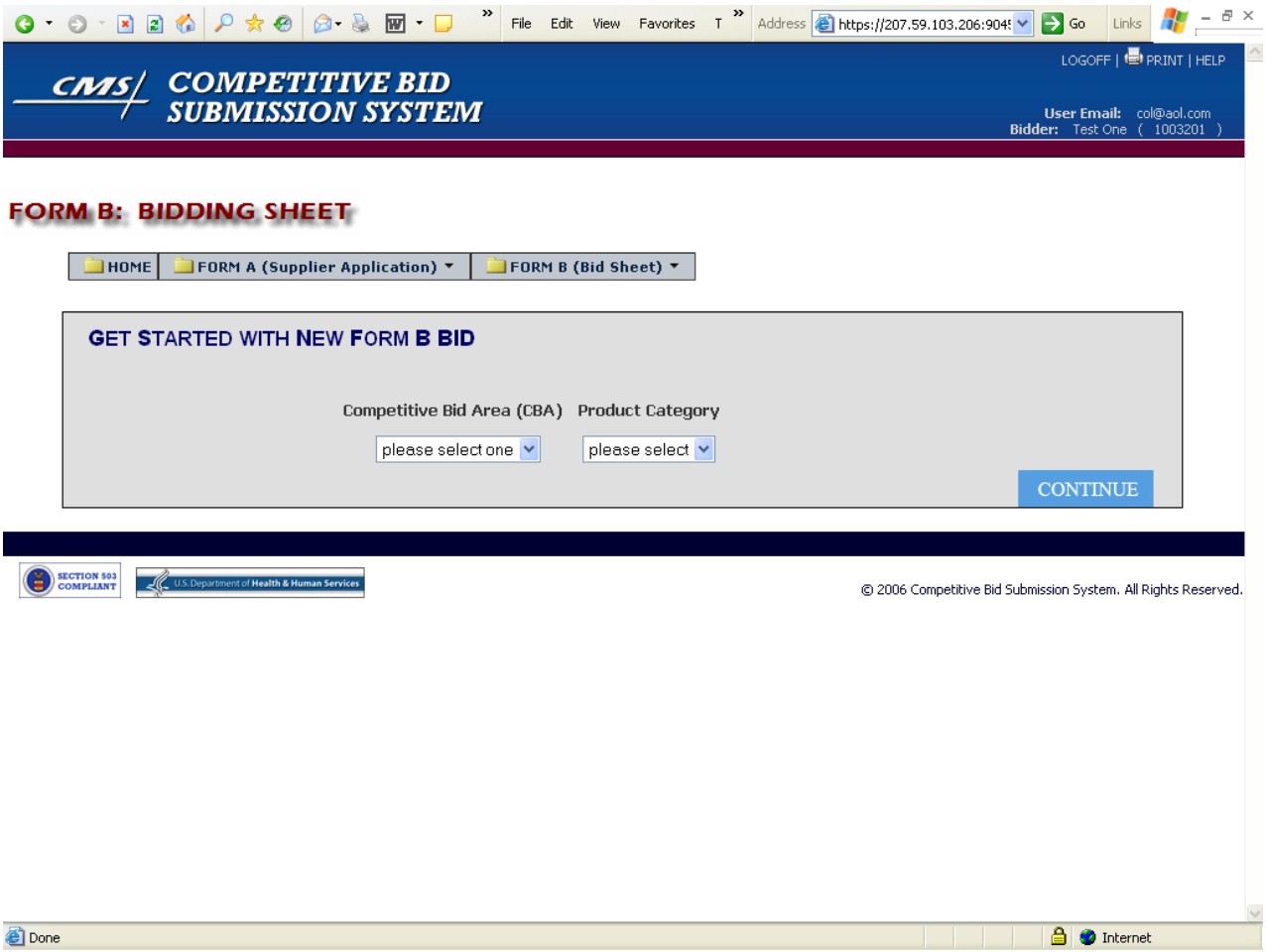
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CMS COMPETITIVE BID SUBMISSION SYSTEM
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User Email: col@aol.com
Bidder: Test One (1003201)
FORM B: BIDDING SHEET
HOME
FORM A (Supplier Application)
FORM B (Bid Sheet)
GET STARTED WITH NEW FORM B BID
Competitive Bid Area (CBA)
Product Category
please select one
please select
CONTINUE
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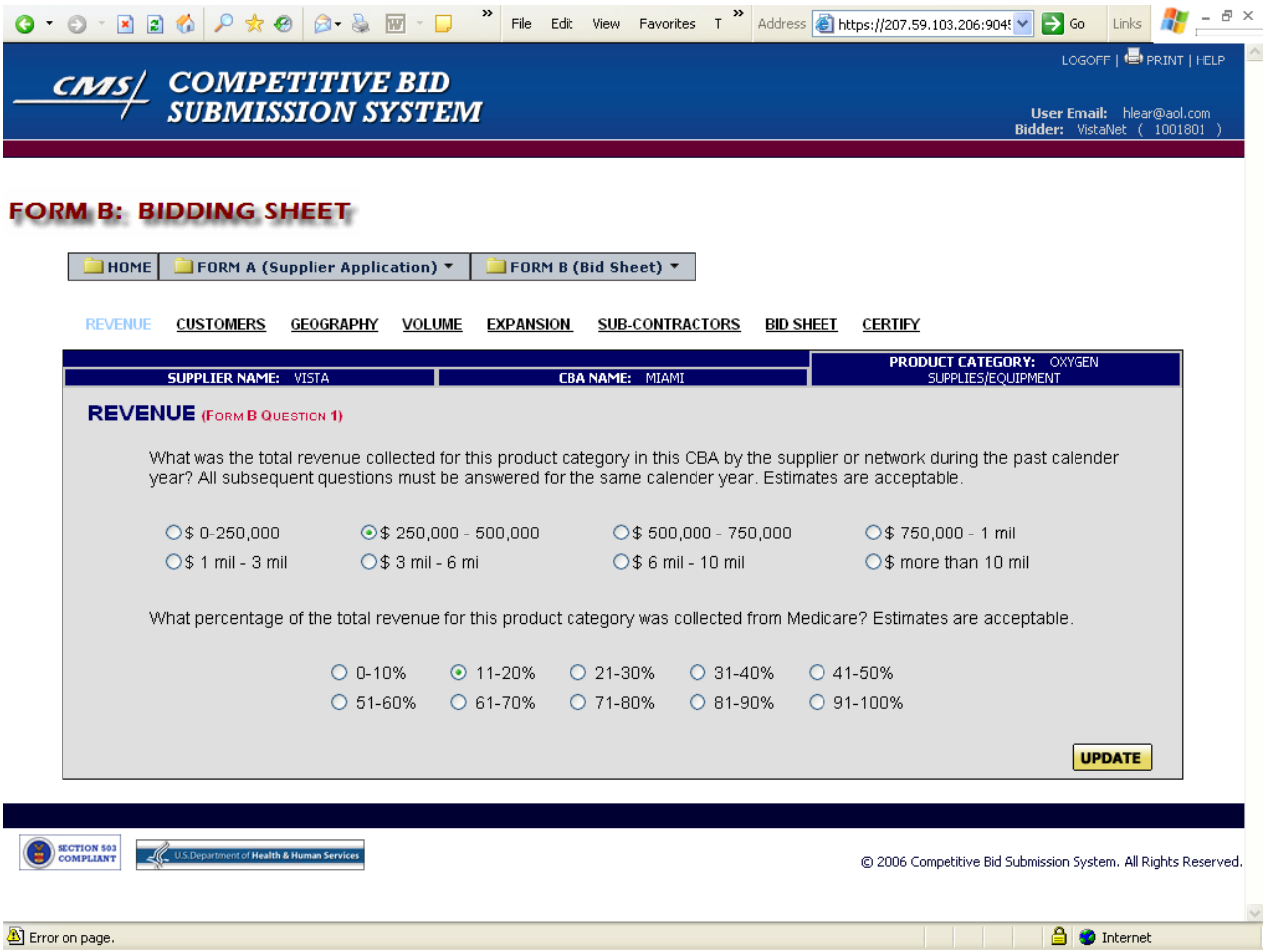
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CMS/ COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: hlear@aol.com
Bidder: VistaNet (1001801)
FORM B: BIDDING SHEET
HOME
FORM A (Supplier Application)
FORM B (Bid Sheet)
REVENUE CUSTOMERS GEOGRAPHY VOLUME EXPANSION SUB-CONTRACTORS BID SHEET CERTIFY
SUPPLIER NAME: VISTA
CBA NAME: MIAMI
PRODUCT CATEGORY: OXYGEN SUPPLIES/EQUIPMENT
REVENUE (FORM B QUESTION 1)
What was the total revenue collected for this product category in this CBA by the supplier or network during the past calender year? All subsequent questions must be answered for the same calender year. Estimates are acceptable.
$ 0-250,000
$ 250,000 - 500,000
$ 500,000 - 750,000
$ 750,000 - 1 mil
$ 1 mil - 3 mil
$ 3 mil - 6 mi
$ 6 mil - 10 mil
$ more than 10 mil
What percentage of the total revenue for this product category was collected from Medicare? Estimates are acceptable.
0-10%
11-20%
21-30%
