

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

DBidS User Guide

Contents

Introduction.....	3
Tips	4
Getting Started.....	7
Form A.....	8
Business Organization Information.....	9
Primary Location Specific Information.....	17
Form A: Multiple Locations.....	22
Form A: Networks	25
Form A: All Bidding Types	28
Form B.....	31
Form B: Create Bid	32
Form A and B Status.....	40
International Keyboard & Alt Control Instructions.....	41

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.**

This guide numbers 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. This will cause your DBidS account to lock. Instead, click **Logout** located in the left navigation menu and in the upper right corner of the DBidS screen.

DBidS will time out after 15 minutes of inactivity. A warning message will appear after 10 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 data entered. If DBidS times out, you must completely close all browser windows and open a new browser to log back into DBidS. To remain active in DBidS, you must click **Save** or proceed to the next screen by clicking **Next** every 10 minutes to keep your session active. Simply inputting information on a screen will not keep you in an active status.

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 will check your browser when you login and display a message if you are using an unsupported browser. If you use a non-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.

If you modify any information in Form A or Form B, after Form A is approved or Form B is certified, the AO or BAO must 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 your status is incomplete, click on **Incomplete** in the **Status** column, you will then be taken to the appropriate page to complete your form. It is important that you visit 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 41.)

Call the CBIC customer service center from 9 a.m. to 9 p.m. Eastern Time, Monday through Friday, at 877-577-5331 for assistance during registration and bidding periods.

What is new in DBidS:

- You will not need to enter location specific data. Location information will be pre-populated with information from your enrollment data (address, National Provider Identifier (NPI), Taxpayer Identification Number (TIN), etc.) from the Medicare Provider Enrollment Chain and Ownership system (PECOS).
- You can easily add locations that have the same TIN or different TINs that are associated with your business organization.
- Some tables will be provided throughout DBidS that allow you to sort and/or filter on certain fields.
- You can assign multiple 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.
- If you are bidding in the national mail-order competition, you will complete the 50 Percent Compliance Form in DBidS.
- The status page will alert you to important information such as your total number of bids and the current status of your bid, whether it is complete and if not complete, what is missing. 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 alerts during the last week of bidding to remind you to complete and approve your Form A and complete and certify Form B.

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 complete Form A until the Authorized Official (AO) has completed the first section in Form A.
- There is no need to complete multiple Form As for each registered PTAN.
- 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 Individuals Authorized Access to the CMS Computer Services (IACS) system user ID and password by the time registration closes. You must have an IACS user ID and password to access DBidS. For more information on registering in IACS, please visit the CBIC website at www.dmecompetitivebid.com.

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:

Go to www.dmecompetitivebid.com

Click **Round 2 Recompete & National Mail-Order Recompete** 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

Click **Round 2 Recompete & National Mail-Order Recompete** on the left side of the page.

Select **Bidding Suppliers**

Select **Bidding**

Click **DBidS: Online Bid Submission System**

Click the **Bid Now** button

You will be directed to the **IACS Terms and Conditions** screen

Click **I Accept**


Type your IACS user ID into the User ID field

Type your IACS password into the **Password** field. (IACS user IDs and passwords are case sensitive)

Click **Log In**

Click **Enter DBidS** on the Welcome to DMEPOS Bidding System (DBidS) screen.

If this is your first time logging in to 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 are the primary supplier for a network and are also bidding in a separate product category or CBA as an individual supplier, and you registered more than one Provider Transaction Access Number (PTAN) in IACS, the **Select PTAN to Create Form A** screen will appear. 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:

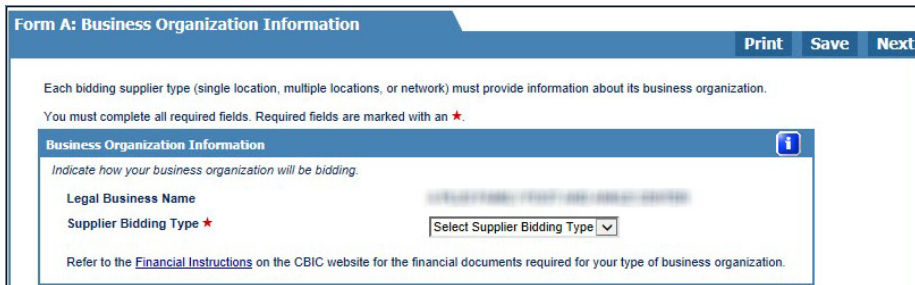
- Only AOs or BAOs must complete the Business Organization section
- Only one user at a time may enter data in Form A.
- Form A must be completed and approved by the AO or BAO before data can be entered on Form B.

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 answer 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, 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 prepopulated 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 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.

Specialty Supplier 

Indicate if you are bidding as a specialty supplier.

