved or Form B is certified, will cause your form to be disapproved or uncertified. The AO or BAO must then re-approve Form A and/or re-certify Form B.

The **Status** page indicates the status of your Form A or Form B(s). If a form's status is incomplete, you will see **Incomplete** in the **Status** column. To complete the form(s), click on **Incomplete** to be taken to the appropriate page. It is important that you view the **Status** page often to check on the status of your Form A and Form B(s).

Please use the international keyboard or Alt Control keys to enter special characters (see page 48.)

Call the CBIC customer service center toll free at **877-577-5331** between 9 a.m. and 7 p.m. prevailing Eastern Time, Monday through Friday. Hours are extended to 9 p.m. prevailing Eastern Time during the last two weeks of the registration and bidding windows.

#### **Important Reminders about DBidS:**

- You will not need to enter location specific data. Location information related to your location (address, National Provider Identifier (NPI), taxpayer identification number (TIN), etc.) will be pre-populated from your enrollment data in the Provider Enrollment, Chain and Ownership System (PECOS).
- You can easily add locations that are associated with your business organization.
- Some tables in DBidS allow you to sort and/or filter on certain fields.
- You can assign multiple competitive bidding area (CBA) and product category combinations to multiple locations at one time by using the sort and filter options.
- You will be able to copy your expansion plan and manufacturer information from one bid to another.
- You will be able to select manufacturer, model name, and model number from pre-populated drop-down lists in most instances.
- The status page will alert you to important information such as total number of bids, who was the last person to modify Form A and each Form B, and the current status of your Form A and Form B(s). If your form(s) is incomplete you will be taken to the appropriate page. You should check this page often to confirm the status of your bid(s).
- If you have an incomplete or pending Form A or Form B, you will be sent an e-mail alert(s) during the last week of bidding to remind you to complete and approve your Form A and to complete and certify your Form B(s).

### Common mistakes to avoid during bidding:

- If you make a change to Form A and/or Form B, you must re-approve Form A and re-certify Form B to complete your bid.
- Commonly owned and/or commonly controlled companies may not bid against each other in the same CBA and product category. Please see the section on commonly owned and commonly controlled companies in **Appendix B** of the *Request for Bids (RFB) instructions* for more information on how a commonly owned or controlled business is identified.
- The EU will not be able to enter data in Form A until an authorized official (AO) has completed the **Business Organization** section in Form A.
- Generally, you should register in the Enterprise Identify Management (EIDM) system with one PTAN and complete one Form A. Please review the RFB instructions for the exceptions.
- Bid amounts should be for the purchase amounts, not rental amounts, unless indicated.
- Carefully review bid amounts for errors or inconsistencies prior to certifying the bid.
- Allow ample time to complete and review the bid before bidding closes.
- Hardcopy documents must be RECEIVED by the deadline, not postmarked by the deadline.
- Each page of your package of hardcopy documents must include the bidder number.

# Getting Started

You must be registered and have received your EIDM system user ID and password by the time registration closes. You must have an EIDM user ID and password to access DBidS. For more information on registering in EIDM, please visit the CBIC website at [www.dmecompetitivebid.com](http://www.dmecompetitivebid.com).

If you...

- registered in Round 2 Recompete (R2RC) and/or the national mail-order recompete (NMORC), then your data has migrated to EIDM. You do not have to register again for a user ID and password in EIDM. However, when you first log into EIDM with your existing Individual Access to CMS Computer Systems (IACS) user ID and password, you will be required to:
  - reset your password and complete new security questions,
  - update any missing information in your profile,
  - add access to the DBidS application when registration opens for Round 1 2017,
  - select your role (authorized official (AO), backup authorized official (BAO) or end user (EU)), and
  - enter a Provider Transaction Access Number (PTAN).
- did not register in R2RC and/or the NMORC and do not already have an EIDM account, then when registration opens for Round 1 2017 you will be required to:
  - register in EIDM to receive a user ID and password,
  - add access to the DBidS application,
  - select your role (AO, BAO, or EU), and
  - enter a PTAN.
- already have an EIDM account (such as for myCGS, The SPOT-FCSO, PS&R, Novitasphere, HPG/HETS, etc.), when registration opens for Round 1 2017 you will be required to:
  - log into EIDM with your user ID and password,
  - add access to the DBidS application,
  - select your role (AO, BAO, or EU), and
  - enter a PTAN.

As a reminder, DO NOT disclose, share, or lend your user ID and/or passwords to anyone else. They are for your use only and serve as your electronic signature. This means that you will be held responsible for the consequences of unauthorized or illegal transactions. Sharing of accounts may lead to termination of system access privileges and/or adverse action up to and including legal prosecution.

To log in to DBidS:

1. Go to [www.dmecompetitivebid.com](http://www.dmecompetitivebid.com)  
Click **Round 1 2017** on the left side of the page  
Click **Bidding is OPEN** on the homepage above the bidding clocks  
Click the **Bid Now** button


OR

Go to [www.dmecompetitivebid.com](http://www.dmecompetitivebid.com)  
Click **Round 1 2017** on the left side of the page  
Select **Bidding Suppliers**  
Select **Bidding**  
Click **DBidS: Online Bid Submission System**  
Click the **Bid Now** button

2. You will be directed to the **EIDM Terms and Conditions** screen  
Click **I Accept**  
Type your EIDM user ID into the User ID field  
Type your EIDM password into the **Password** field. (EIDM user IDs and passwords are case sensitive)  
Click **Log In**  
Click **Enter DBidS** on the Welcome to DMEPOS Bidding System (DBidS) screen

For AOs or BAOs first logging into DBidS, the Form A: Business Organization Information screen will appear. If you have previously logged in to DBidS and completed this screen, the **Status** screen will appear. If you registered with more than one PTAN in EIDM according to the exceptions described in the RFB instructions, click on the **Select PTAN to Create Form A** screen. Select the PTAN for the bid you wish to enter in DBidS.



You will find an information icon (  ) in the upper right corner of many of the sections throughout DBidS. Click on this icon for additional helpful information.

## Form A

***Important:***

- Only AOs or BAOs can complete the **Business Organization** section.
- Only one user at a time may enter data in Form A.
- Form A must be completed and approved by the AO or BAO before you can move on to enter data on Form B.

# Form A – All Business Types

## Business Organization Information

The first screen in Form A, **Form A: Business Organization Information**, requests that you provide information about your business organization. You must complete this section to receive your bidder number. You will be asked questions about:

- Business Organization information** – indicate how your organization will be bidding
- Specialty Supplier** – indicate if you are bidding as a skilled nursing facility or nursing facility that will only furnish competitively bid items to your own residents
- Contact Person** – provide the contact information of the person(s) who can answer questions regarding your organization
- Authorized Official or Key Personnel** – provide the names and titles of the authorized or key personnel for your organization
- Accreditation Information** – identify the name(s) of the Medicare-approved accrediting organization(s) that has accredited your business organization and attest that each location is properly accredited for the item(s) and service(s) included in the bid
- Licensure** – attest that all of your locations have all applicable state licenses
- Years in Business** – provide the number of years and months that your organization has been in business
- Type of Business** – indicate the business type that describes your organization
- Service Delivery** – indicate whether your organization will provide items and services through retail locations, mail-order, and/or home delivery
- Sanctions** – indicate whether your organization has any legal actions or sanctions within the past five years
- CBA and Product Category** – identify the CBA(s) and product category(s) for which you are submitting a bid

## 1 Form A – Business Organization Information

1 **Business Organization Information** – the supplier’s legal business name that is reported to the Internal Revenue Service (IRS) for tax reporting purposes will be pre-populated from the Provider Enrollment, Chain and Ownership System (PECOS). Click the drop down arrow and select one of the following bidding supplier types:

- Single Location Bidder – suppliers with only one location and NOT bidding as part of a network.
- Multiple Location Bidder – suppliers with more than one location and NOT bidding as part of a network.
- Network Bidder – small suppliers that are submitting a bid as part of a network.

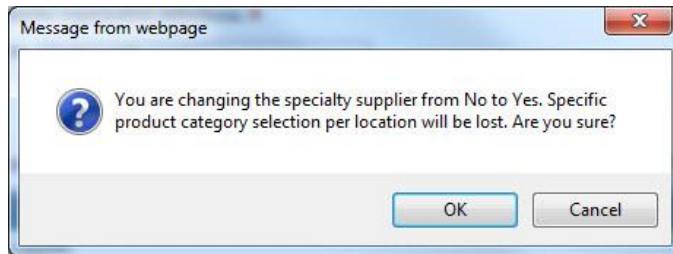
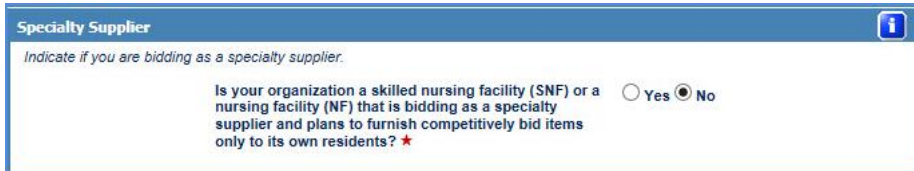
If **Multiple Location Bidder** is selected, additional options will appear to further define your organization’s business structure. Definitions may be found in the Request for Bids (RFB) instructions on the CBIC website. Your options are:

- Subsidiary of a parent company/holding company
- Commonly owned or commonly controlled
- National chain
- Franchise
- None of the above

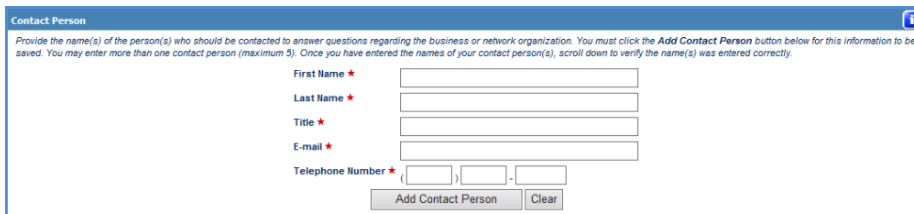
If **None of the above** is selected, the screen will refresh and the **Enter the name of your business organization structure** field will appear. Type a description of the organization’s business structure into this field. For example, “I am the sole owner and have three locations.”

If **Network Bidder** is selected, the **Network Name** box appears and the screen expands to ask if each member has signed a

## 2 Form A – Specialty Supplier



## 3 Form A – Contact Person



contract to join the network. Click **Yes** or **No**. If you select **No**, a message will display advising you that the bid will not be considered for evaluation without a contract signed by each member. For more information on networks and network requirements, please see the RFB.