31-40%
41-50%
51-60%
61-70%
71-80%
81-90%
91-100%
UPDATE
SECTION 503 COMPLIANT
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LOGOFF | PRINT | HELP
CMS/ COMPETITIVE BID SUBMISSION SYSTEM
User Email: hlear@aol.com
Bidder: VistaNet (1001801)
FORM B: BIDDING SHEET
HOME
FORM A (Supplier Application)
FORM B (Bid Sheet)
REVENUE CUSTOMERS GEOGRAPHY VOLUME EXPANSION SUB-CONTRACTORS BID SHEET CERTIFY
SUPPLIER NAME: VISTA
CBA NAME: MIAMI
PRODUCT CATEGORY: OXYGEN SUPPLIES/EQUIPMENT
CUSTOMER INFORMATION (FORM B QUESTION 2)
What was the total number of customers served in this CBA for this product category by the supplier or network during the past calender year. Estimates are acceptable.
0-25 26-50 51-75 76-100
101-300 301-500 501-750 751-1000 more than 1000
What percentage of the total customers for this product category were Medicare benificiaries. Estimates are acceptable.
0-10% 11-20% 21-30% 31-40% 41-50%
51-60% 61-70% 71-80% 81-90% 91-100%
UPDATE
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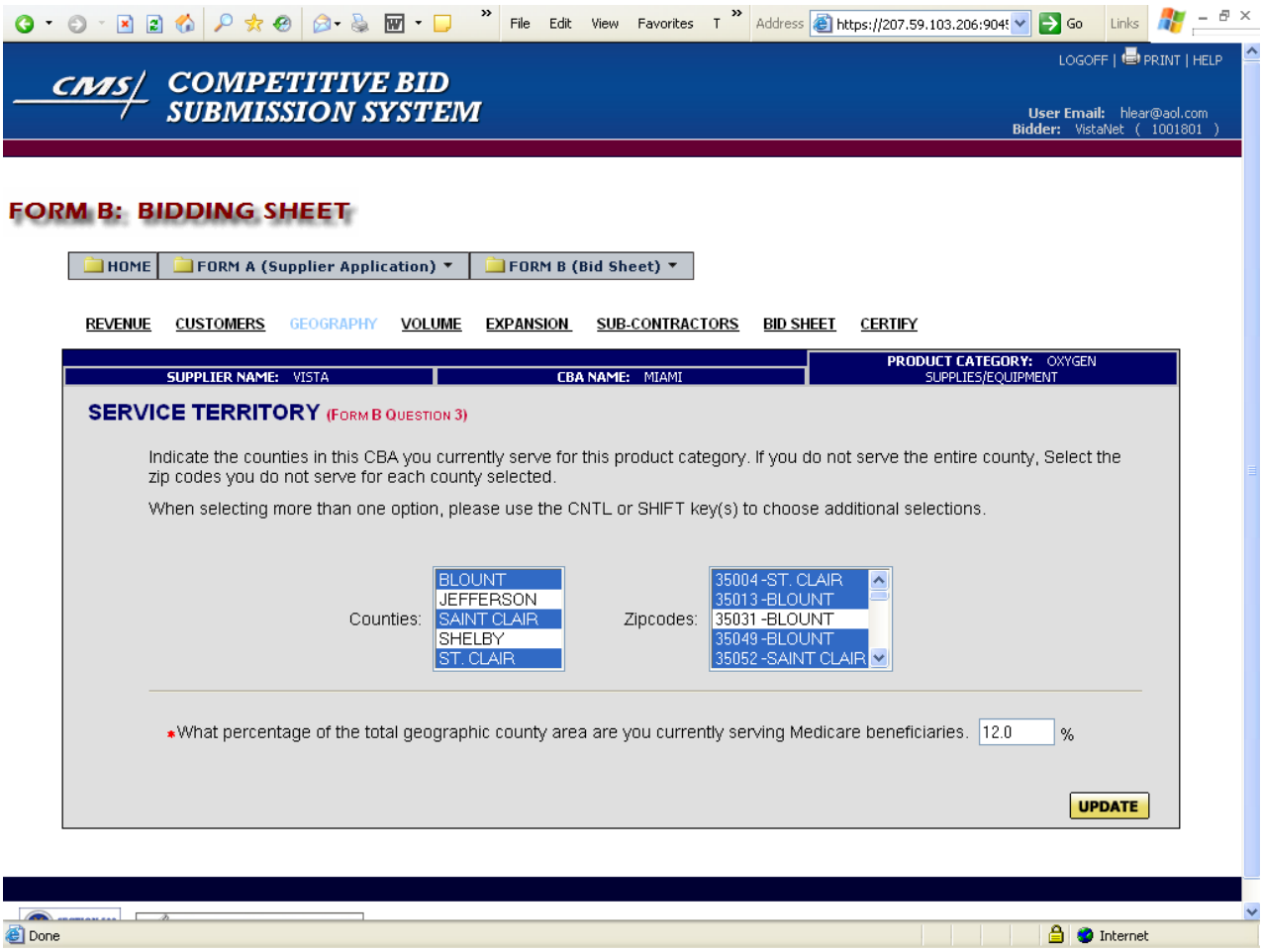
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LOGOFF | PRINT | HELP
User Email: hlear@aol.com
Bidder: VistaNet (1001801)
FORM B: BIDDING SHEET
HOME
FORM A (Supplier Application)
FORM B (Bid Sheet)
REVENUE CUSTOMERS GEOGRAPHY VOLUME EXPANSION SUB-CONTRACTORS BID SHEET CERTIFY
SUPPLIER NAME: VISTA
CBA NAME: MIAMI
PRODUCT CATEGORY: OXYGEN SUPPLIES/EQUIPMENT
SERVICE TERRITORY (FORM B QUESTION 3)