Is your organization a skilled nursing facility (SNF) or a nursing facility (NF) that is bidding as a specialty supplier and plans to furnish competitively bid items only to its own residents? ★ Yes No

2 Form A – Specialty Supplier

Contact Person 

Provide the name(s) of the person(s) who should be contacted to answer questions regarding the business or network organization. You must click the Add Contact Person button below for this information to be saved. You may enter more than one contact person (maximum 5). Once you have entered the names of your contact person(s), scroll down to verify the name(s) was entered correctly.

First Name ★


Last Name ★

Title ★

E-mail ★

Telephone Number ★ () () -

3 Form A – Contact Person

Authorized Official or Key Personnel 

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

4 Form A – Authorized Official or Key Personnel

2 Specialty Supplier – Only skilled nursing facilities (SNFs) and nursing facilities (NFs) are eligible to bid as specialty suppliers. If **Yes** is selected and the business is identified as a specialty supplier, you will only be allowed to bid on the enteral nutrition product category. 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 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 are not the AOs as described above. Once the information is added in this field, it 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.

Accreditation Information

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 ★

Add Accreditation

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)
	Delete

5 Form A – Accreditation Information

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)). ★

6 Form A – Licensure

5 Accreditation Information – Suppliers submitting a bid for a product category must be accredited by one of the Medicare approved accreditation 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.

You must also review and acknowledge the disclaimer that you have read and agree with the statement.

6 Licensure – Suppliers submitting a bid for a product category in a CBA must meet all DMEPOS state licensing requirements and any other applicable state licensing requirements, if any, for that product category. 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.

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.

7 Form A – Business Information

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 for additional information.

Type of Business ★

8 Form A – Type of Business

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

9 Form A – Service Delivery

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 Service Delivery** – Check all delivery methods that apply:
- Retail Location with Home Delivery
 - Mail-order
 - Home Delivery

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

10 Form A – Sanctions

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 #.) If you select **Yes**, a copy of either the settlement or corporate integrity agreement must be submitted with the required hardcopy documents.

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).

CBAs and Product Categories		
CBA	Product Category	Select
<input type="text" value="Search..."/>	<input type="text" value="Search..."/>	All <input type="button" value="v"/>
Aiken & Edgefield Counties, SC	Enteral Nutrients, Equipment and Supplies	<input type="checkbox"/>
Aiken & Edgefield Counties, SC	General Home Equipment and Related Supplies and Accessories	<input type="checkbox"/>
Aiken & Edgefield Counties, SC	Nebulizers and Related Supplies	<input type="checkbox"/>
Aiken & Edgefield Counties, SC	Negative Pressure Wound Therapy (NPWT) Pumps and Related Supplies and Accessories	<input type="checkbox"/>
Aiken & Edgefield Counties, SC	Respiratory Equipment and Related Supplies and Accessories	<input type="checkbox"/>
Aiken & Edgefield Counties, SC	Standard Mobility Equipment and Related Accessories	<input type="checkbox"/>
Aiken & Edgefield Counties, SC	Transcutaneous Electrical Nerve Stimulation (TENS) Devices and Supplies	<input type="checkbox"/>
Akron, OH	Enteral Nutrients, Equipment and Supplies	<input type="checkbox"/>
Akron, OH	General Home Equipment and Related Supplies and Accessories	<input type="checkbox"/>
Akron, OH	Nebulizers and Related Supplies	<input type="checkbox"/>

11 Form A – CBA and Product Category


11 Select Competitive Bidding Area (CBA) and Product Category

Note: 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.

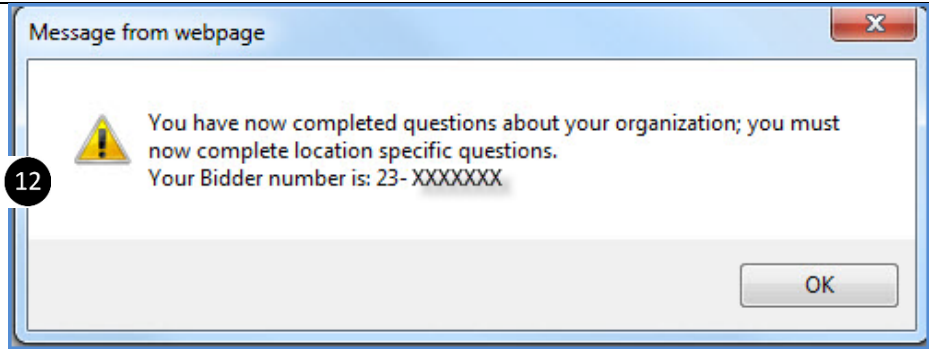
You must identify all of the CBAs and product categories for which your organization is submitting a bid. You must select a minimum of one (1) CBA and one (1) product category to submit a bid. The selection you enter will display later in DBidS, and you will be required to identify the CBA(s) associated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

Click on the **Add CBA/Product Category** 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 produce all possible CBA or product category names as you type in the name. 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.