**2 Specialty Supplier** – Only skilled nursing facilities (SNFs) and nursing facilities (NFs) are eligible to bid as specialty suppliers. If **Yes** is selected and your business is identified as a specialty supplier, you will only be allowed to bid on the enteral nutrition product category. Select **OK** on the pop-up box to continue. If **No** is selected, and the SNF or NF wins a contract, the SNF or NF must provide the product category to any Medicare beneficiary living in, or visiting, the competitive bidding area (CBA).

**3 Contact Person** – Provide at least one (1), but you may list a maximum of five (5) persons who should be contacted to answer questions regarding your bid. The contact person may be an AO or key personnel. This person must have the authority and knowledge to answer questions about your organization. Once the information is added, it will appear in the **Modify/Delete Contact Person(s)** section and the **Contact Person** section is cleared to allow entry of additional contact persons. Repeat the same procedure to add contacts. You may modify this section to add or delete information. Please note that once deleted, the information is permanently removed from the application.

#### 4 Form A – Authorized Official or Key Personnel

**Authorized Official or Key Personnel** i

*Provide the name(s) and title(s) of the authorized official(s) or key personnel for the business organization. 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 name(s) of your authorized official or key personnel, scroll down to verify the name(s).*

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)
			<input type="button" value="Modify"/> <input type="button" value="Delete"/>

#### 5 Form A – Accreditation Information

**Accreditation Information** i

*By the close of the bid window, all locations must meet Medicare enrollment requirements, including being accredited for all items in the product category(s) for which you are bidding. As required by 42 CFR § 414.414 (c), each supplier location must be enrolled, meet quality standards, and be accredited in order to be awarded a contract. Only accredited locations will be included on the contract.*

*Select the name(s) of the Medicare-approved organization(s) that has accredited your business organization.*

*You must click the **Add Accreditation** button in order for this information to be saved below.*

*You must also review and acknowledge that you have read and agree with the statement below. Click the box to accept.*

Accreditation Organization ★  v

I acknowledge and understand that I, as a bidder, must be properly accredited to furnish the specific item(s) and service(s) included in the bid. This information must be on file in each location's Medicare enrollment record (i.e., Provider Enrollment, Chain and Ownership System (PECOS)). ★

---

**Accreditation List**

*To delete your accreditation, click the **Delete** button next to the applicable accreditation organization. To change this information, you must delete the entry and add a new accreditation organization.*

Accreditation Organization	Action(s)
	<input type="button" value="Delete"/>

**4 Authorized Official or Key Personnel** – Provide at least one (1), but you may list a maximum of five (5) AOs or key personnel per business organization. An AO is a person(s) identified in your organization’s Medicare enrollment file. The AO has the legal authority to submit a bid on behalf of the company and to enter into a contract with Medicare to provide competitively bid items to Medicare beneficiaries. Key personnel are crucial to the operation of the business organization but may or may not be the AOs as described above. Once the information is added click on the **Add Authorized Official or Key Personnel** button. The information you added to this field will appear in the **Authorized Official/Key Personnel Information** section, and the **Authorized Official or Key Personnel** section is cleared to allow entry of additional personnel. Repeat this procedure to add AOs or key personnel. You may modify this section to add or delete information. Please note that if you click the **Delete** button, the information is permanently removed from the application.

**5 Accreditation Information** – Suppliers submitting a bid for a product category must be accredited by one of the Medicare-approved accrediting organizations. Select the organization(s) that has accredited your business from the drop down menu. Click on the **Add Accreditation** button. The information you selected will appear in the section below.

Review the disclaimer and acknowledge that you have read and agree with the statement by checking the box next to the statement.

## 6 Form A – Licensure

### Licensure

By the close of the bid window, all locations must meet Medicare enrollment requirements, including possessing all applicable state license(s) for the product category(s) and area(s) for which you are bidding.

Every location of the bidder is responsible for having all applicable licenses for each state in which it furnishes items and services. Bidders will be disqualified if they do not have at least one location that meets state licensure requirements for the applicable state and product categories.

Please check the [Licensure Directory](#) on the NSC website, which serves as a guide, and the [Licensure for Bidding Suppliers](#) fact sheet on the CBIC website.

You must also review and acknowledge that you have read and agree with the statement below. Click the box to accept.

I acknowledge and understand that I, as a bidder, have all applicable state licenses for every item in the product category and for each CBA for which I am bidding. This information must be on file in each location's Medicare enrollment record (i.e., Provider Enrollment, Chain and Ownership System (PECOS)). ★

## 7 Form A – Business Information

### Business Information - Years in Business

Provide the number of years and months your organization has been in business.

Organization Years in Business ★

Organization Months in Business

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

## 8 Form A – Type of Business

### Type of Business

Select the business type that describes your organization. Bidders must submit certain financial documents based on the type of business identified in this response. Refer to the Request for Bid (RFB) instructions for a checklist of required financial documents.

Go to [www.dmecompetitivebid.com/financialrequirements](http://www.dmecompetitivebid.com/financialrequirements) for additional information.

Type of Business ★

**6 Licensure** – Suppliers submitting a bid for a product category in a CBA must meet all DMEPOS and other applicable state licensing requirements if any, for that product category. Check the box next to the licensure acknowledgement statement. The supplier should make sure that the National Supplier Clearinghouse (NSC) has all applicable state licenses on file by the close of the bid window. During bid evaluation, we will verify that all applicable licenses are reflected on the organization's enrollment file in PECOS. For additional information, review the Licensure Directory on the NSC website and the *Licensure for Bidding Suppliers* fact sheet on the CBIC website.

**7 Business Information – Years in Business** – Provide the total number of years and months your organization has been in business. If the number of years is greater than 99, select 99 years and 11 of months. If the number of years is less than 1, select 0 years and then select an option from the **Months in Business** drop down menu. This may or may not be the same time frame your organization has been billing Medicare. It is the number of years and months this organization has been in existence and furnishing DMEPOS items to any customer.

**8 Type of Business** – Select one:

- Corporation
- Sole Proprietorship
- Partnership
- Non-Profit Organization
- Municipality Owned

## 9 Form A – Service Delivery

**Service Delivery**

How will your organization furnish items and services to Medicare beneficiaries? (check all that apply) \*

Retail Location with Home Delivery  
 Mail Order  
 Home Delivery

## 10 Form A – Sanctions

**Sanctions**

Does your organization, or any location(s) on your bid, have any legal actions or sanctions (such as debarment) within the past five (5) years? If your organization or location(s) have been sanctioned, refer to the RFB instructions for a list of additional information that you must submit. \*

Yes  No

If YES, please provide additional information regarding any previous or current sanctions. (Maximum 1000 characters)

991 characters left  
sanctions

## 9 Service Delivery – Check all delivery methods that apply:

- Retail Location with Home Delivery
- Mail-order
- Home Delivery

## 10 Sanctions – If Yes is selected, you must enter a description of any sanctions within the past five years (maximum of 1,000 characters.)

Please note that the user is required to manually enter text into the sanction text box. Do not use the copy/paste function in this field, as it may result in an error. If using special characters, please use the international keyboard or Alt Control keys to enter information (see instructions on page 48). If you select **Yes**, a copy of either the settlement or corporate integrity agreement must be submitted with the required hardcopy documents.

## 11 Form A – Select Competitive Bidding Area (CBA) and Product Category

**Select Competitive Bidding Area (CBA) and Product Category**

The CBA and product category combinations appear below. You must check the box in the right column for each CBA/product category combination for which you are submitting a bid. After you have made your selection, click the **Add CBA/PCs** button to save your selection(s). You may sort by CBA or product category using the arrows or you can filter the fields by typing in the blank box above the list of CBAs and product categories.

Later in the application, you will be required to identify the locations within a CBA that are currently furnishing items in the CBA(s) or will furnish for the competitive bid product categories in the CBA(s).

CBA	Product Category	Select
Charlotte-Concord-Gastonia, NC	Enteral Nutrients, Equipment and Supplies	<input type="checkbox"/>
Charlotte-Concord-Gastonia, NC	General Home Equipment and Related Supplies and Accessories	<input type="checkbox"/>
Charlotte-Concord-Gastonia, NC	Nebulizers and Related Supplies	<input type="checkbox"/>
Charlotte-Concord-Gastonia, NC	Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories	<input type="checkbox"/>
Charlotte-Concord-Gastonia, NC	Non-Invasive Pressure Support Ventilators	<input type="checkbox"/>
Charlotte-Concord-Gastonia, NC	Respiratory Equipment and Related Supplies and Accessories	<input type="checkbox"/>
Charlotte-Concord-Gastonia, NC	Standard Mobility Equipment and Related Accessories	<input type="checkbox"/>
Charlotte-Concord-Gastonia, NC	Transcutaneous Electrical Nerve Stimulation (TENS) Devices and Supplies	<input type="checkbox"/>
Chester, Lancaster & York Counties, SC	Enteral Nutrients, Equipment and Supplies	<input type="checkbox"/>
Chester, Lancaster & York Counties, SC	General Home Equipment and Related Supplies and Accessories	<input type="checkbox"/>


**Add CBA/PCs**

## 11 Select Competitive Bidding Area (CBA) and Product Category

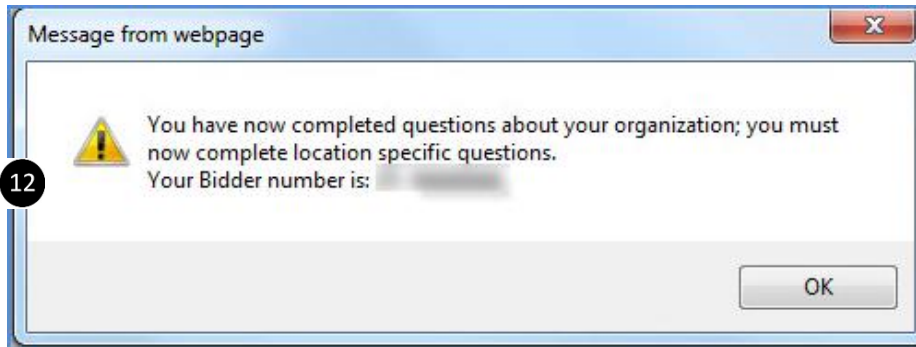
You must identify all of the CBAs and product categories for which your organization is submitting a bid. You must select a minimum of one (1) CBA and one (1) product category to submit a bid. The selection you enter will display later in DBidS, and you will be required to identify the locations that will be servicing each CBA/product category.