Indicate the counties in this CBA you currently serve for this product category. If you do not serve the entire county, Select the zip codes you do not serve for each county selected.
When selecting more than one option, please use the CNTL or SHIFT key(s) to choose additional selections.
Counties:
BLOUNT
JEFFERSON
SAINT CLAIR
SHELBY
ST. CLAIR
Zipcodes:
35004 -ST. CLAIR
35013 -BLOUNT
35031 -BLOUNT
35049 -BLOUNT
35052 -SAINT CLAIR
*What percentage of the total geographic county area are you currently serving Medicare beneficiaries. 12.0 %
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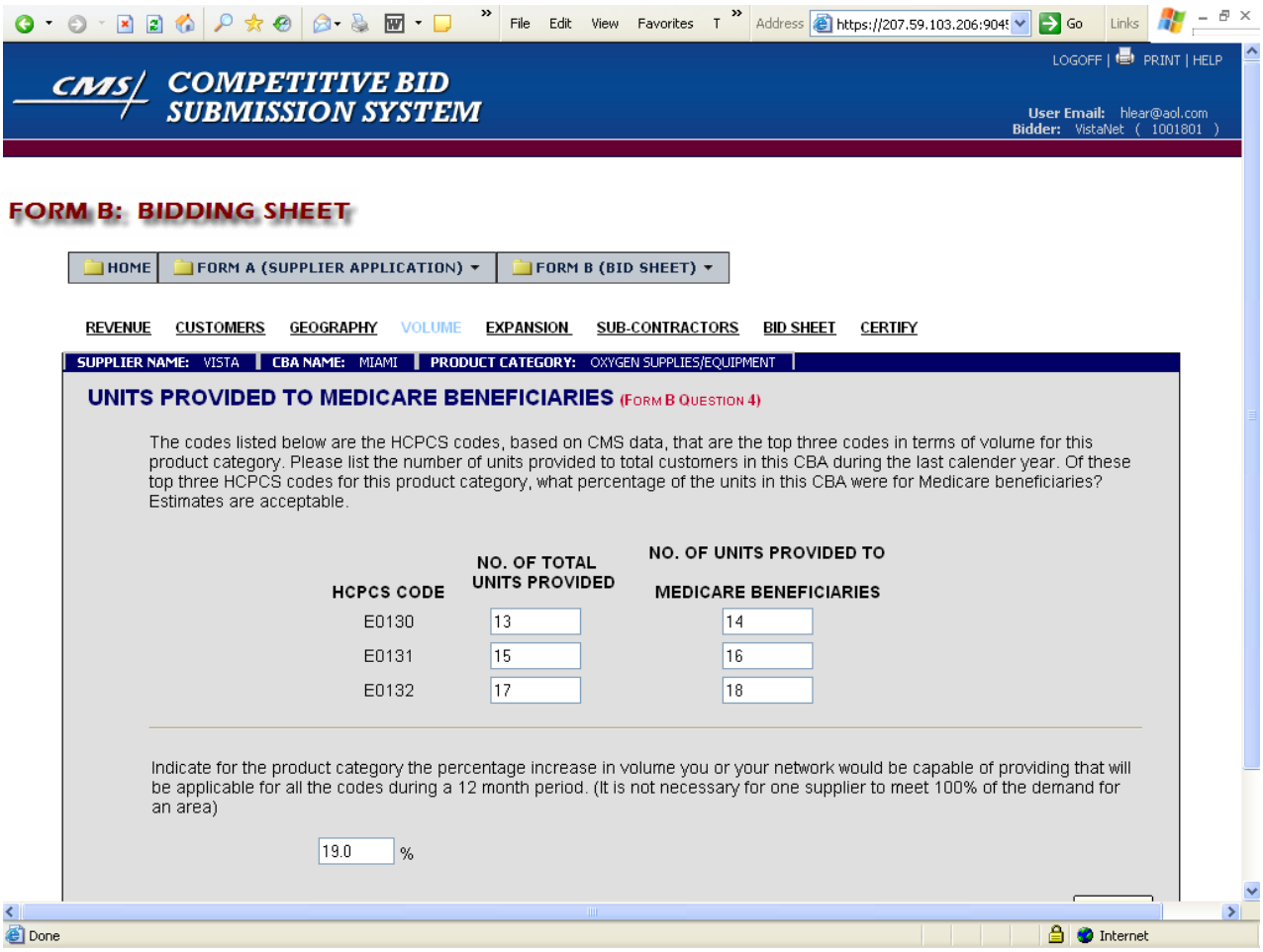
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User Email: hlear@aol.com
Bidder: VistaNet (1001801)
FORM B: BIDDING SHEET
HOME
FORM A (SUPPLIER APPLICATION)
FORM B (BID SHEET)
REVENUE CUSTOMERS GEOGRAPHY VOLUME EXPANSION SUB-CONTRACTORS BID SHEET CERTIFY
SUPPLIER NAME: VISTA
CBA NAME: MIAMI
PRODUCT CATEGORY: OXYGEN SUPPLIES/EQUIPMENT
UNITS PROVIDED TO MEDICARE BENEFICIARIES (FORM B QUESTION 4)
The codes listed below are the HCPCS codes, based on CMS data, that are the top three codes in terms of volume for this product category. Please list the number of units provided to total customers in this CBA during the last calender year. Of these top three HCPCS codes for this product category, what percentage of the units in this CBA were for Medicare beneficiaries? Estimates are acceptable.