Note: If you previously selected **Specialty Supplier**, you may only select the enteral nutrients, equipment and supplies product category. No other product categories will appear in the product category selection. Networks are prohibited from bidding in the national mail-order recompile.



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. 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 for your location.
- Physical Address** – verify the physical address for your primary location
- Business Information** – verify the tax identification number and doing business as 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.

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

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 DBiS. The pre-populated information provided in DBiS 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 a *

Identifying Information

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

1	Legal Business Name	A PLUS FAMILY FOOT AND ANKLE CENTER
	Address Line 1	1221 S WATER ST
	Address Line 2	STE A
	City	KENT
	State	OH
	Zip Code	44202040
	Telephone Number	(330) 474-0500
	Toll Free Number (if available)	() -
	PTAN for this location	487470001
	NPI Identification Number	1487000040

Physical Address

The physical address for your primary location.

2	Address Line 1	1221 S WATER ST
	Address Line 2	STE A
	City	KENT
	State	OH
	Zip Code	44202040

Business Information

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

3	Tax Identification Number (TIN)	***** 9888
	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.

4	Is the information listed above accurate for this location? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	---	---

Form A - Primary Location Specific Information

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

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.

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.

CBA / Product Category List 1 - 10 / 14 (14) Show 10 rows per page

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 0 - 0 / 0 (0) Show 10 rows per page


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

5 Competitive Bidding Area (CBA) and Product Category – Primary Location – This section lists the CBA(s) and product category(s) 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.

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


Primary Location										
PTAN	Legal Business Name	Address	City	State	Zip	NPI	TIN	CBA PCs	Status	Actions
5614920001	31ST AND 3RD PHARMACY INC	1860 WALT WHITMAN ROAD SUITE 700	MELVILLE	NY	117473098	1801809420	0658	1	Complete	<input type="button" value="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

6 Form A – Assign Locations screen, Assign CBA/PCs to Locations (Required)

6 Form A – Assign Locations screen, Assign CBA/PCs to Locations (Required) section – For a single location bidder, the **Assign Locations** screen will appear next. This screen will provide a status of all locations. For multiple location and network location bidders, you will indicate which CBA and product category combination(s) the additional location(s) 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). 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 under the **Apply Toll Free Number to Locations** section.

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.

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.

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**, skip to page 28 of this guide for further instructions on completing Form A
- If you have **multiple locations**, please view pages 22-24, then skip to page 28.
- If you have a **network**, please complete pages 25-27 and continue to page 28.

Form A: Multiple Locations

Find Additional Locations

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

1 + PTAN TIN NPI

Find Location(s)

Additional Location(s) 0 - 0 / 0 (0) Show 10 rows per page

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"/>	All

Add Location(s)

Form A: Add Additional Locations

Assign CBA/PCs to Locations (Required)

The CBA and product category combinations appear below. You must identify the locations within a CBA and product category that will be furnishing the competitively bid items and services by checking the box in the right column for each combination.

You may assign multiple CBA/product category combinations to multiple locations here. Then select the locations in the Additional Locations section below to which you would also like to assign these CBA/product category combinations. You can sort or filter any of the fields in this table.

Click the **Assign CBA/PCs** button to assign your selected CBA/product category combination to the selected locations.

To delete a CBA/product category combination for a location, click the **View/Modify** button in the Additional Locations section below. Once on the location page, you may delete the CBA/product category combination.

2 **Assign CBA/PCs**

CBA	Product Category	Select All
Charlotte-Gastonia-Rock Hill, NC-SC	Enteral Nutrients, Equipment and Supplies	<input type="checkbox"/>
Cincinnati-Middletown, OH-KY-IN	Enteral Nutrients, Equipment and Supplies	<input type="checkbox"/>
Cleveland-Elyria-Mentor, OH	Enteral Nutrients, Equipment and Supplies	<input type="checkbox"/>
Dallas-Fort Worth-Arlington, TX	Enteral Nutrients, Equipment and Supplies	<input type="checkbox"/>
Kansas City, MO-KS	Enteral Nutrients, Equipment and Supplies	<input type="checkbox"/>
Miami-Fort Lauderdale-Pompano Beach, FL	Enteral Nutrients, Equipment and Supplies	<input type="checkbox"/>

Additional Location(s)

PTAN	Legal Business Name	Address	City	State	Zip	NPI	TIN	CBA PCs	Status	Actions	Select All
1001121108	Additional Location 140	140 Cider Court	Baltimore	MD	21237	9876543210	6789	Incomplete	<input type="button" value="View/Modify"/>	<input type="checkbox"/>	
1001121208	Additional Location 141	141 Cloud Street	Boston	MA	02137	9876543210	6789	Incomplete	<input type="button" value="View/Modify"/>	<input type="checkbox"/>	

Form A: Assign Locations screen, Assign CBA/PCs to Locations (Required)


Organizations with multiple locations and organizations that are commonly owned or 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 Control* fact sheet on the CBIC website.