Click on the **Add CBA/PCs** button after selecting the CBA(s) and product category(s) from the list. This information will appear in the **CBA/Product Category List** section below. You will then be able to select an additional CBA(s) and product category(s) from this section.

To customize or narrow your list of CBAs and/or product categories, you can use various displaying, sorting, and filtering options. You can display as few as 10 and as many as 40 maximum rows per page. To sort to your desired preference,

click on the . To search for a particular CBA, product category, or CBA and product category combination, click on the search box at the top of each column header and begin typing in name of the CBA or product category. DBidS has an autocomplete function that will identify all possible CBA or product category names as you type. You may also use the drop-down box in the **Select** column to display all bids, only bids that you have already selected, or only bids that you have not selected.





To ensure you want to bid on a particular CBA, please review the list of ZIP codes included in each CBA prior to completing this section. This list is on the CBIC website. Not all ZIP codes included in a county may be in a CBA.

Note: If you previously selected **Specialty Supplier**, only the enteral nutrients, equipment and supplies product category will be displayed.

**12 IMPORTANT!** Once you select **Next** after completing the required information on the **Form A: Business Organization Information** screen, you will be assigned a bidder number. A pop-up box containing a unique bidder number will appear. Your bidder number will also be in the top left corner of all DBidS screens. Please ensure you know your bidder number as you must include your bidder number on each page of the required hardcopy document package you must submit as part of your bid.

The navigation menu on the left side of the DBidS screen will now expand and allow you to navigate to other screens within DBidS.

# Form A – All Business Types

## Primary Location Specific Information

The second screen in Form A, **Form A: Primary Location Specific Information**, requests that you verify information about your primary location. This information is pre-populated from your enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS). You will be asked to verify:

- Identifying information** – verify legal business name, address, Provider Transaction Access Number (PTAN) and National Provider Identifier (NPI). You may also enter a toll free phone number, if available for your location.
- Physical Address** – verify the physical address for your primary location.
- Business Information** – verify the taxpayer identification number (TIN) and doing business as (DBA) name.
- Location Information Accuracy** – verify that the information above is accurate. If you select **No**, a text box will appear. You must indicate what information is incorrect, and provide the correct information. Please note that this information is for DBidS purposes only. Changes in DBidS will not be used to update your PECOS record. You must follow the standard process to make these changes to your enrollment record.
- Competitive Bidding Area (CBA) and Product Category – Primary Location** – The CBAs and product categories you selected on the previous screen will appear. Select the CBAs and product categories your primary location will be servicing.
- CBA/Product Category List** – This section will display your selection of CBAs and product categories that your primary location will be servicing.

## Form A - Primary Location Specific Information

Date location was added in DBidS:  
Date of last location update in DBidS:

Please provide the requested information below for your primary location, which is the location (PTAN) that you used when you registered for a User ID and password to access DBidS. The pre-populated information provided in DBidS is from your enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS). You must select at least one CBA/product category combination for the primary location.

Required fields are marked with an \*

### Identifying Information

Provide the toll free phone number (if available) for your primary location.

Legal Business Name A PLUS FAMILY FOOT AND ANKLE CENTER  
Address Line 1 1224 S WATER ST  
Address Line 2 STE A  
City NENT  
State OH  
Zip Code 44203843  
Telephone Number (330) 474-0500  
Toll Free Number (if available) ( ) -  
PTAN for this location 4674700001  
NPI Identification Number 1487000143

### Physical Address

The physical address for your primary location.

Address Line 1 1224 S WATER ST  
Address Line 2 STE A  
City NENT  
State OH  
Zip Code 44203843

### Business Information

The Tax Identification Number and Doing Business As name for the location as identified by the PTAN above.

Tax Identification Number (TIN) \*\*\*\*\*1000  
Doing Business As (DBA) A PLUS FAMILY FOOT AND ANKLE CENTER

### Location Information Accuracy

Please review the information above for your primary location. If any of the information is inaccurate, select No and provide the correct information in the text box.

Is the information listed above accurate for this location? \*  Yes  No

### Location Information Accuracy

Please review the information above for your primary location. If any of the information is inaccurate, select No and provide the correct information in the text box.

Is the information listed above accurate for this location? \*  Yes  No

Please identify the inaccurate data for this location and provide the correct information (maximum 1000 characters).

1000 characters left

**1 Identifying Information** – The legal business name, address, telephone number, PTAN, and NPI for the location you registered in EIDM is pulled from PECOS and pre-populated on the screen. Please verify this information and enter a toll free number if available.

**2 Physical Address** – Verify the physical address of your primary location.

**3 Business Information** – Verify the TIN and doing business as (DBA) name of your primary location.

**4 Location Information Accuracy** – Indicate whether the information above – identifying information, physical address, and business information – is correct and accurate.

If you select **No**, a text box will appear. Please indicate what information is inaccurate and provide the correct information. Please note that the changes you indicate here will not be changed in PECOS or with the NSC. You will still need to update your information in PECOS and with the NSC, as applicable.

**5 Competitive Bidding Area (CBA) and Product Category – Primary Location**

**Competitive Bidding Area (CBA) and Product Category - Primary Location**

*The CBA and product category combinations appear below. You must check the box in the right column for each combination for which you are submitting a bid. After you have made your selection, click the Add CBA/PCs button to save your selection(s). You may sort by CBA or product category using the arrows or you can filter the fields by typing in the blank box above the list of CBAs and product categories.*

CBAs and Product Categories		
CBA	Product Category	Select
Search...	Search...	All
Chicago-Naperville-Arlington Heights, IL	General Home Equipment and Related Supplies and Accessories	<input type="checkbox"/>
Chicago-Naperville-Arlington Heights, IL	Respiratory Equipment and Related Supplies and Accessories	<input type="checkbox"/>
Chicago-Naperville-Arlington Heights, IL	Standard Mobility Equipment and Related Accessories	<input type="checkbox"/>
Chicago-Naperville-Arlington Heights, IL	Nebulizers and Related Supplies	<input type="checkbox"/>
Chicago-Naperville-Arlington Heights, IL	Transcutaneous Electrical Nerve Stimulation (TENS) Devices and Supplies	<input type="checkbox"/>
Chicago-Naperville-Arlington Heights, IL	Enteral Nutrients, Equipment and Supplies	<input type="checkbox"/>
Chicago-Naperville-Arlington Heights, IL	Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories	<input type="checkbox"/>
Aurora-Elgin-Joliet, IL	General Home Equipment and Related Supplies and Accessories	<input type="checkbox"/>
Aurora-Elgin-Joliet, IL	Respiratory Equipment and Related Supplies and Accessories	<input type="checkbox"/>
Aurora-Elgin-Joliet, IL	Standard Mobility Equipment and Related Accessories	<input type="checkbox"/>

Add CBA/PCs

---

**CBA/Product Category List**


*Displayed below is a summary of the CBA(s) and product category(s) for which you intend to submit a bid. Please review for accuracy.*

CBA / Product Category List		
CBA	Product Category	Action(s)
Search...	Search...	

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

Print

**5 Competitive Bidding Area (CBA) and Product Category – Primary Location** – This section lists the CBA(s) and product category(s) that you selected in the **Business Organization** section. Select the CBA(s) and product category(s) that your primary location will service. Once you select **Add CBA/PCs**, the CBA(s) and product category(s) you chose will appear in a table at the bottom of the screen.

To assist you in your selection, you may sort by CBA or product category using the arrows, , or you can filter the fields by typing in the blank box above the list of CBAs and product categories.

# STOP

## IMPORTANT

At this point, the screens you complete in DBidS will vary depending on whether you have a single location, multiple locations, or if you are bidding as part of a network.

- If you have a **single location**, please view pages 22-24, then skip to page 34 of this guide for further instructions on completing Form A.
- If you have **multiple locations**, please view pages 25-28, then skip to page 34.
- If you have a **network**, please complete pages 29-33, and continue to page 34.

# Form A: Single Location

A supplier with one location that is owned by one or more owners will complete a single Form A, listing the location represented by a single PTAN that will be providing competitively bid items and services, and NOT bidding as part of a network.

# 1 Form A – Assign Locations

**Form A: Assign Locations** Print Save Back Next

Your primary location is listed below. All additional locations associated with the primary location, if any, will also appear below. All locations that currently furnish or will furnish items for the competitively bid product category(s) should be included on your bid.

If **Update Available** appears in the status field, this means a change has been made to your enrollment information in PECOS. Click **Refresh Location** to view the updated information for the location.

Please review the information for your location(s). To view, modify or complete information for a location, please click the **View/Modify** button. If any of the information is inaccurate, please go to the Location Information Accuracy section and follow the instructions.

To view a list of CBA(s)/product category(s) chosen for a location, click the number of CBA(s)/product category(s) for the location.

If you are bidding as a network, the primary network member should assign its location(s) on this screen. If there are members of the network with multiple locations, the primary network member should assign these members' locations on the Form A: Assign Network Member Locations page.

Total Locations Complete: 1  
Total Locations Incomplete: 0  
Total Updates Available: 0

PTAN	Legal Business Name	Address	City	State	Zip	NPI	TIN	CBA PCs	Status	Actions
0000000000	STATEVILLE	200 W. STATEVILLE ST STATEVILLE, NC	STATEVILLE	NC	286773222	0000000000	0000000000	2	Complete	View/Modify

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

1 **Form A- Assign Locations** For a single location bidder, the **Assign Locations** screen will appear next and provides you a status of your location.

To see a listing of the CBA/PC competitions you selected on the **Primary Location Specific Information** screen and associated with your single location, or PTAN, click on the number located in the CBA PCs column.

You can check the status of your location on this page. If the status is 'Incomplete,' click the **View/Modify** button for the location to see what information is missing.

**DMEP**

**Form A: Assign Locations**

Date: 10/07/15 13:06  
 PTAN: [REDACTED]  
 Legal Business Name: [REDACTED]  
 Bidder Number: [REDACTED]  
 Supplier Type: Single Location Bidder  
 Bidder Status: Pending Approval

Date location was added in DBids: 10/06/15  
 Date of last location update in DBids: 10/07/15

CBA	Product Category
Charlotte-Concord-Gastonia, NC	General Home Equipment and Related Supplies and Accessories
Charlotte-Concord-Gastonia, NC	Enteral Nutrients, Equipment and Supplies

OK

PTAN	Legal Business Name	Address	City	State	Zip	NPI	TIN	CBA PCs	Status	Actions
			STATESVILLE NC		286773222			2	Complete	View/Modify

Date: 09/20/14 11:47  
 PTAN: [redacted]  
 Legal Business Name: [redacted]  
 Bidder Number: [redacted]  
 Supplier Type: Network Bidder  
 Bidder Status: Pending Approval

Date location was added in DBiDS: 09/19/14  
 Date of last location update in DBiDS: 09/19/14  
 Date of PECOS update: 09/20/14

Fields with updates available:

If the updated information is correct, click **Accept PECOS Update** button and your bid information will be revised to reflect this updated information. If you do not want to update the information in your bid, click the **Cancel** button.