HCPCS CODE
NO. OF TOTAL UNITS PROVIDED
NO. OF UNITS PROVIDED TO MEDICARE BENEFICIARIES
E0130 13 14
E0131 15 16
E0132 17 18
Indicate for the product category the percentage increase in volume you or your network would be capable of providing that will be applicable for all the codes during a 12 month period. (It is not necessary for one supplier to meet 100% of the demand for an area)
19.0 %
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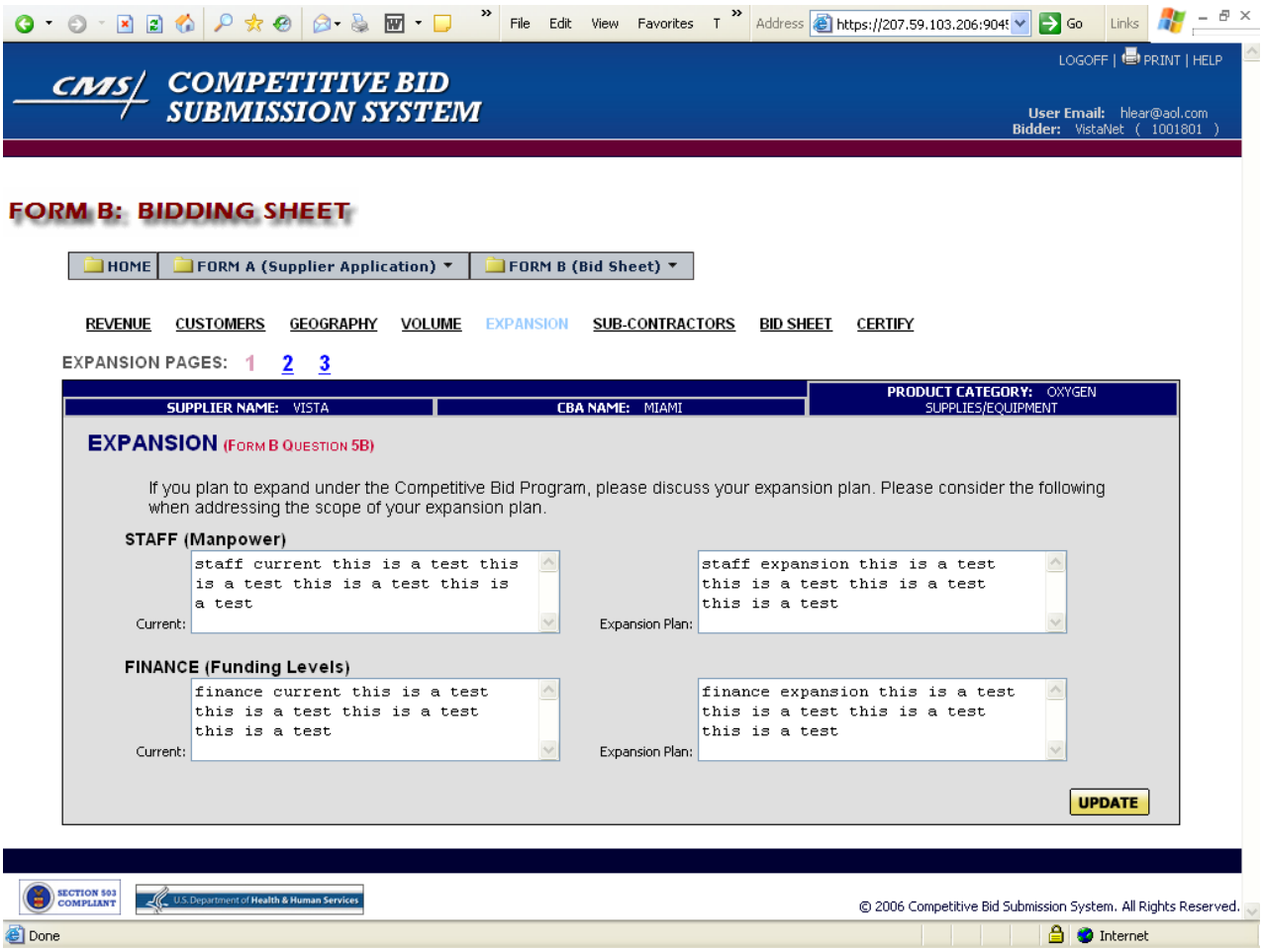
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User Email: hlear@aol.com
Bidder: VistaNet (1001801)
FORM B: BIDDING SHEET
HOME
FORM A (Supplier Application)
FORM B (Bid Sheet)
REVENUE CUSTOMERS GEOGRAPHY VOLUME EXPANSION SUB-CONTRACTORS BID SHEET CERTIFY
EXPANSION PAGES: 1 2 3
SUPPLIER NAME: VISTA
CBA NAME: MIAMI
PRODUCT CATEGORY: OXYGEN SUPPLIES/EQUIPMENT
EXPANSION (FORM B QUESTION 5B)
If you plan to expand under the Competitive Bid Program, please discuss your expansion plan. Please consider the following when addressing the scope of your expansion plan.