The **Form A: Add Additional Locations** screen will list all PTANs associated with your primary location's tax 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 additional locations and enter the PTAN, TIN and NPI and click the **Add Location(s)** button. .

1 Find Additional Locations – 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. 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. From this list, select the location(s) you wish to add to your bid and then click the **Add Location(s)** button. You should repeat these steps to add locations using a different TIN.

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

2 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). 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

	<p>CBA's and product categories.</p> <p>If you wish to add the same toll-free number to some or all of your locations, you may do so on the Form A: Assign Locations screen under the Apply Toll Free Number to Locations section.</p> <p>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.</p> <p>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.</p> <p>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.</p>
--	---

Form A: Networks

Form A: Add Network Member Locations Print Save Back Next

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 PTANs 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 CEAs included in your bid.

Required fields are marked with *

Add Network Member

Network Member Name: Add Network Member Clear

Network Members

Network Member	Action(s)
Billy Joe's House of Stuff	Modify Delete
+ PTAN 012670001 TIN 111111111 NPI 1234567890 15 Locations Found	

Find Location(s)

Network Locations

Network Member Name	PTAN	Legal Business Name	Address	City	State	Zip	NPI	TIN	Select All
Billy Joe's House of Stuff	012642001	Test Company 001	001 Thomas Lane Apt 001	Towson	MD	54321	1234567890	111111111	<input checked="" type="checkbox"/>
Billy Joe's House of Stuff	012644001	Test Company 001	001 Thomas Lane Apt 001	Towson	MD	54321	1234567890	111111111	<input type="checkbox"/>
Billy Joe's House of Stuff	012647001	Test Company 001	001 Thomas Lane Apt 001	Towson	MD	54321	1234567890	111111111	<input checked="" type="checkbox"/>
Billy Joe's House of Stuff	012650001	Test Company 001	001 Thomas Lane Apt 001	Towson	MD	54321	1234567890	111111111	<input type="checkbox"/>
Billy Joe's House of Stuff	012653001	Test Company 001	001 Thomas Lane Apt 001	Towson	MD	54321	1234567890	111111111	<input checked="" type="checkbox"/>
Billy Joe's House of Stuff	012654001	Test Company 001	001 Thomas Lane Apt 001	Towson	MD	54321	1234567890	111111111	<input type="checkbox"/>
Billy Joe's House of Stuff	012654002	Test Company 002	002 Thomas Lane Apt 002	Towson	MD	54321	1234567890	111111111	<input checked="" type="checkbox"/>
Billy Joe's House of Stuff	012658001	Test Company 001	001 Thomas Lane Apt 001	Towson	MD	54321	1234567890	111111111	<input type="checkbox"/>
Billy Joe's House of Stuff	012665001	Test Company 001	001 Thomas Lane Apt 001	Towson	MD	54321	1234567890	111111111	<input checked="" type="checkbox"/>
Billy Joe's House of Stuff	012674001	Test Company 001	001 Thomas Lane Apt 001	Towson	MD	54321	1234567890	111111111	<input type="checkbox"/>

Add Location(s)

1 Form A: Add Network Member Locations

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, and you may select the locations under **Network Locations**. Click the **Add Locations** button to add the locations to the network's bid. Repeat this process to add other locations.

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

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).

Select the CBA and product category, and then select the location(s) that will be furnishing the items. Click **Assign CBA/PCs** to assign the CBAs and product categories to the location. 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 locations, you may do so on the **Form A: Assign Network Member Locations** screen under the **Apply Toll Free Number to Locations** section.

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.

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.

2 Form A: Assign Network Member Locations

Form A: All Bidding Types

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 signing, or approving, Form A. You must:

- Review your **Summary** page

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

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

Form A: Summary Print Print All Locations Back Next

Date: 02/20/14 12:52:08
 PTAN(s): 001400001
 Bidder Number: 13-0000722
 Supplier Type: Single Location Bidder
 Bidder Status: Pending Approval

Displayed below is a summary for the location(s) for which you are submitting a bid. Please carefully review the information you provided on Form A for accuracy. You may modify your information or add a location(s). If you do not wish to make any changes or add a location, select NEXT. Only locations identified by the PTAN listed on this summary page will be eligible to receive payment if awarded a contract under the DMEPOS Competitive Bidding Program. To make any changes, click EDIT.

Identifying Information			
Legal Business Name	Tenet Company 001	Address Line 2	Suite 001
Address Line 1	901 Main Street	State	22345
City	Ballwin	Zip Code	(202) 523-4567
Telephone Number (xxx) xxx-xxxx	(202) 523-4567	Toll Free Number (if available) (xxx) xxx-xxxx	(202) 523-4567
PTAN for this location	001400001	NPI Identification Number	223456789

Specialty Supplier
 Bidding as a specialty supplier?