Field	Current Value	PECOS Update
Legal Business Name	[redacted]	[redacted]
Mailing Address Line 1	[redacted]	[redacted]
Mailing Address Line 2	[redacted]	[redacted]
Mailing Address City	[redacted]	[redacted]
Mailing Address State	[redacted]	[redacted]
Mailing Address Zip Code	[redacted]	[redacted]
Telephone Number	[redacted]	[redacted]
NPI Identification Number	[redacted]	[redacted]
Physical Address Line 1	[redacted]	[redacted]
Physical Address Line 2	[redacted]	[redacted]
Physical Address City	[redacted]	[redacted]
Physical Address State	[redacted]	[redacted]
Physical Address Zip Code	[redacted]	[redacted]
Tax Identification Number (TIN)	[redacted]	[redacted]
Doing Business As (DBA)	[redacted]	[redacted]

Accept PECOS Update Cancel

You will need to repeat these steps for all of the CBA/product category combinations for which you wish to bid. To delete a CBA/product category combination for a location, click the **View/Modify** button in the Additional Locations section for the location you wish to modify. Once on the location page, you may delete the CBA/product category combination.

Example of how to assign a location: You are bidding for respiratory equipment in El Paso, TX, and you want to assign all of your Texas locations to this bid. Select "El Paso, TX" and "Respiratory Equipment and Related Supplies and Accessories" in the Assign CBAs/PCs to Location section. You can filter by state by entering "TX" in the field in the Additional Locations section, and then select the PTANs of all locations in Texas that sell furnish respiratory equipment in El Paso, TX, and click the **Assign CBA/PCs** button. This will assign those locations to this CBA/product category combination.

CBA and Product Categories 1 / 4 (10) Show 10 rows per page



If **Update Available** appears in the status field, this means a change has been made to your enrollment information in PECOS. Click **Refresh Location** in the Actions field to view the updated information for the location.

A message box will display listing information for the particular location. This information will display the current data listed in DBiDS along with the current data listed in PECOS.

If the updated information is correct, click the **Accept PECOS Update** button and you will receive a pop-up box indicating that the update was successful and your bid information will be revised to reflect this updated information. If you do not want to update the information in your bid, click the **Cancel** button and contact the NSC if necessary.



# Form A: Multiple Locations

Organizations with multiple locations and organizations that are commonly owned or commonly controlled will complete a single Form A, listing all locations that will be providing competitively bid items and services. For more information on what constitutes a commonly owned or commonly controlled supplier, please refer to the [Common Ownership and Common Control](#) fact sheet on the CBIC website.

## 1 Form A: Add Additional Locations

**Form A: Add Additional Locations** Print Save Back Next

*In this section, you will add locations to your bid. You must include on your bid all locations that currently furnish or will furnish items for the competitively bid product category(s) in the CBA(s). On your bid(s), you must include all commonly owned or commonly controlled locations that are located in the CBA or outside the CBA that will furnish items for the product category(s) to beneficiaries who maintain a permanent residence in the CBA(s).*

*Listed below are all PTANs associated with your primary location's tax identification number (TIN). To add a location(s) to your bid that is not associated with your primary location's TIN, enter the PTAN, TIN, and NPI in the Find Additional Location(s) section, and click the **Find Location(s)** button. The locations related to the new TIN(s) will appear in the Additional Location(s) section. If you have additional locations associated with a different TIN, you must repeat this step for each TIN combination.*

*Please note that if you exit this page without selecting a PTAN, the PTAN listing will not appear again. You will need to follow the instructions and repeat the steps.*

*If you are bidding as a network, the primary network member should add its location(s) on this screen. If there are members of the network with multiple locations, the primary network member should add these members' locations on the Form A: Add Network Member Locations page.*

**2 Find Additional Locations**

To add a PTAN, TIN, NPI, click on the plus (+) sign. To remove, click on the minus (-) sign.

+ PTAN  TIN  NPI  4 Locations Found

Additional Location(s)									
PTAN	Legal Business Name	Address	City	State	Zip	NPI	TIN	Select	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	All
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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

1 The **Form A: Add Additional Locations** screen will list all PTANs associated with your primary location's taxpayer identification number (TIN).

Please note that if you exit this page without selecting a PTAN, the PTAN listing will not appear again. If you wish to add one of these PTANs later, follow the instructions for adding locations and enter the PTAN, TIN, and NPI and click the **Add Location(s)** button.

2 **Find Additional Locations** – Enter the PTAN, TIN, NPI, and then click the **Find Location(s)** button. You will then get a listing of all PTANs that are related to that TIN, along with the physical locations of the PTANs. From this list, select the location(s) you wish to add to your bid and then click the **Add Location(s)** button. To add locations that are associated with a different TIN, click the plus (+) sign in the **Find Additional Locations** section. Additional PTAN, TIN, and NPI fields will appear.

You must enter all three elements in order to search for locations. DBidS will not find any location if any of the elements – PTAN, TIN, and NPI – are missing or incorrect.

### 3 Form A: Assign Locations - Assign CBA/PCs to Locations (Required)

**Form A: Assign Locations** Print Save Back Next

Your primary location is listed below. An additional location associated with the primary location, if any, will also appear below. An additional location currently furnish or will furnish items for the competitively bid product category(s) should be included on your bid. **Multiple available locations in the above field may mean a change has been made to your environment information in BECOS. Click Refresh Location to view the location information for the location.**

Please review the information for your location(s). To view, modify or complete information for a location, please click the **View/Modify** button. If any of the information is inaccurate, please go to the Location Information Accuracy section and follow the instructions. To view a list of CBA(s)/product category(s) chosen for a location, click the number of CBA(s)/product category(s) for the location.

If you are bidding as a network, the primary network member should assign its location(s) on this screen. If there are members of the network with multiple locations, the primary network member should assign these member location(s) on the Form A: Assign Network Member Locations page.

Your Location(s) Complete: 1  
 Your Locations Incomplete: 2  
 Your Locations Available: 0

PTAN	Legal Business Name	Address	City	State	Zip	NPI	TIN	CBA/PCs	Status	Actions
								2	Complete	View/Modify

**Apply Toll Free Number To Locations**

**Update Additional Locations**

**Assign CBA/PCs to Locations (Required)**

Displayed below are the CBA and product category combinations selected by your organization. Assign only those locations that currently furnish or will furnish items for the product category in the selected CBA. Each location identified will be evaluated to ensure it meets all the necessary requirements for the CBA/product category combination.

To assign locations, first select the CBA(s) and product category(s). Next, select the location(s) that will be furnishing the items in the product category(s) by checking the box in the right column. Then click the **Assign CBA/PCs** button. You can assign multiple CBA/product category combinations to multiple locations at one time. You can sort by CBA and product category using the arrows or you can filter the fields by typing in the blank field above the list of CBAs and product categories within this section.

You may need to repeat these steps for all of the CBA/product category combinations for which you wish to bid. To assign a CBA/product category combination for a location, click the **View/Modify** button in the Additional Locations section for the location you wish to modify. Once on the location page, you may delete the CBA/product category combination.

Example of how to assign a location: You are bidding for respiratory equipment in FL, PA, TX, and you want to assign all of your Florida locations to this bid. Select "FL PAHS, TX" and "Respiratory Equipment and Related Supplies and Accessories" in the Assign CBA/PCs to Locations section. You can then go back by entering "TX" in the field in the Additional Locations section, and then select the PTANs of all locations in Texas that will furnish respiratory equipment in FL, PA, TX, and click the **Assign CBA/PCs** button. This will assign those locations to this CBA/product category combination.

CBA	Product Category	Select
Charlotte-Coroner-Gaston, NC	General Home Equipment and Related Supplies and Accessories	<input type="checkbox"/>
Charlotte-Coroner-Gaston, NC	Enteral Nutrition, Equipment and Supplies	<input type="checkbox"/>

**Additional Locations**

PTAN	Legal Business Name	Address	City	State	Zip	NPI	TIN	CBA/PCs	Status	Actions	Select
								1	Complete	View/Modify	<input type="checkbox"/>
								1	Complete	View/Modify	<input type="checkbox"/>
								8	Incomplete	View/Modify	<input type="checkbox"/>
								8	Incomplete	View/Modify	<input type="checkbox"/>

**Apply Toll Free Number To Locations**

To apply a toll free number across multiple locations, select the locations in the Additional Locations section. Then click the **Apply** button.

Please note that if you previously provided a toll free number for any selected location, it will be overwritten.


To add a toll free number to a specific location, click the **View/Modify** button to view the page for the location.

Toll Free Number: [ ] [ ] [ ] [ ] **Apply**

**3 Form A: Assign Locations - Assign CBA/PCs to Locations (Required) – On the Assign Locations screen, you will indicate which CBA and product category combination(s) each location will service.**

Under **Assign CBA/PCs to Locations (Required)**, select the CBA(s) and product category(s). Then select the location(s) under **Additional Locations** that will service the CBA and product category. Your bid must include all locations that would furnish competitively bid items for the CBA and product category combination(s). Click the **Assign CBA/PCs** button and repeat to add CBAs and product categories to your location(s).

To assist you in your selection, you may sort by

CBA or product category using the arrows , or you can filter the fields by typing in the blank box above the list of CBAs and product categories.

If you wish to add the same toll free number to some or all of your additional locations, you may do so on the **Form A: Assign Locations** screen by selecting the locations in the **Assign Locations** section, then entering the toll free number under the **Apply Toll Free Number to Locations** section, and clicking **Apply**.

Date: 09/30/14 11:47  
 PTAN: [Redacted]  
 Legal Business Name:  
 Bidder Number:  
 Supplier Type: Network Bidder  
 Bidder Status: Pending Approval

Date location was added in DBiDS: 09/19/14  
 Date of last location update in DBiDS: 09/19/14  
 Date of PECOS update: 09/29/14

Fields with updates available:

If the updated information is correct, click **Accept PECOS Update** button and your bid information will be revised to reflect this updated information. If you do not want to update the information in your bid, click the **Cancel** button.