STAFF (Manpower)
staff current this is a test this is a test this is a test this is a test
Current:
staff expansion this is a test this is a test this is a test this is a test
Expansion Plan:
FINANCE (Funding Levels)
finance current this is a test this is a test this is a test this is a test
Current:
finance expansion this is a test this is a test this is a test this is a test
Expansion Plan:
UPDATE
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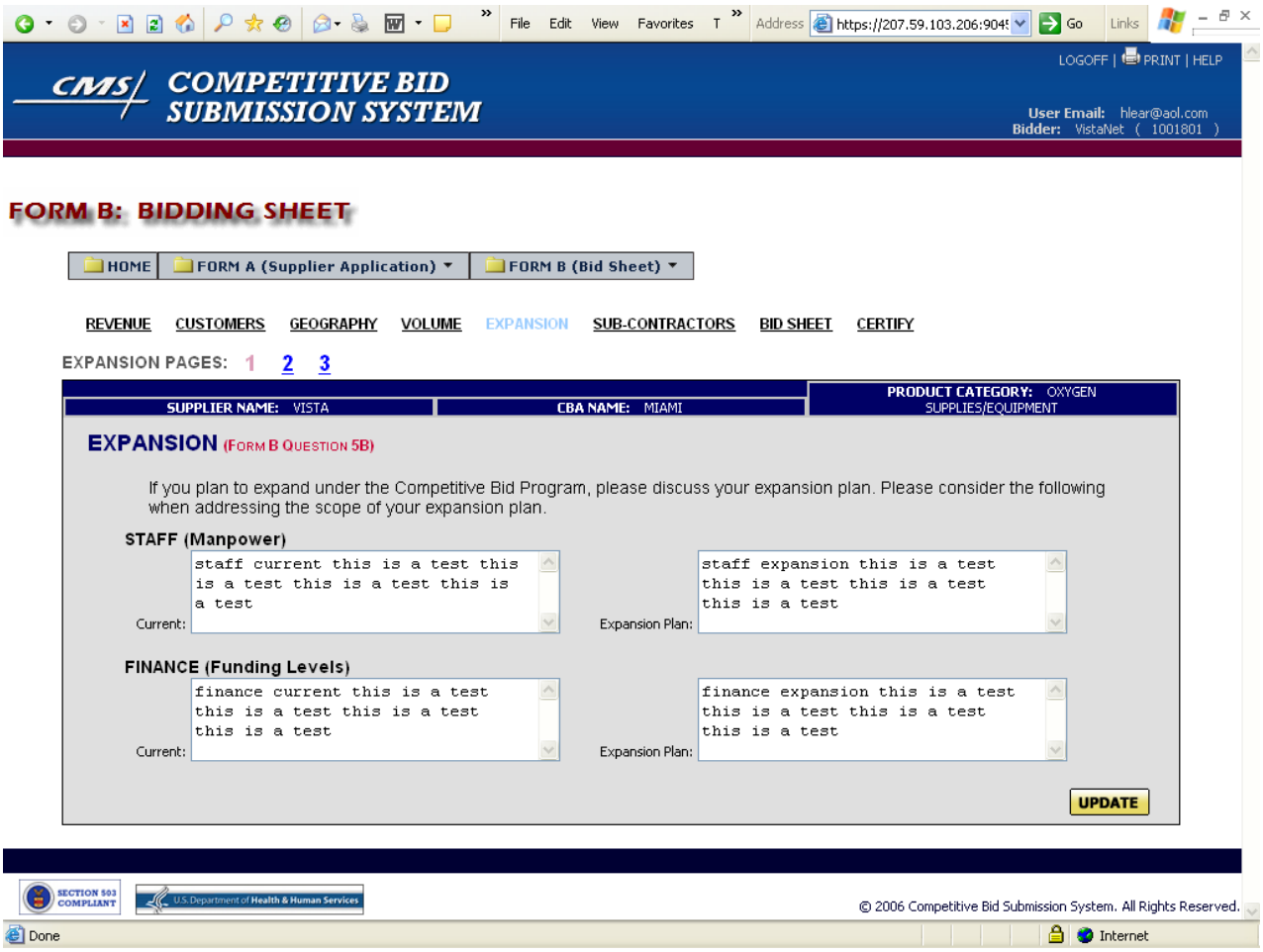
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CMS/ COMPETITIVE BID SUBMISSION SYSTEM
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User Email: hlear@aol.com
Bidder: VistaNet (1001801)
FORM B: BIDDING SHEET
HOME
FORM A (Supplier Application)
FORM B (Bid Sheet)
REVENUE CUSTOMERS GEOGRAPHY VOLUME EXPANSION SUB-CONTRACTORS BID SHEET CERTIFY
EXPANSION PAGES: 1 2 3
SUPPLIER NAME: VISTA
CBA NAME: MIAMI
PRODUCT CATEGORY: OXYGEN SUPPLIES/EQUIPMENT
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STAFF (Manpower)
staff current this is a test this is a test this is a test this is a test
Current:
staff expansion this is a test this is a test this is a test this is a test
Expansion Plan:
FINANCE (Funding Levels)
finance current this is a test this is a test this is a test this is a test
Current:
finance expansion this is a test this is a test this is a test this is a test
Expansion Plan:
UPDATE
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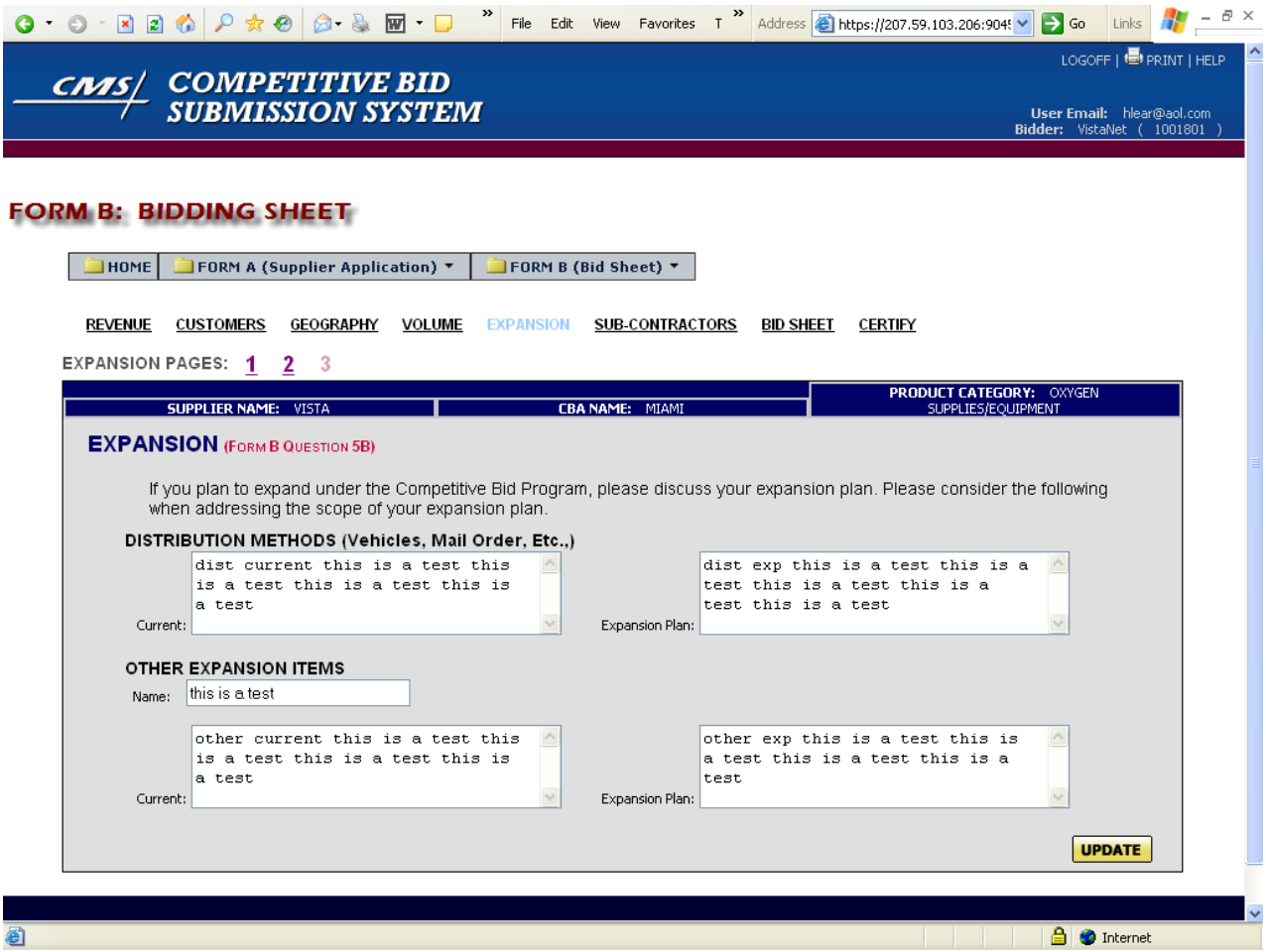
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LOGOFF | PRINT | HELP