Physical Address
 Address Line 1 901 Thomas Lane
 City Orlando State FL Zip Code 34101

Tax Identification Number (TIN)
 Tax Identification Number 001400001

Doing Business As (DBA)
 Doing Business As (DBA) 1 DBA PTAN 001

Contact Person					
First Name	Last Name	Title	Telephone	E-Mail	
John	Doe	CEO	820.56.9876	john@doe.com	

1 Form A: Summary

Form A: Checklist Print Back Next

Date: 02/20/14 12:47:01
 PTAN(s): 001400001
 Bidder Number: 13-0000722
 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.dmeconnect@vpsd.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*

<input type="checkbox"/> Income Statement - must include the following:	<input type="checkbox"/> Expenses by category such as salary, utilities, rent, etc.
<input type="checkbox"/> Revenues	<input type="checkbox"/> Net income/loss
<input type="checkbox"/> Adjustments to revenues (if applicable)	
<input type="checkbox"/> Cost of goods sold (if applicable)	
<input type="checkbox"/> Balance Sheet - must include the following:	<input type="checkbox"/> Total liabilities
<input type="checkbox"/> Current assets	<input type="checkbox"/> Stockholders' equity or owners' capital
<input type="checkbox"/> Total assets	
<input type="checkbox"/> Current liabilities	
<input type="checkbox"/> Statement of Cash Flows - must include the following:	<input type="checkbox"/> Cash flow resulting from investing activities
<input type="checkbox"/> Cash flow resulting from operating activities	<input type="checkbox"/> Beginning and ending cash balances
<input type="checkbox"/> Cash flow resulting from financing activities	
<input type="checkbox"/> Tax Return Extract (DO NOT send the entire tax return, only the required pages.)	
<input type="checkbox"/> 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**

2 Form A: Checklist

1 **Form A: Summary** – You will see a summary of the information 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. If you are satisfied with the information, click **Next**. To print a summary of the information provided for all locations, click the **Print All Locations** button. 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.

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 information in the **Form A: Additional Location/Network Location Summary** screen will appear. To change any of the information displayed on this screen, click **View/Modify**.

2 **Form A: Checklist** – This screen provides a checklist of the required financial hardcopy documents and a chart that describes all 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. Next, AOs and BAOs will see the **Form A: Approval** screen. EUs will be returned to the **Status** screen.

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 *

Last Name *

User ID *

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

3 Form A: Approval

4

Message from webpage ⓘ

ⓘ Please note that Form A has been approved. Any modifications to Form A will require the AO or BAO to re-approve Form A. Modifying Form A may impact data within an associated Form B bid(s). Please verify Form B's data to ensure data is accurate based on modifications to Form A. Another user will not be permitted to access any Form B bid(s) if Form A is incomplete or pending approval. Go to your Status page often to confirm the status of your bid. Do you want to continue?

3 Form A: Approval - Only an AO or BAO may approve Form A. The AO or BAO's name will be prepopulated – the AO or BAO must enter his or her user ID, which is the IACS/DBidS ID. Once you click **Approve**, Form A will be 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 the Form B is not certified.

Once Form A is approved by clicking **Next**, you will be taken to a page where 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

Navigation

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

Form A: Application Status

Status	Last Modified Date	Modified By	Print	Save
Complete and Approved	11/24/2014 16:24:37	Holly Hobby		

Total Number of Locations: 1 Locations Incomplete: 0 Locations Complete: 1 Total Number of Competitions: 5

Form B: Bid Status

Select Filter: CBA 4 of 4 Filter Clear Filter

CBA	Product Category	Status	Last Modified Date	Modified By	Select Bid
National Mail-					

Incomplete Bids: 2 Bids Pending AO/BAO Certification: 0 Certified Bids: 2
Total Bids: 4

Documentation Status

Documentation Received: No

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.

1 Navigation Menu

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

Form B: Create Bid

Required fields are marked with *

Competitive Bidding Area (CBA)/ Product Category

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.

CBA * Select the CBA Select

Product Category * Select Product Category Create Bid

CBA/Product Category List

Displayed below is a summary of the CBA(s) and product category(s) you have selected. 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.

Select Filter: CBA 2 of 2 Filter Clear Filter

CBA	Product Category
Charleston-North Charleston-Summerville, SC	Enteral Nutrients, Equipment and Supplies
National Mail-Order	Mail-Order Diabetic Supplies

2 Form B: Create Bid

2 The **Form B: Create Bid** screen will appear. The CBA and product category fields have been populated with information provided on Form A. Choose the CBA from the drop down menu and click **Select**. The product category(s) will then be displayed. Choose the applicable product category for that CBA and 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.dmecompetitivebid.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 Percentage Increase in Medicare Business

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

5 Expansion Plan

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

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.

Yes No

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

6 Subcontractor Information

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 the **Save** button to save the data. Any changes 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 41.