Field	Current Value	PECOS Update
Legal Business Name	[Redacted]	[Redacted]
Mailing Address Line 1	[Redacted]	[Redacted]
Mailing Address Line 2	[Redacted]	[Redacted]
Mailing Address City	[Redacted]	[Redacted]
Mailing Address State	[Redacted]	[Redacted]
Mailing Address Zip Code	[Redacted]	[Redacted]
Telephone Number	[Redacted]	[Redacted]
NSC Identification Number	[Redacted]	[Redacted]
Physical Address Line 1	[Redacted]	[Redacted]
Physical Address Line 2	[Redacted]	[Redacted]
Physical Address City	[Redacted]	[Redacted]
Physical Address State	[Redacted]	[Redacted]
Physical Address Zip Code	[Redacted]	[Redacted]
Tax Identification Number (TIN)	[Redacted]	[Redacted]
Doing Business As (DBA)	[Redacted]	[Redacted]

Accept PECOS Update Cancel

You will need to repeat these steps for all of the CRA/product category combinations for which you wish to bid. To delete a CRA/product category combination for a location, click the **View/Modify** button in the Additional Locations section for the location you wish to modify. Once on the location page, you may delete the CRA/product category combination.

Example of how to assign a location: You are bidding for respiratory equipment in El Paso, TX, and you want to assign all of your Texas locations to this bid. Select "El Paso, TX" and "Respiratory Equipment and Related Supplies and Accessories" in the Assign CRA/PCA to Locations section. You can filter by state by selecting TX in the field in the Additional Locations section, and then select the PTAN(s) of all locations in Texas that sell furnish respiratory equipment in El Paso, TX, and click the Assign CRA/PCA button. This will assign those locations to this CRA/product category combination.

CRA and Product Categories  
 1 - 4 / 4 (4)  
 Show 10 rows per page



Please remember that bid evaluation is based on the qualifications of the locations assigned in this question. You should only assign locations that are accredited and licensed to provide in the CBA/PC.

If **Update Available** appears in the status field, this means a change has been made to your enrollment information in PECOS. Click **Refresh Location** to view the updated information for the location.

A message box will display listing the fields with updates available along with all the fields, the current values and current PECOS values.

If the updated information is correct, click **Accept PECOS Update** button and you will receive a pop-up box indicating that the update was successful and your bid information will be revised to reflect this updated information. If you do not want to update the information in your bid, click the **Cancel** button and contact the NSC if necessary.

Please review the information for your location(s). To view, modify, or complete information for a location, please click the **View/Modify** button. If any of the information is inaccurate, please go to the **Location Information Accuracy** section and follow the instructions.

# Form A: Networks

A network is a group of between two to twenty (20) small suppliers that form a legal entity to provide competitively bid items throughout an entire CBA. These suppliers must certify they cannot independently furnish all competitively bid items in the product category to beneficiaries throughout the entire geographic area of the CBA for which the network is submitting a bid. The network collectively submits a bid as a single entity. Therefore, a network will complete a single Form A listing all locations that will furnish competitively bid items and services throughout the CBA(s).

1

### Form A: Add Network Member Locations

Please enter the network member name to create a network member. You must click the **Add Network Member** button in order for this information to be saved below.

After the network member's information is displayed below, enter the PTAN, TIN, and NPI in the "Network Members" section, and click the **Find Location(s)** button. The location(s) related to TIN(s) will appear in the "Network Location(s)" section. If you have additional locations associated with a different TIN, you must repeat this step for each TIN combination.

To add these locations to your bid, check the box in the right column next to the location you wish to include in Form A. You may either click on the **Add Location(s)** button or the **Next** button to add the location(s) to Form A. Only network members identified by their PTAN(s) are eligible to be awarded a contract. Repeat these steps for each network member.

You must include all commonly owned or commonly controlled locations that are located in, or would furnish items to beneficiaries who have a permanent residence in any of the CBAs included in your bid.

Required fields are marked with \*

**Add Network Member**

Network Member Name:

**Network Members**

Network Member	Action(s)
Bily Joe's House of Stuff	<input type="button" value="Modify"/> <input type="button" value="Delete"/>
+ PTAN: <input type="text"/> TIN: <input type="text"/> NPI: <input type="text"/> 15 Locations Found	

**Network Locations**

Network Member Name	PTAN	Legal Business Name	Address	City	State	Zip	NPI	TIN	Select All
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>
									<input type="checkbox"/>

1

### Form A: Add Network Member Locations

allows you to add each member of your network, as well as their locations that furnish or will furnish items for the competitively bid product category. Enter the network member's name in the **Add Network Member** section, and then click the **Add Network Member** button.

The member you added will appear in the **Network Members** section. Underneath its name, fields will appear for you to enter the member's PTAN, NPI, and TIN. When you enter this information and click the **Find Locations** button, the locations related to the TIN will appear under **Network Locations**, and you may select the location(s) and click the **Add Location(s)** button to add the location(s) to the network's bid. Repeat this process to add other members and locations.

DBidS will not find any location if any of the elements – PTAN, TIN, and NPI – are missing or incorrect.

## 2 Form A: Assign Network Member Locations

Form A: Assign Network Member Locations Print Save

Locations associated with your network members appear below.

**Update Available** appears in the status field, this means a change has been made to your enrollment information in PECOS. Click **Refresh Location** to view the updated information for the location.

Please review the information for your location(s). To view, modify or complete information for a location, please click the **View/Modify** button. If any of the information is inaccurate, please go to the Location Information Accuracy section and follow the instructions.

To view a list of CBA(s)/product category(s) chosen for a location, click the number of CBA(s)/product category(s) for the location.

Total Locations Complete: 4  
Total Locations Incomplete: 0  
Total Locations Available: 0

**Apply Toll Free Number To Locations**

To apply a toll free number across multiple locations, select the locations in the Network Locations section. Then click the **Apply** button.

Please note that if you previously provided a toll free number for any selected location, it will be overwritten.

To add a toll free number to a specific location, click the **View/Modify** button to view the page for the location.

Toll Free Number (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) (\_\_\_\_) **Apply**

**Delete Additional Locations**

To remove a location, select the location from Network Locations section below and click the **Delete** button.

**Delete**

**Assign CBA/PC's to Locations (Required)**

Displayed below are the CBA and product category combinations selected by your organization. Assign only those locations that currently furnish or will furnish items for the product category in the selected CBA. Each location identified will be expected to ensure it meets all the necessary requirements for the CBA/product category combination.

To assign locations, first select the CBA(s) and product category(s). Next, select the location(s) that will be furnishing the items in the product category(s) by checking the box in the right column. Then click the **Assign CBA/PC** button. You can assign multiple CBA/product category combinations to multiple locations at one time. You can sort by CBA and product category using the arrows or you can narrow the field by typing in the field below the list of CBAs and product categories from this section.

You will need to repeat these steps for all of the CBA/product category combinations for which you wish to bid. To delete a CBA/product category combination for a location, click the **View/Modify** button in the Additional Location(s) section for the location you wish to modify. Once on the location page, you may delete the CBA/product category combination.

Example of how to assign a location: You are bidding for respiratory equipment in 27 Areas, TX, and you want to assign all of your Texas locations to this bid. Select "TX Area: 27" and "Respiratory Equipment and Related Supplies and Accessories" on the Assign CBA/PC's to Locations section. You can filter by state by entering "TX" in the field in the Additional Locations section, and then select the "TX Area: 27" and click the **Assign CBA/PC's** button. This will assign those locations to this CBA/product category combination.

CBAs and Product Categories		1 - 10 / 31 (31)	Show 10 rows per page
CBA	Product Category		Select
Alken & Edgefield Counties, SC	Embolus Filters, Equipment and Supplies		<input type="checkbox"/>
Alken & Edgefield Counties, SC	Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories		<input type="checkbox"/>
Alken & Edgefield Counties, SC	General Home Equipment and Related Supplies and Accessories		<input type="checkbox"/>
Alken & Edgefield Counties, SC	Respiratory Equipment and Related Supplies and Accessories		<input type="checkbox"/>
Alken & Edgefield Counties, SC	Standard Mobility Equipment and Related Accessories		<input type="checkbox"/>
Alken & Edgefield Counties, SC	Nebulizers and Related Supplies		<input type="checkbox"/>
Alken & Edgefield Counties, SC	Transcutaneous Electrical Nerve Stimulation (TENS) Devices and Supplies		<input type="checkbox"/>
Albany-Sandy Springs-Roswell, GA	General Home Equipment and Related Supplies and Accessories		<input type="checkbox"/>
Cape Coral-Fort Myers, FL	Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories		<input type="checkbox"/>
Cape Coral-Fort Myers, FL	Nebulizers and Related Supplies		<input type="checkbox"/>

**Assign CBA/PC's**


Network Locations												1 - 4 / 4 (4)	Show 10 rows per page
Network Member Name	PTAM	Legal Business Name	Address	City	State	Zip	NPI	TIN	CBA PC's	Status	Actions	Select	
Network1				MILWAUKEE, WI	WI	53222			3	Complete	View/Modify	<input type="checkbox"/>	
Network1				FOND DU LAC, WI	WI	54933747			3	Complete	View/Modify	<input type="checkbox"/>	
Network1				MADISON, WI	WI	537101124			3	Complete	View/Modify	<input type="checkbox"/>	
Network1				KENOSHA, WI	WI	531429022			4	Complete	View/Modify	<input type="checkbox"/>	

2 On the **Form A: Assign Network Member Locations** screen, you will indicate which location(s) will service which CBA(s) and product category(s). Your bid must include all locations that would furnish competitively bid items for the CBA and product category combination(s). You should only assign locations that are appropriately accredited and licensed for the CBA/product category combination.

Please remember that bid evaluation is based on the qualifications of the locations assigned in this question. You should only assign locations that are accredited and licensed to provide in the CBA/PC.

Select the CBA and product category, and then select the location(s) that will be furnishing the items. Click **Assign CBA/PC's** to assign the CBAs and product categories to the location.

To assist you in your selection, you may sort by

CBA or product category using the arrows , or you can filter the fields by typing in the blank box above the list of CBAs and product categories.

**Apply Toll Free Number To Locations**

To apply a toll free number across multiple locations, select the locations in the Additional Locations section. Then click the Apply button.

Please note that if you previously provided a toll free number for any selected location, it will be overwritten.

To add a toll free number to a specific location, click the View/Modify button to view the page for the location.