User Email: hlear@aol.com
Bidder: VistaNet (1001801)
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FORM B (Bid Sheet)
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EXPANSION PAGES: 1 2 3
SUPPLIER NAME: VISTA
CBA NAME: MIAMI
PRODUCT CATEGORY: OXYGEN SUPPLIES/EQUIPMENT
EXPANSION (FORM B QUESTION 5B)
If you plan to expand under the Competitive Bid Program, please discuss your expansion plan. Please consider the following when addressing the scope of your expansion plan.
DISTRIBUTION METHODS (Vehicles, Mail Order, Etc.,)
Current: dist current this is a test this is a test this is a test this is a test
Expansion Plan: dist exp this is a test this is a test this is a test this is a test this is a test
OTHER EXPANSION ITEMS
Name: this is a test
Current: other current this is a test this is a test this is a test this is a test
Expansion Plan: other exp this is a test this is a test this is a test this is a test
UPDATE
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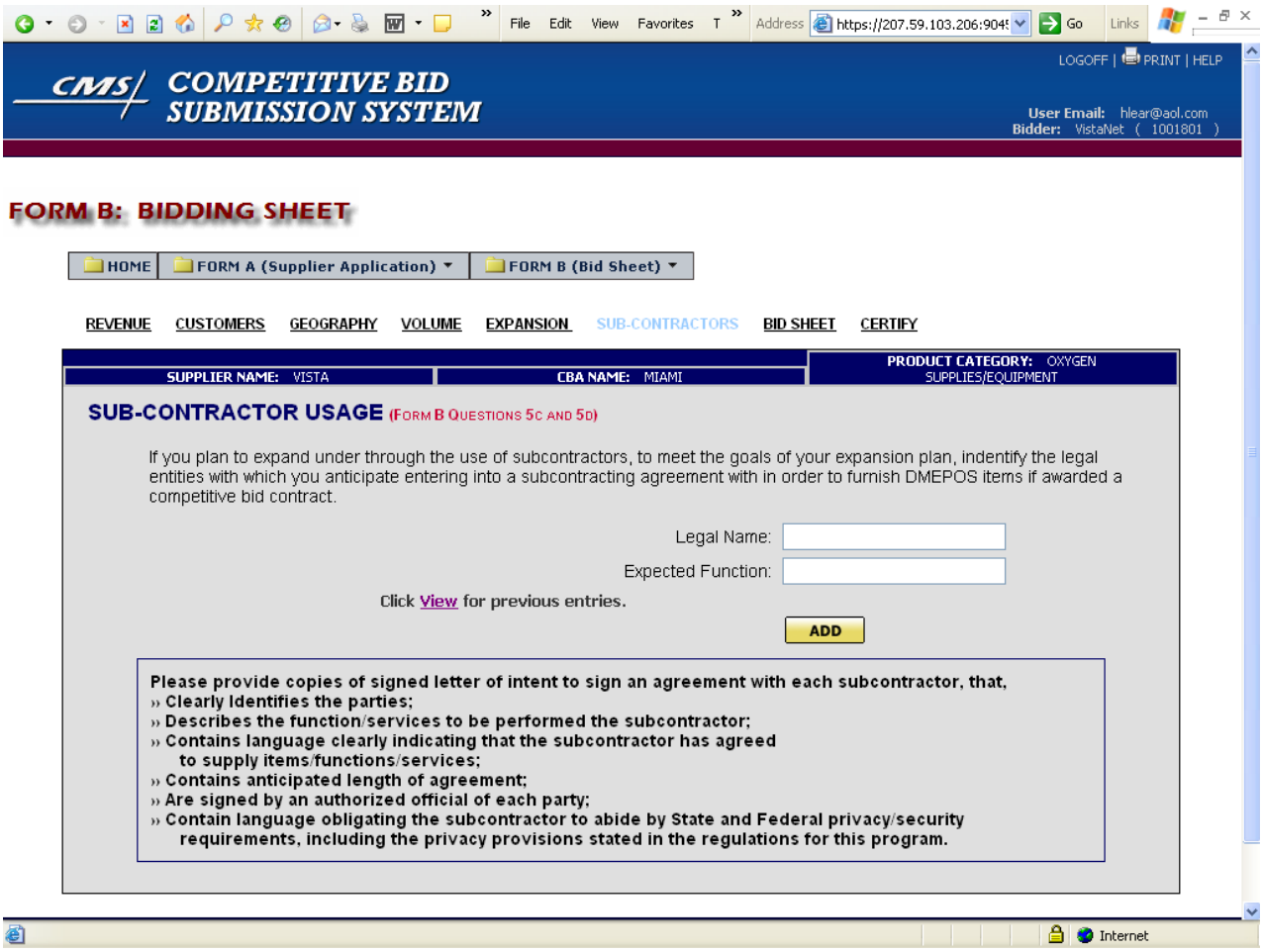
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Links
CMS/ COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: hlear@aol.com
Bidder: VistaNet (1001801)
FORM B: BIDDING SHEET
HOME
FORM A (Supplier Application)
FORM B (Bid Sheet)
REVENUE CUSTOMERS GEOGRAPHY VOLUME EXPANSION SUB-CONTRACTORS BID SHEET CERTIFY
SUPPLIER NAME: VISTA
CBA NAME: MIAMI
PRODUCT CATEGORY: OXYGEN SUPPLIES/EQUIPMENT
SUB-CONTRACTOR USAGE (FORM B QUESTIONS 5C AND 5D)