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

Form B: Bid Sheet

Print Save Back Next

Bidder #: **25-100000**
 CBA: **Charlotte North-Carolina-Summersville, SC**
 Product Category: **Enteral Nutrition, Equipment and Supplies**
 PTAN(s): **78100000**

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)
- **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 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) 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 Fee Capacity	Bid Schedule Price
B4034	N/A	Enteral feed supkit syr by day	Purchase	0.0142260653	★ <input type="text"/>	6.06 ★ <input type="text"/>
B4035	N/A	Enteral feed supp pump per d	Purchase	0.0374194643	★ <input type="text"/>	11.56 ★ <input type="text"/>
B4036	N/A	Enteral feed sup kit grav by	Purchase	0.0037422180	★ <input type="text"/>	7.94 ★ <input type="text"/>
B4081	N/A	Enteral ng tubing w/ stylet	Purchase	0.0000010696	★ <input type="text"/>	21.44 ★ <input type="text"/>
B4082	N/A	Enteral ng tubing w/o stylet	Purchase	0.0000011992	★ <input type="text"/>	15.94 ★ <input type="text"/>
B4083	N/A	Enteral stomach tube levine	Purchase	0.0000003049	★ <input type="text"/>	2.45 ★ <input type="text"/>

7 Form B: Bid Sheet

7 The **Form B: Bid Sheet** 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. **Rental** means to enter your bid price for one month's rental of the new item. **Purchase** means to enter the bid price as the total purchase 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.

The **Bid Price** must be at or below the fee schedule amounts. The fee schedule amounts for Round 2 Recompete 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.

Form B: Manufacturer

Print Back Next

Bidder #: 15-000000
 CBA: 15-000000-000000-000000-000000
 Product Category: Internal Products, Equipment and Supplies
 PTAN(s): 15-000000

Required fields are marked with *

For the HCPCS codes listed below, identify the manufacturer(s), model name(s) and model number(s) of all products that you plan to make available to Medicare beneficiaries in this CBA. You must provide information for each HCPCS code for your bid to be complete.

To copy the manufacturer(s), model name(s) and model number(s) entered on another bid for the same product category, select the CBA name in the "Copy Manufacturer, Model Name, and Model Number Data" from the drop-down list and 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.

If a contract is awarded, the information entered on this screen will be displayed to the public in the online Medicare Supplier Directory located at <http://www.medicare.gov>. In order to keep this information current, suppliers awarded a contract are required to submit a quarterly report updating the manufacturer and model information.

Copy Manufacturer, Model Name, and Model Number Data

HCPCS Code	Manufacturers, Model Names and Model Numbers Entered	Action(s)
B4034	0	<input type="button" value="Add"/>
B4035	0	<input type="button" value="Add"/>
B4150	0	<input type="button" value="Add"/>
B4152	0	<input type="button" value="Add"/>
B4154	0	<input type="button" value="Add"/>

8 Form B: Manufacturer

Available Data for HCPCS B4152

Please select the manufacturer, model name and model number for the listed HCPCS code. You must click the **Add Manufacturer, Model Name & Model Number** button below for this information to be saved. Click the **Back** button after you have added the product information for this HCPCS code.

If the product information is not included on the list, you may add new product information for some HCPCS codes. Select **Other** from the list and enter the data in the fields provided in the **New Data** section. Before you select **Other**, please verify that the product information you are entering is not already listed in the drop-down menu in the **Available Data** section. You must use the product information in the drop-down menu if applicable. If you enter product information in the **New Data** section that is listed in the drop-down menu in the **Available Data** section, your bid could be disqualifyed.

Select how you would like to search for products:
 Manufacturer Model Name Model Number

Select the following information

You can search using at least three (3) characters

UNSOURCE OR Search:

Search Results:

Select	Manufacturer Name	Model Name	Model Number
<input type="checkbox"/>	UNSOURCE	NATURE PLUS	N/A

New Data for HCPCS B4152

Please enter the manufacturer, model name and model number for products that have not been reviewed by the Pricing, Data Analysis, and Coding (PDAC) contractor. You must click the **Add Manufacturer, Model Name & Model Number** button below for this information to be saved. Click the **Back** button after you have entered product information for this HCPCS code.

Manufacturer *
 Model Name *
 Model Number *

Manufacturers, Model Names and Model Numbers

Manufacturer	Model Name	Model Number	Action(s)
80760	80760	80760	<input type="button" value="Modify"/> <input type="button" value="Delete"/>
ALLETE PHARMACEUTICALS	AMTE HIGH CAL 2.0	N/A	<input type="button" value="Delete"/>
ALLETE PHARMACEUTICALS	AMTF HICAL 2.0	N/A	<input type="button" value="Delete"/>

9

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, 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 other HCPCS codes in the product category.

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.

Available Data for HCPCS A4253KL

NATIONAL MAIL-ORDER RECOMPETE COMPETITION
50 Percent Compliance Form
 For the national mail-order recompete competition, the law requires bidding suppliers to demonstrate that their bid covers at least 50 percent, by volume, of all types of mail-order diabetic testing strips. To demonstrate your compliance with the 50 percent rule, you must complete this section.