Toll Free Number:

Date: 09/30/14 11:47  
 PTAN: [blurred]  
 Legal Business Name: [blurred]  
 Bidder Number: [blurred]  
 Supplier Type: Network Bidder  
 Bidder Status: Pending Approval

Date location was added in DBIDS: 09/10/14  
 Date of last location update in DBIDS: 09/10/14  
 Date of PECOS update: 09/29/14

Fields with updates available:

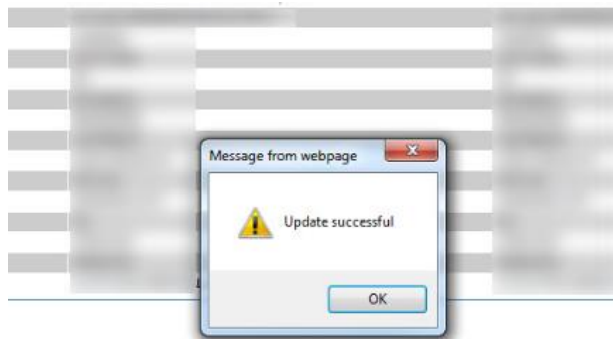
If the updated information is correct, click **Accept PECOS Update** button and your bid information will be revised to reflect this updated information. If you do not want to update the information in your bid, click the **Cancel** button.

Field	Current Value	PECOS Update
Legal Business Name	[blurred]	[blurred]
Mailing Address Line 1	[blurred]	[blurred]
Mailing Address Line 2	[blurred]	[blurred]
Mailing Address City	[blurred]	[blurred]
Mailing Address State	[blurred]	[blurred]
Mailing Address Zip Code	[blurred]	[blurred]
Telephone Number	[blurred]	[blurred]
NPI Identification Number	[blurred]	[blurred]
Physical Address Line 1	[blurred]	[blurred]
Physical Address Line 2	[blurred]	[blurred]
Physical Address City	[blurred]	[blurred]
Physical Address State	[blurred]	[blurred]
Physical Address Zip Code	[blurred]	[blurred]
Tax Identification Number (TIN)	[blurred]	[blurred]
Doing Business As (DBA)	[blurred]	[blurred]

You will need to repeat these steps for all of the CBA/product category combinations for which you wish to bid. To obtain a CBA/product category combination for a location, click the **View/Modify** button in the Additional Locations section for the location you wish to modify. Once on the location page, you may select the CBA/product category combination.

Example of how to assign a location: You are bidding for respiratory equipment in El Paso, TX, and you want to assign all of your Texas locations to this bid. Select "El Paso, TX" and "Respiratory Equipment and Related Supplies and Accessories" in the Assign CBA/PCA to Locations section. You can filter by state by entering "TX" in the field in the Additional Locations section, and then select the PTAN(s) of all locations in Texas that will furnish respiratory equipment in El Paso, TX, and click the Assign CBA/PCA button. This will assign those locations to the CBA/product category combination.

CBA and Product Categories: [blurred]



If you wish to add the same toll free number to some or all of the locations, you may do so on the **Form A: Assign Network Member Locations** screen by selecting the locations the toll free number will apply to, and then entering the toll free number in the **Apply Toll Free Number to Locations** section, then click **Apply**.

You can check the status for each location on this page. If the status is **Incomplete**, click the **View/Modify** button for the location to see what information is missing.

If **Update Available** appears in the status field, this means a change has been made to your enrollment information in PECOS. Click **Refresh Location** to view the updated information for the location.

A message box will display listing the fields with updates available along with all the fields, the current values and current PECOS values.

If the updated information is correct, click **Accept PECOS Update** button and you will receive a pop-up box indicating that the update was successful and your bid information will be revised to reflect this updated information. If you do not want to update the information in your bid, click the **Cancel** button and contact the NSC if necessary.



	<p>Please review the information for your location(s). To view, modify, or complete information for a location, please click the <b>View/Modify</b> button. If any of the information is inaccurate, please go to the <b>Location Information Accuracy</b> section and follow the instructions.</p>
--	---

## Form A: All Bidding Types

As shown below, all business types – single location, multi-location, or network – will be requested to review the summary of information entered into DBidS on Form A before the authorized official or back-up authorized official signs, or approves, Form A.

You must:

- Review your **Summary** page

Review the **Hardcopy Document Package Checklist** provided and then:

- Approve your Form A
- Print or save a copy of your Form A Summary PDF (Recommended)

**1 Form A: Summary**

**Form A: Summary**

Date: 05/21/2015 11:43:59  
 PTAN(s):  
 Bidder Number:  
 Supplier Type: Network Bidder  
 Bidder Status: Complete and Approved

Displayed below is a summary for the location(s) included on your bid. Please carefully review this information for accuracy. You may modify your information or add a new location by clicking the View/Modify button. If this information is accurate, click the Next button. 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.

**Identifying Information**

Legal Business Name: Bidder Network Name:  
 Address Line 1: Address Line 2:  
 City: State: Zip Code:  
 Telephone Number (xxx) xxx-xxxx: Toll Free Number(if available) (xxx) xxx-xxxx:  
 PTAN for this location: NPI Identification Number:

**Specialty Supplier**

Bidding as a specialty supplier?  No

**Physical Address**

Address Line 1: Address Line 2:  
 City: State: Zip Code:

**Tax Identification Number (TIN)**

Tax Identification Number:

**Doing Business As (DBA)**

Doing Business As (DBA):

**Contact Person**

First Name	Last Name	Title	Telephone	E-Mail

**Authorized Official or Key Personnel**

First Name	Last Name	Title

**Accreditation Information**

I acknowledge and understand that I, as a bidder, must be properly accredited to furnish the specific item(s) and service(s) included in the bid. This information must be on file in each location's Medicare enrollment record (i.e., Provider Enrollment, Chain and Ownership System (PECOS)).

**Accreditation List**

Accreditation Organization(s):

**Licensure**

I acknowledge and understand that I, as a bidder, have all applicable state licenses for every item in the product category and for each CDR for which I am bidding. This information must be on file in each location's Medicare enrollment record (i.e., Provider Enrollment, Chain and Ownership System (PECOS)).

**Years in Business/Months in Business**

Years supplying DMEPOS items:  
 Months supplying DMEPOS items:

**Type of Business**

Type Of Business: Partnership

**Service Delivery**

How will your organization furnish items and services to Medicare beneficiaries? Retail

**1 Form A: Summary** – You will see a summary of the information you provided for the primary location on this screen. Carefully review this summary. You may make modifications by clicking **View/Modify** to return to that particular section of the bid application. To print a summary of the information, click **Print**. If you are satisfied with the information, click **Next**.

To review the summary for additional or network locations, scroll down to the last section of the **Application Summary** screen labeled **Additional Locations/Network Members/Network Members Additional Locations**, and select the PTAN. Next, click **Go**. The **Form A: Additional Location/Network Location Summary** screen will appear. To change any of the information displayed on this screen, click **View/Modify**.

To print a summary of the information provided for all locations, click the **Print All Locations** button on the **Form A Summary** screen. A PDF will be generated with all locations' information. If you have multiple locations, we strongly encourage you to print or save this PDF for your reference.

## 2 Form A: Checklist

Date: 10/26/2014 10:47:01  
PTAN(s): 1815488887  
Bidder Number: 13-6884722  
Supplier Type: Single Location Bidder

If you have any questions, please contact the Competitive Bidding Implementation Contractor (CBIC) customer service center at 1-877-577-5311.

**Supplier Checklist**

Hardcopy Document Package Checklist

This checklist is not a required document, but a guide to help you prepare your package of hardcopy documents for submission. Fact sheets, charts and other resources pertaining to submitting a package can be found on the Competitive Bidding Implementation Contractor website: [www.dmeconnectforbid.com](http://www.dmeconnectforbid.com). Follow the RFB instructions carefully to ensure your documents meet all requirements. We strongly recommend use of an accountant to prepare your financial documents and provide the accountant with a copy of this checklist, financial section of the RFB instructions and the Required Financial Documents by Business Type chart. All packages must be prepared in accordance with this checklist and the RFB instructions. Remember, financial statements should be prepared according to Generally Accepted Accounting Principles (GAAP).

**Financial Documentation\***

- Income Statement** - must include the following:
  - Revenues
  - Adjustments to revenues (if applicable)
  - Cost of goods sold (if applicable)
  - Expenses by category such as salary, utilities, rent, etc.
  - Net income/loss
- Balance Sheet** - must include the following:
  - Current assets
  - Total assets
  - Current liabilities
  - Total liabilities
  - Stockholders' equity or owners' capital
- Statement of Cash Flows** - must include the following:
  - Cash flow resulting from operating activities
  - Cash flow resulting from financing activities
  - Cash flow resulting from investing activities
  - Beginning and ending cash balances
- Tax Return Extract** (DO NOT send the entire tax return, only the required pages.)
- Credit Report** with score prepared within 90 days prior to the opening of the bid window by one of the five approved credit reporting agencies. Please refer to the RFB instructions for the date the credit reports/scores must be prepared. (Dun & Bradstreet, Experian, Equifax, TransUnion, or Standard & Poor's)

**Non-Financial Documentation\*\***

## 3 Form A: Approval

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 assigned during registration must be identified in your response.

First Name \* Debra  
Last Name \* Drapesff  
User ID \*

Approve

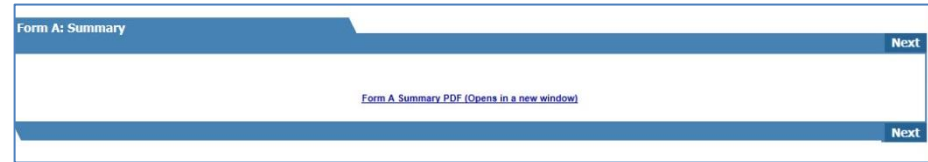
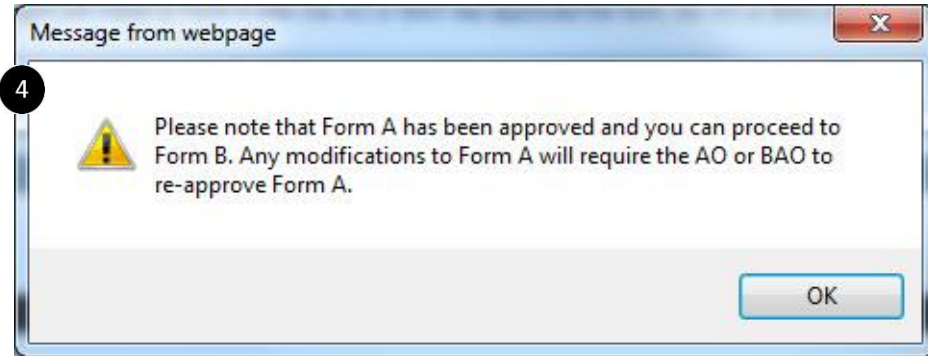
If any changes are made to Form A after the AO or BAO has approved the form, the AO or BAO must re-approve the form for it to be considered complete.