If you plan to expand under through the use of subcontractors, to meet the goals of your expansion plan, indentify the legal entities with which you anticipate entering into a subcontracting agreement with in order to furnish DMEPOS items if awarded a competitive bid contract.
Legal Name:
Expected Function:
Click View for previous entries.
ADD
Please provide copies of signed letter of intent to sign an agreement with each subcontractor, that,
›› Clearly Identifies the parties;
›› Describes the function/services to be performed the subcontractor;
›› Contains language clearly indicating that the subcontractor has agreed to supply items/functions/services;
›› Contains anticipated length of agreement;
›› Are signed by an authorized official of each party;
›› Contain language obligating the subcontractor to abide by State and Federal privacy/security requirements, including the privacy provisions stated in the regulations for this program.
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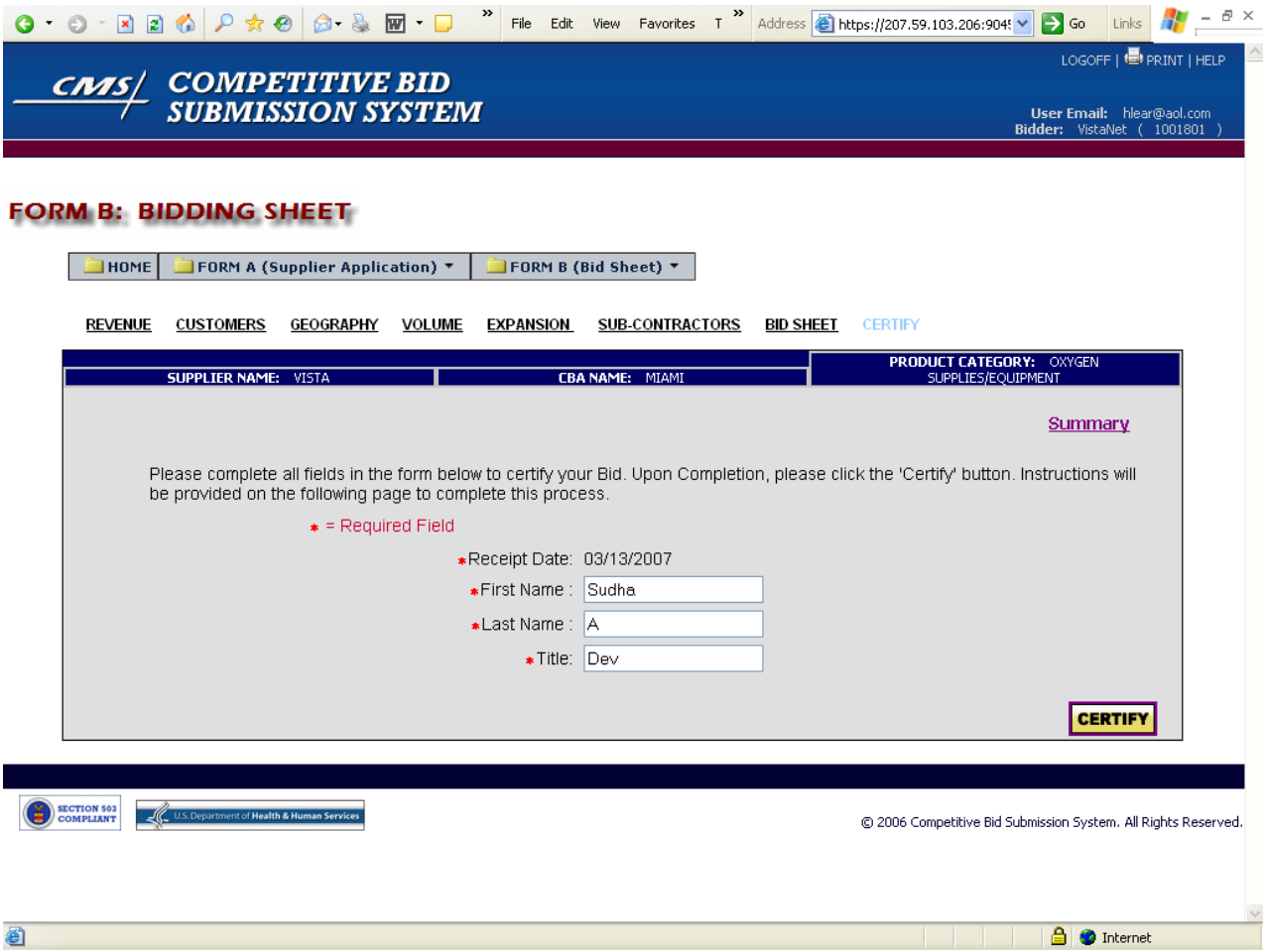
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LOGOFF | PRINT | HELP
CMS/ COMPETITIVE BID SUBMISSION SYSTEM
User Email: hlear@aol.com
Bidder: VistaNet (1001801)
FORM B: BIDDING SHEET
HOME
FORM A (Supplier Application)
FORM B (Bid Sheet)
REVENUE CUSTOMERS GEOGRAPHY VOLUME EXPANSION SUB-CONTRACTORS BID SHEET CERTIFY
SUPPLIER NAME: VISTA
CBA NAME: MIAMI
PRODUCT CATEGORY: OXYGEN SUPPLIES/EQUIPMENT
Summary
Please complete all fields in the form below to certify your Bid. Upon Completion, please click the 'Certify' button. Instructions will be provided on the following page to complete this process.