Directions:
 From the list below, select ALL models of test strips (HCPCS code A4252) that you intend to furnish to Medicare beneficiaries if you are awarded a contract. The percent of market share for each model will populate in the corresponding column. The cumulative market share will be displayed in the TOTAL box at the bottom of the form. Once you reach the 50 percent threshold, please enter any additional models you intend to provide. It is very important to indicate ALL models you intend to provide as this information will be shown in the Supplier Directory on the Medicare website, which beneficiaries and release agents will use to locate contract suppliers. If the model is not on the pre-populated list, please select #Other# and enter the model information in the fields provided in the New Data section. Models that you enter in the New Data section will get a combined market share and count 10 percent towards your total market share for compliance with the 50 percent rule.

10 Select how you would like to search for products:
 Manufacturer Model Name Model Number

Select the following information: You can search using at least three (3) characters

OR Search:

Search Results:

Select	Manufacturer Name	Model Name	Model Number	Market Share %
No Search Results found				

New Data for HCPCS A4253KL

Please enter the manufacturer, model name and model number for products that have not been reviewed by the Pricing, Data Analysis, and Coding (PDAC) contractor. You must click the Add Manufacturer, Model Name & Model Number button below for this information to be saved. Click the Back button after you have entered product information for this HCPCS code.

Manufacturer *
 Model Name *
 Model Number *

Manufacturers, Model Names and Model Numbers

Manufacturer	Model Name	Model Number	Action(s)
No Manufacturers, Model Names and Model Numbers Saved			

The total market share for the HCPCS code is 0.0

10 If you are bidding in the national mail-order recompete, you must demonstrate that your bid covers at least 50 percent, by volume, of all types of diabetic testing strips on the market (the “50 percent rule”). Select all models of test strips (HCPCS code A4253KL) that you intend to furnish to Medicare beneficiaries. The **Market Share %** column will show the market share for each model you enter. The cumulative market share will be displayed at the bottom of the form.

If the model is not on the pre-populated list, select **Other** and enter the model information in the **New Data for HCPCS A4253KL** section. The models that you enter in this section will get a combined market share of 10 percent towards your total market share for compliance with the 50 percent rule.

Please note that acknowledgement of your form meeting the 50 percent requirement is not a guarantee of compliance. The form will be verified to ensure completeness and accuracy.

DBidS - Bid Summary - Windows Internet Explorer

CMS/ DMEPOS BIDDING SYSTEM (DBids)

Bidder: 13-888722 (Test Company 005)

Welcome

Navigation: Status Page, Business Organization Types, Modify Form A, Create Form B, Modify Form B, Select Bid, Help, Logout

Today's: 03/27/2014
 Date: 03/27/2014
 Open Bid: 03/03/2014
 Date: 03/03/2014
 Close Bid: 03/23/2014
 Date: 03/23/2014

Form B: Summary [Print](#) [Back](#) [Next](#)

Date: 03/27/2014 09:41:02
 Bidder #: 13-888722
 CBA: (Urology-Optometric-Radiology-NC-02)
 Product Category: (Urology-Optometric-Radiology-NC-02)
 PFA(s): (Urology-Optometric-Radiology-NC-02)
 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**.

Top HCPCS Codes [Edit](#)

HCPCS Code	Total Units Provided	Units Provided to Medicare Beneficiaries
B4034	1	1
B4035	1	1
B4130	1	1
B4132	1	1
B4154	1	1

Top HCPCS Codes [Edit](#)

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

100%

Expansion Plan [Edit](#)

If you plan to expand your business under the Competitive Bidding Program, describe your current structure and expansion plan in the space provided. If additional space is needed, you may submit documentation along with the required hardcopy documents.

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

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

Subcontractor Information [Edit](#)

Do you plan to use subcontractor(s)? No

Bid Sheet [Edit](#)