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

**2 Form A: Checklist** – This screen provides a checklist of the required hardcopy documents and a chart that describes all the financial document requirements based on your organization’s structure. We suggest you use this checklist and chart when you prepare your package of hardcopy documents. You can find this checklist and chart in the *Request for Bids (RFB)* on the CBIC website. Click **Next**. At this point, AOs and BAOs will see the **Form A: Approval** screen. EUs will be returned to the **Status** screen.

**3 Form A: Approval** - Only an AO or BAO may approve Form A. The AO or BAO’s name will be pre-populated. To approve, the AO or BAO must enter his or her user ID, which is the EIDM/DBidS ID, to serve as the signature of approval. Once the AO or BAO clicks **Approve**, Form A is complete and you will be able to create a Form B.



4 If you later make changes to your Form A, remember the AO or BAO must re-approve Form A before the close of the bid window. Your bid will not be considered complete if Form A is not approved and Form B(s) is not certified.

Click **Next** to approve Form A. On the next screen you can download a PDF version of the Form A Summary screen. We strongly encourage you to print or save this PDF for your reference.

To print a **Form A** summary for all locations, select “**Complete and Approved**” from the **Form A** section of the **Status** page. Click **Next** to go to the **Form A: Summary**.

# Form B

## Tips for Form B:

- If you are submitting bids for more than one competition (CBA and product category combination), you must complete a Form B for each competition.
- Multiple users (AO, BAO, or EU) may enter information into DBidS at the same time, but only one user can enter data in a competition's Form B.
- Your Form A must be **Complete** and **Approved** before you can proceed to Form B or access any created Form B(s).

## Form B: Create Bid

### 1 Navigation Menu

The screenshot shows the DBidS interface. On the left is a 'Navigation' menu with options: Status Page, Business Organization Types, Modify Form A, **Create Form B** (circled in red), Select Bid, Help, and Logout. Below this is a 'Today's' summary box with dates and times for 'Today's', 'Open Bid', and 'Close Bid'. The main content area has three sections: 'Form A: Application Status' showing a table with columns for Status, Last Modified Date, and Modified By; 'Form B: Bid Status' with a filter dropdown set to 'CBA' and a table with columns for CBA, Product Category, Status, Last Modified Date, and Modified By; and 'Documentation Status' with a 'Documentation Received: No' message.

1 To create a Form B, click **Create Form B** from the **Navigation** menu on the left side of your DBidS screen.

### 2 Form B: Create Bid

The screenshot shows the 'Form B: Create Bid' screen. At the top, it says 'Required fields are marked with \*'. Below is a section titled 'Competitive Bidding Area (CBA)/ Product Category' with instructions: 'To create a bid (Form B), select a CBA and product category, then click the Create Bid or Next button. This field is populated from the information you provided on Form A. You must click the Select button for the product category to be displayed below.' There are two dropdown menus: 'CBA \*' and 'Product Category \*', each with a 'Select' button. A 'Create Bid' button is below them. The next section is 'CBA/Product Category List' with instructions: 'Displayed below is a summary of the CBA(s) and product category(s) you have selected. Click on the column headers to sort the columns in ascending or descending order. The last column clicked will be the primary sort order for the page.' It has a filter dropdown set to 'CBA' and a table with columns for CBA and Product Category. The table contains two rows: 'Charleston-North Charleston-Summerville, SC' with 'Enteral Nutrients, Equipment and Supplies' and 'National Mail-Order' with 'Mail-Order Diabetic Supplies'.

2 The **Form B: Create Bid** screen will appear. The CBA and product category fields have been pre-populated with information you provided on Form A. Choose the CBA from the drop down menu and click **Select**. The product category(s) will then be displayed. To create a bid for that CBA/product category combination, click the **Create Bid** button.

**3 Form B: Furnished Items**

**Units Provided**

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 Bid Preparation Worksheets on the CBIC website ([www.dmeocompetitivebid.com](http://www.dmeocompetitivebid.com)) for the definition of a unit and additional bidding information.

HCPCS Code	Total Units Provided	Units Provided to Medicare Beneficiaries
E1390	<input type="text"/>	<input type="text"/>
E0424	<input type="text"/>	<input type="text"/>
E0439	<input type="text"/>	<input type="text"/>
E1391	<input type="text"/>	<input type="text"/>
E0431	<input type="text"/>	<input type="text"/>
E0434	<input type="text"/>	<input type="text"/>
A7030	<input type="text"/>	<input type="text"/>
A7034	<input type="text"/>	<input type="text"/>
E0470	<input type="text"/>	<input type="text"/>
E0471	<input type="text"/>	<input type="text"/>
E0562	<input type="text"/>	<input type="text"/>
E0601	<input type="text"/>	<input type="text"/>

**Percentage Increase in Medicare Business**

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. \*

%

4

**5 Expansion Plan**

**Expansion Plan**

Can you increase your current capacity for this product category in the CBA? If yes, you must complete an expansion plan. \*  Yes  No

**3** On the **Form B: Furnished Items** screen, the **Units Provided** section lists the top Healthcare Common Procedure Coding System (HCPCS) codes for the product category that you selected. For each listed HCPCS code, enter the number of units that your organization 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 in the past calendar year. If your business organization has not provided any of the items, indicate **0** in the appropriate column.

If the number in **Units Provided to Medicare Beneficiaries** is larger than the number in **Total Units Provided**, an error message will appear.

**4** In **Percentage Increase in Medicare Business**, indicate the percentage increase in Medicare business that your 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.

**5 Form B: Expansion** – If you are new to the CBA or this product category or plan to expand your business under the Competitive Bidding Program, click **Yes**.



**Expansion Plan**

Can you increase your current capacity for this product category in the CBA? 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 (maximum 1000 characters). If additional space is needed, you may submit documentation along with the required hardcopy documents. If an item does not apply, please leave blank. A minimum of one answer is required.*

*To copy an expansion plan entered on another bid, select the CBA/product category for the bid in the "Existing Bids with Expansion Plans" drop down list and click the Copy button. The data will be copied to the fields below. You can make changes to the data on this bid by editing the data below and clicking the Save button to save the data.*

**Existing Bids with Expansion Plans**

Select Expansion Plan

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

## 6 Subcontractor Information

**Subcontractor Information**

*If you plan to expand using subcontractor(s), select Yes below. Please note that subcontracting arrangements must be in compliance with the Supplier Standards and subcontractors 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 a Medicare-covered item(s), the subcontractor must be accredited by a CMS-approved accreditation organization. Click on the **i** above for specific requirements.*

Do you plan to use a 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

If you click **Yes**, additional fields will appear for you to detail how you plan to expand. If any fields do not pertain to your expansion plan, please enter **N/A**. Please note that at least one question in the **Expansion Plan** must be answered. Each field allows you to enter 1000 characters. If you need additional space, you may submit the information hardcopy in your required hardcopy document package. Remember to include your bidder number on each page.

Note: If you are submitting multiple bids and your expansion plan is the same for each bid, you can copy and paste an existing expansion plan. So, you may only need to create one expansion plan. Subsequent Form Bs will provide the option to copy expansion information from other bids. Under the **Existing Bids with Expansion Plans** label, click the drop down button to see a list of bids. Select a bid from the drop down list and click **Copy**. The data from that bid will be copied into the fields below. You can make changes to the data on this bid by editing the data below and clicking **Save**. Changes made to an individual expansion plan will not be made to other expansion plans.

If you need to use special characters, please use the international keyboard or Alt Control keys to enter information. Additional instructions on special characters can be found on page 48.

**6** If you plan to use a subcontractor, click **Yes** in the **Subcontractor Information** section, then select all applicable check boxes to indicate which functions 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

**7 Form B: Bid Sheet**

**Form B: Bid Sheet**

Print Save Back Next

Bidder #:   
 CBA: Chester, Lancaster & York Counties, SC  
 Product Category: General Home Equipment and Related Supplies and Accessories  
 PTAN(s):

You must provide your total estimated capacity and your bid price for each item (HCPCS code) listed for this product category.

**Bid Chart Descriptions and Instructions:**

- **HCPCS** - Healthcare Common Procedure Coding System 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 a long description, go to the CBIC website ([www.dmecompetitivebid.com](http://www.dmecompetitivebid.com)).
- **Type of Bid (Rental or Purchase)** - Indicates whether your bid should be for the purchase or monthly rental of the item (identified by the HCPCS code or product class). In most cases you must submit a bid amount that represents the purchase price of the new 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.
- 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** - For bidding purposes only, you must indicate the number of units per HCPCS code or product class that you estimate you can provide throughout the entire CBA for this product category for one (1) year. To determine the capacity for each HCPCS code, calculate the number of units that you currently furnish on a yearly basis and add any number of units or capacity you would be capable of providing annually at the start of the contract period. Please refer to the Bid Preparation Worksheets, including estimated capacity and bid amount calculations, on the CBIC website ([www.dmecompetitivebid.com](http://www.dmecompetitivebid.com)) for the definition of a unit and other important bidding information.
- **Fee Schedule** - Indicates the fee schedule amount for the HCPCS code in this CBA. You must provide a bid price that is less than or equal to the fee schedule amount.
- **Bid Price** - You must indicate your bid price for the item in this field. Your bid price must be a bona fide bid amount for each HCPCS code. The price submitted must 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 price. The bid price you submit for each HCPCS code or product class must 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 period.

HCPCS Code	Product Class	Item Description	Rental Or Purchase	Item Weight	Total Estimated Capacity	Fee Schedule	Bid Price
E0250	K	Hosp bed fixed ht w/ mattress	Purchase	0.0059353856	★ 1	816.00	★ 1.00
E0251	K	Hosp bed fixed ht w/o mattress	Purchase	0.0000917130	★ 1	602.40	★ 1.00

**7** The **Form B: Bid Sheet** comes pre-populated with important information for you about each HCPCS code. The form requires you to provide your total estimated capacity and bid price for each item in the product category.

**Product Class:** When bidding on the oxygen category, you will only submit a single bid price for the payment class or combination of codes.

The **Rental or Purchase** column tells you whether to submit your bid price as a rental or as a purchase of a new item. For most items you are required to submit a purchase bid which means a bid amount for the total purchase of a new item. Some codes require you to submit a rental bid which means you must enter your bid price for one month's rental of the new item.

To determine the **Total Estimated Capacity** for each HCPCS code or payment class, calculate the number of units that you currently furnish on a yearly basis and add any number of units or capacity you would be capable of providing annually at the start of the contract period. The definition of a unit for each item in the product category may be found in the bid preparation worksheets on the [CBIC website](http://www.cbic.com).

