

**DURABLE MEDICARE EQUIPMENT, PROSTHETICS, ORTHOTICS,  
AND SUPPLIES (DMEPOS) COMPETITIVE BIDDING PROGRAM**

**For CMS Use Only**

Bidder No.	Date Application Received
Competitive Bidding Area (CBA)	Product Category
Bidder's Identifying Information	
Bidder's Legal Business Name	Primary Bidder's Legal Business Name (if network)

**FORM B: BIDDING FORM - Please read all instructions completely.**

One Form B MUST be submitted for each product category and competitive bidding area (CBA) combination. Information supplied must be aggregate for all locations and for all network member locations that will be providing this product category in this CBA. References to a business organization include suppliers with a single location, suppliers with multiple locations, and networks. If the business organization is a network, the primary supplier must complete this form on behalf of the network.

**1. Form B Furnished Lead Items**

**1a. Units Provided** Indicate the number of units for the lead item 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 for the lead item furnished only to Medicare beneficiaries in this CBA during the past calendar year. If your business organization has not furnished the lead item, indicate "0" in the appropriate column. Please refer to the Bid Preparation Worksheet(s) on the Competitive Bidding Implementation Contractor (CBIC) website for additional information.

Lead Item HCPCS Code	Total Units Provided To All Customers	Total Units Provided to Medicare Beneficiaries
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**1b.** Indicate the percentage increase in Medicare business that your business organization or network would be capable of providing for the lead item in the product category for this CBA during a projected 12 month period. The percentage increase may exceed 100%. \_\_\_\_\_%

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**Legal Business Name****Bidder Number**

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**2. Manufacturer and Model Information**

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.

If a contract is awarded, the information entered in this table will be displayed to the public in the online Medicare Supplier Directory. In order to keep this information current, suppliers who are awarded a contract are required to submit a semi-annual report updating the manufacturer and model information.

<b>HCPCS Code</b>	<b>Manufacturer</b>	<b>Model Name</b>	<b>Model Number</b>

## **FORM B: BIDDING SHEET**

### **Bid Chart Descriptions and Instructions:**

You must provide your total estimated capacity and your bid price for the lead item (identified by the Healthcare Common Procedure Coding System (HCPCS) code listed for this product category.

- Column A:** **HCPCS** – Healthcare Common Procedure Coding System is a standardized coding system that is used primarily to identify products, supplies, and services.
- Column B:** **Product Category Identifier** – A letter that corresponds to the product category for which you are submitting a bid.
- Column C:** **Item Description** – Short narrative description of each lead item HCPCS code. For long description, go to the CBIC website and use the HCPCS Lookup tool on the top navigation bar.
- Column D:** **Type of Bid** (Rental or Purchase) – Indicates whether your bid should be for the purchase or monthly rental of the lead item (identified by the HCPCS code). In most cases you must submit a bid amount that represents the purchase price of the new item even if that item is routinely paid for on a monthly rental.
- If “Purchase” is indicated, enter a bid amount for total purchase of the item.
  - If “Rental” is indicated, enter a bid price for one month’s rental of the item.
- It is very important that you review your bid amount and ensure it was entered correctly.**
- Column E:** **Lead Item** – 1.0000000000 indicates the lead item for the product category. 0.0000000000 indicates the non-lead items within the product category.
- Column F:** **Total Estimated Capacity** – For bidding purposes only, you must indicate the number of units for the lead item that you estimate you can furnish throughout the entire CBA for one (1) year. To determine the capacity for the lead item, 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 furnishing annually at the start of the contract period. Please refer to the Bid Preparation Worksheet(s) for the definition of a unit and additional bidding information.
- Column G:** **Bid Limit** – Indicates the 2019 unadjusted fee schedule amount for the lead item HCPCS code in this CBA. For the lead item only, you must provide a bid price that is less than or equal to this amount. For more information, please see the bid limit files available on the CBIC website.
- Column H:** **Bid Price** – You must indicate your bid price for the lead item in this field. Your bid price must be a bona fide bid amount. The price submitted must be rational, feasible, supportable, and reflect all costs associated with providing the lead item 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 furnish the lead item to the beneficiary for the bid price. The bid price you submit must include the cost of furnishing the lead 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. Refer to the Bid Preparation Worksheet(s) and the Requirement to Submit a Bona Fide Bid fact sheet for the definition of a unit and additional bidding information. Refer to the Lead Item Pricing Calculator for the lead item’s bid amount impact on the non-lead items for the product category.

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**Legal Business Name****Bidder Number**

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**Note:** You are required to complete Columns F & H.

<b>A HCPCS Code</b>	<b>B Product Category Identifier</b>	<b>C Item Description</b>	<b>D Rental or Purchase (Type of Bid)</b>	<b>E Lead Item</b>	<b>F Total Estimated Capacity*</b>	<b>G Bid Limit</b>	<b>H Bid Price*</b>
PRE- POPULATED	PRE-POPULATED	PRE-POPULATED	PRE- POPULATED	PRE- POPULATED		PRE- POPULATED	

\*Required Field

**Please sign and attach certification to financial statements.**

**Certifying Statement Applies to All Information Submitted Electronically or Hardcopy.**

I have read the contents of this application. I hereby certify that I have examined the completed bid application and accompanying financial statements and I certify that they are true, correct, and complete statements that can be substantiated from our books and records. My signature legally and financially binds this supplier to the laws, regulations, and program instructions of the Medicare program. By my signature, I certify that the information contained herein is true, correct, and complete to the best of my knowledge, and I authorize the Competitive Bidding Implementation Contractor (CBIC) to verify this information. I also certify that I will adhere to the terms of the competitive bidding contract if awarded a contract.

I agree to notify the CBIC in writing of any changes that may affect the contract and/or my ability to carry out the terms of the contract, prior to such change or within 30 days of the effective date of such change. I understand that I may be in breach of contract if any such change results in my failure to carry out the terms of the contract.

I also certify that I have read, understand, meet, and will continue to meet all supplier standards and quality standards as outlined in 42 CFR §§424.57 and 424.58. If I become aware that any information in this application is not true, correct or complete, I agree to notify the CBIC of this fact immediately. I agree that I am a Medicare enrolled supplier and meet the basic eligibility requirements of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program.

I understand that in accordance with 18 U.S.C. §1001, any omission, misrepresentation, or falsification of any information contained in this application and all required documents and supplemental information contained in any communication supplying information to Centers for Medicare & Medicaid Services (CMS) or the CBIC may be punishable by criminal, civil, or other administrative actions including revocation of approval, fees, and/or imprisonment under federal law.

I further certify that I am an authorized official of this organization that is submitting a bid in the DMEPOS Competitive Bidding Program.

**Network Members:**

The primary network supplier and the authorized official for each individual network member must sign the certification page and upload it along with the other required documents in Connexion.

If I am a member of a network, I further certify that I meet the definition of a small supplier who joined the network because I was unable independently to furnish all items in the product category to Medicare beneficiaries throughout the entire geographic bidding area.

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Authorized Official Name (First, Middle, Last, Jr., Sr., etc.)	Title/Position
PRINT	

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Signature	Date
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1016. The time required to complete this information collection is estimated to average 20 hours 21 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Blvd. Baltimore, Maryland 21244.

## Public Address Announcement Form

### Penalties for Falsifying Information on this Enrollment Application

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

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

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

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

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

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

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

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

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

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

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

b.) the claim is false or fraudulent.

This provision authorizes a civil monetary penalty of up to \$10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.

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

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