HCPCS Code	Product Class	Unit (Substitution)	Material Purchase	Unit Price	Total Estimated Capacity	Fee Schedule	Unit Price
B4034	N/A	Enter feed spool per day	Purchase	0.0146275137	1	96.56	\$1.50
B4035	N/A	Enter feed spool pump per d	Purchase	0.0376796133	1	113.56	\$1.50
B4036	N/A	Enter feed spool grav try	Purchase	0.0038621709	1	87.94	\$1.50
B4081	N/A	Enter ng tubing w/ elyret	Purchase	0.0000017032	1	821.44	\$1.50
B4082	N/A	Enter ng tubing w/ elyret	Purchase	0.0000119869	1	825.94	\$1.50
B4083	N/A	Enter stomach tube levine	Purchase	0.0000002727	1	82.45	\$1.50
B4087	N/A	Gastrostomy tube, std	Purchase	0.0000641211	1	875.39	\$1.50
B4088	N/A	Gastrostomy tube, low-dr	Purchase	0.0001012918	1	835.39	\$1.50
B4149	N/A	EP absorbent fluids	Purchase	0.0027655147	1	81.50	\$1.50
B4130	N/A	EP complete nutrient	Purchase	0.3490453335	1	80.67	80.10
B4132	N/A	EP caloric dense >=1.5 kcal	Purchase	0.325271478	1	80.55	80.10
B4133	N/A	EP hydroxydiphenol acids	Purchase	0.0339607099	1	81.89	\$1.50
B4154	N/A	EP acid metabolic neutralant	Purchase	0.2271120940	1	81.21	\$1.50
B4155	N/A	EP incomplete module	Purchase	0.006901428	1	80.94	80.10
B9000	N/A	Enter infusion pump w/ alim	Purchase	0.0000014137	1	8128.05	\$1.50
B9002	N/A	Enter infusion pump w/ alim	Purchase	0.0000154094	1	8128.05	\$1.50
B07768A	N/A	Dr pager, item in PFA services	Purchase	0.0000840074	1	8101.13	\$1.50

Top HCPCS Manufacturers, Model Name and Model Number [Edit](#)

HCPCS Code	Manufacturer	Model Name	Model Number
B4034	manufacturer 1	model1	number 1
B4035	manufacturer 2	model2	number 2
B4130	manufacturer 3	model3	number 3
B4132	manufacturer 4	model4	number 4
B4154	manufacturer 5	model5	number 5

*** Access to the certification statement, public address announcement and verify screens are restricted to authorized officials and backup authorized officials. The information is confidential. Content shall not be used, modified, or distributed electronically or otherwise to persons not authorized to receive the information.

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

11 Form B: Summary

11 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**.

Form B: Public Address Announcement

Print Back Next

Bidder #: 13-586722
 CBA: Charlotte-Dawson-Rock Hill, NC, SC
 Product Category: Enteral Nutrition, Equipment and Supplies
 PTA#(s): 1015480001

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

Form Approved
 OMB No. 0938-1036

PUBLIC ADDRESS ANNOUNCEMENT FORM

Penalties for Falsifying Information on this Enrollment Application

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

- 18 U.S.C. § 1001 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 (18 U.S.C. § 3971). Section 2571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.
- Section 11286(a)(1) of the Social Security Act authorizes criminal penalties against any individual who, "knowingly and willfully," makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program. The offender is subject to fines of up to \$25,000 and/or imprisonment for up to five years.
- The Civil False Claims Act, 31 U.S.C. § 3729, imposes civil liability, in part, on any person who:
 - knowingly presents, or causes to be presented, to an officer or any employee of the United States Government a false or fraudulent claim for payment or approval;
 - knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or
 - conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.
 The Act imposes a civil penalty of \$5,000 for each violation, plus three times the amount of damages sustained by the Government.
- Section 1128A(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency...a claim...that the Secretary determines is for a medical or other item or service that the person knows or should know:
 - was not provided as claimed; and/or
 - the claim is false or fraudulent.
 This provision authorizes a civil monetary penalty of up to \$10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and State health care program.

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

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

12 Form B: Public Address Announcement

Form B: Certification

Print Back Next

Bidder #: 13-586722
 CBA: Charlotte-Dawson-Rock Hill, NC, SC
 Product Category: Enteral Nutrition, Equipment and Supplies
 PTA#(s): 1015480001

Required fields are marked with *

Certification

The authorized official (AO) or back-up authorized official (BAO) must certify the bid is accurate. Please complete all fields below to certify your bid and then click **Certify and Submit Bid**. If changes are made to Form B after it has been certified, the AO or BAO must re-certify the bid. You should check your status page often to confirm the current status of your bid.

First Name *

Last Name *

User ID *

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

13 Form B: Certification

12 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.

13 Form B: Certification – Form B must be certified by the AO or BAO. The user ID is your IACS/DBidS user ID. 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.

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.

Form A and B Status

Form A: Application Status

Status	Last Modified Date	Modified By	Print	Save
Complete and Approved	10/30/2014 09:07:21	Janice Aguirre	Print	Save

Total Number of Locations: 1 Locations Incomplete: 0 Locations Complete: 1 Total Number of Competitions: 0/0

Form B: Bid Status

Select Filter: CBA 2 of 2 Filter Clear Filter

CBA	Product Category	Status	Last Modified Date	Modified By	Print	Save	Select Bid
Asheville, NC	Enteral Nutrients, Equipment and Supplies	Incomplete	10/30/2014 09:22:39	Janice Aguirre	Print	Save	
Akron, OH	Enteral Nutrients, Equipment and Supplies	Complete and Certified	10/30/2014 09:24:06	Janice Aguirre	Print	Save	

Incomplete Bids: 1 Bids Pending AO/BAO Certification: 0 Certified Bids: 1
Total Bids: 2

Documentation Status

Documentation Received: No

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 documents(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 also 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** – Supplier 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