The **Bid Price** must be at or below the fee schedule amounts. The fee schedule amounts for Round 1 2017 items are the 2015 fee schedule amounts for the state in which the CBA is located. The amount must be rational and feasible and should consider your total cost to buy the item, including overhead and profit. If there is a question about a bid price during bid evaluation, you may be asked to provide a rationale and supporting documentation, such as a manufacturer's invoice, to verify that you can provide the item for the bid amount indicated on your bid sheet.

**8 Form B: Manufacturer**

After entering the Total Estimated Capacity and your Bid Price for each HCPCS code listed, click **Next**.

**8** On the **Form B: Manufacturer** screen, you must select **Add** next to each HCPCS code in the product category and provide the manufacturer, model name, and model number that you will make available to Medicare beneficiaries in the CBA.

**9** Depending on the HCPCS code, you will either be shown a drop down menu (listing manufacturer(s), model name(s) and model number(s)), blank fields to enter the information, or a combination of the two. You will choose from a drop-down menu or you may search for the product. Click **Add Manufacturer, Model Name & Model Number** to add the data to the list of items you intend to furnish. Please note that you must provide at least one manufacturer, model and model number for each item. If you do not currently provide the item, you should provide the information for the item(s) that you intend to furnish if awarded a contract.

If you are unable to locate the manufacturer information in the system using the search function or drop-down menu, you may enter the information in the **New Data for HCPCS Code** section, if this section is displayed.

After you have entered all of the manufacturer information for a particular HCPCS Code, click the **Back** button in the upper or lower right side of your screen. You will be returned to the previous screen so that you may enter manufacturer, model name, and model number information for the applicable HCPCS codes in the product category.

## 10 Form B: Summary

**Form B: Summary** Print Back Next

Date: 05/22/2015 16:08:42  
 Bidder R:  
 CBA: Charlotte-Concord-Gastonia, NC  
 Product Category: Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories  
 PTAN(s):  
 Bid Status: Pending Certification

Displayed below is a summary of the information you entered in Form B. Please carefully review for accuracy. You may make changes by selecting **Edit**.

**Units Provided** Edit

HCPCS Code	Total Units Provided	Units Provided to Medicare Beneficiaries
A6550	1	1
A7000	1	1
E2402	1	1

**Percentage Increase in Medicare Business** 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.

1000%

**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 (maximum 1000 characters). If additional space is needed, you may submit documentation along with the required hardcopy documents. If an item does not apply, please leave blank. A minimum of one answer is required.

Can you increase your current capacity for this product category in the CBA? If yes, you must complete an expansion plan.  No

**Subcontractor Information** Edit

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

**Bid Sheet** Edit

HCPCS Code	Product Class	Item Description	Rental Or Purchase	Item Weight	Total Estimated Capacity	Fee Schedule	Bid Price
A6550	N/A	Neg pres wound ther drsg set	Purchase	0.3578562379	1	\$26.25	\$1.00
A7000	N/A	Disposable canster for pump	Purchase	0.1802574512	1	\$8.96	\$1.00
E2402	N/A	Neg press wound therapy pump	Purchase	0.4618863109	1	\$16420.90	\$1.00

**Top HCPCS Manufacturer, Model Name and Model Number** Edit

HCPCS Code	Manufacturer	Model Name	Model Number
A6550	CONVATEC INC	BIO-DOME EASYRELEASE DRESSING KIT - DOUBLE SIDED THIN	446554
A6550	CONVATEC INC	BIO-DOME EASYRELEASE DRESSING KIT - THIN	446552
A7000	AMERIVAC USA	AMERIVAC USA	PRO-III
E2402	BLUE SKY MEDICAL GROUP INC	VERSATILE 1	100.01

Note: Access to the 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.

Print Back Next

Note: If you are bidding for the same product category in multiple CBAs, you may copy the product information from another bid. After you enter the product information for one CBA, when you create another Form B, you may select a bid from the **Copy Manufacturer, Model Name, and Model Number Data** list on the **Form B: Manufacturer** page. Click the **Add** button. The data will be applied to this bid. You can make changes to the data on this bid by clicking the **Add** button next to each HCPCS code.

10 The **Form B: Summary** screen displays all the information you entered into Form B. Please review each section carefully. If you need to make changes or updates to a section, click **Edit** for that section. This will return you to the selected screen to make any changes. If you are satisfied with the information listed on the **Summary** screen, click **Next**.

## 11 Form B: Public Address Announcement

## 12 Form B: Certification

11 The next screen is the **Form B: Public Address Announcement** (penalties for falsifying information). Please read this form and then click **Next**.

Only AOs and BAOs are allowed to access the **Form B: Bid [Certification Statement]**. At this point, EUs will be returned to the **Status** screen.

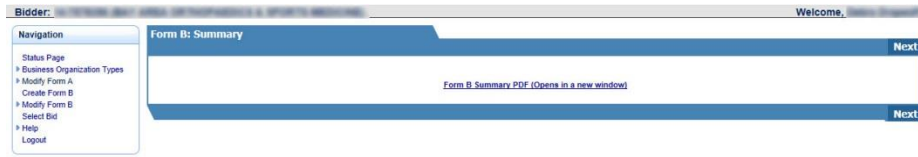
An AO or BAO should read the certification statement carefully.

### Important Note for Networks:

Network members are required to certify that they cannot independently service the entire CBA. The primary supplier for your network must print the certifying statement for each member. Each member must carefully read and sign the statement. The primary supplier must submit the certifying statement with the network's hardcopy documents. You are required to include your bidder number on each page of the hardcopy documents you submit as part of your bid package.

12 **Form B: Certification** – Form B must be certified by the AO or BAO. The User ID is your EIDM/DBidS user ID and must be entered on the certification screen to serve as your signature certifying that all information submitted is true. Please note that if any modifications are made to Form B after it is certified, the AO or BAO must re-certify Form B. If Form B is not certified, your bid cannot be evaluated and you will not be considered for a contract.

### 13 Form B: Summary



13 Once Form B is certified, a PDF version of the **Form B Summary** screen will appear. We strongly encourage you to print or save this PDF for your reference.

Click **Next** to be returned to the **Status** page.

# Form A and B Status

The screenshot displays the DMEPOS BIDDING SYSTEM (DBidS) interface. At the top, there is a navigation menu with options like Status Page, Business Organization Types, Modify Form A, Create Form B, Select Bid, Help, and Logout. The main content area is divided into three sections:

- Form A: Application Status:** This section shows a table with columns for Status, Last Modified Date, and Modified By. The status is 'Complete and Approved' with a last modified date of 05/22/2015 16:01:22. Below the table, it indicates 'Total Number of Locations: 2', 'Locations Incomplete: 0', 'Locations Complete: 2', and 'Total Number of Competitions: 18'.
- Form B: Bid Status:** This section features a filter dropdown set to 'CBA' and a table with columns for CBA, Product Category, Status, Last Modified Date, Modified By, and Select Bid. A single bid is listed for 'Cincinnati, OH' under the category 'Nebulizers and Related Supplies' with a status of 'Incomplete' and a last modified date of 05/22/2015 10:51:56. Below the table, it shows 'Incomplete Bids: 6', 'Bids Pending AO/BAO Certification: 0', and 'Certified Bids: 0'.
- Documentation Status:** This section indicates 'Documentation Received: No' and includes a disclaimer: 'It is the bidder's responsibility to ensure that they have submitted the entire package of all required hardcopy documents to the Competitive Bidding Implementation Contractor (CBIC) and that the package is received by the CBIC by the close of the bid window. Late packages will not be accepted. The notation above indicates whether the CBIC has received any hardcopy document(s). However, it does not acknowledge the accuracy or completeness of the documents. The CBIC cannot provide this information.'

The status screen shows you the status of your Form A and Form B(s). This page will display each time you log in to DBidS. We suggest that you check this screen often to ensure your bid is complete, approved, and certified before the close of the bid window.

## Form A Application status:

- **Incomplete** – Form A is missing required field(s). Click on **Incomplete** to return to the section that is missing information.
- **Pending Approval** – Approval for Form A is pending; it has not been approved (or re-approved, if applicable) by the AO or BAO.
- **Complete and Approved** – Form A is complete and has been approved (or reapproved, if applicable) by the AO or BAO.

## Form B Bid Status:

- **Incomplete** – Form B is missing required information. Click on **Incomplete** to return to the Form B: Bid Status page. Each page of Form B will be listed with individual statuses.
- **Pending Certification** – Certification is pending; form is complete but must be certified (or re-certified, if applicable) by the AO or BAO. An uncertified bid (Form B) will not be considered for evaluation.
- **Complete and Certified** – Form B is complete and has been certified (or re-certified, if applicable) by the AO or BAO.

This screen also shows whether your hardcopy document package has been received. It does not show whether the package is complete or if the documents are accurate or acceptable. If your document package was not received, the DBidS indicator will remain **No**.

## Documentation Status:

- **Document Received – Yes** – displays if the CBIC has received a

package.

- **Document Received – No** – displays if the CBIC has not received a package.

You may continue to view your DBidS status screen up to 90 days after the bid window closes to certify whether your online bid is complete, approved, and certified by the AO or BAO. However, no changes can be made to any bidding information.

## International Keyboard & Alt Control Instructions

### International Keyboard (For Windows XP users)

Click **Start** in the bottom left of your screen.  
Select **Settings**, then **Control Panel**.  
Double click **Regional and Language Options**.  
A pop up box will appear. Select the **Languages** tab.  
In the **Installed services** box, click **Add** and select **United States - International** under **Keyboard Layout/IME**.  
Click **OK**.  
Click **Apply**.

### Alt Control

Hold down the **Alt** key while typing the corresponding key combinations indicated in the box below (use the numeric keypad to enter numbers).

Character	Description	Windows	Macintosh
¡	inverted exclamation mark	173	opt-1
¿	inverted question mark	168	opt-shift-/
á	small a, acute accent	160	opt-E A
Á	capital A, acute accent	0193	opt-E shift-A
é	small e, acute accent	130	opt-E E
É	capital E, acute accent	144	opt-E shift-E
í	small i, acute accent	161	opt-E I
Í	capital I, acute accent	0205	opt-E shift-I
ñ	small n, tilde	164	opt-N N
Ñ	capital N, tilde	165	opt-N shift-N
ó	small o, acute accent	162	opt-E O
Ó	capital O, acute accent	0211	opt-E shift-O
ú	small u, acute accent	163	opt-E U
Ú	capital U, acute accent	0218	opt-E shift-U