* = Required Field
*Receipt Date: 03/13/2007
*First Name : Sudha
*Last Name : A
*Title: Dev
CERTIFY
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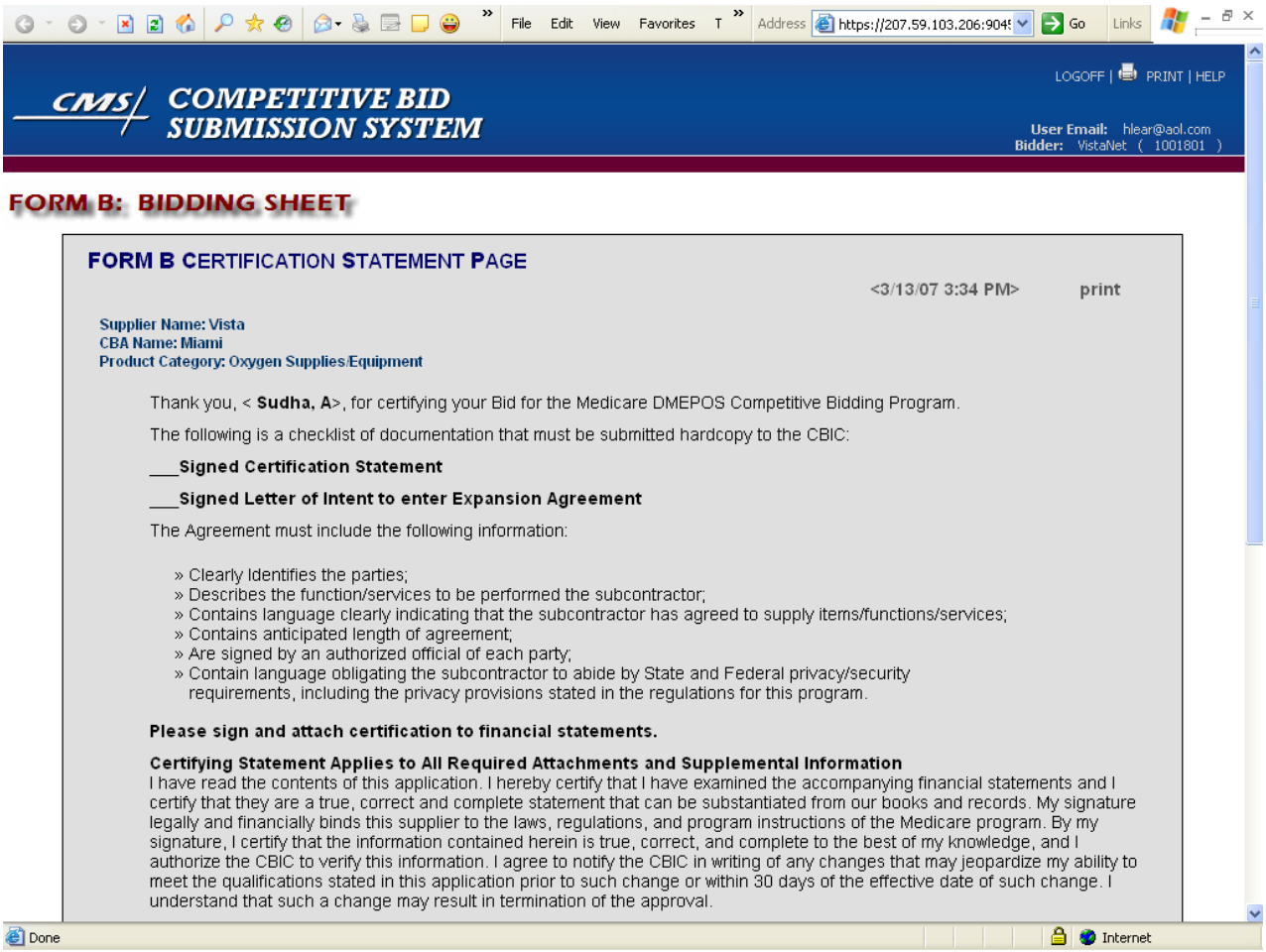
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CMS COMPETITIVE BID SUBMISSION SYSTEM
LOGOFF | PRINT | HELP
User Email: hlear@aol.com
Bidder: VistaNet (1001801)
FORM B: BIDDING SHEET
FORM B CERTIFICATION STATEMENT PAGE
<3/13/07 3:34 PM> print
Supplier Name: Vista
CBA Name: Miami
Product Category: Oxygen Supplies/Equipment
Thank you, < Sudha, A>, for certifying your Bid for the Medicare DMEPOS Competitive Bidding Program.
The following is a checklist of documentation that must be submitted hardcopy to the CBIC:
___Signed Certification Statement
___Signed Letter of Intent to enter Expansion Agreement
The Agreement must include the following information:
» Clearly Identifies the parties;
» Describes the function/services to be performed the subcontractor;
» Contains language clearly indicating that the subcontractor has agreed to supply items/functions/services;
» Contains anticipated length of agreement;
» Are signed by an authorized official of each party;
» Contain language obligating the subcontractor to abide by State and Federal privacy/security requirements, including the privacy provisions stated in the regulations for this program.
Please sign and attach certification to financial statements.
Certifying Statement Applies to All Required Attachments and Supplemental Information
I have read the contents of this application. I hereby certify that I have examined the accompanying financial statements and I certify that they are a true, correct and complete statement 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 CBIC to verify this information. I agree to notify the CBIC in writing of any changes that may jeopardize my ability to meet the qualifications stated in this application prior to such change or within 30 days of the effective date of such change. I understand that such a change may result in termination of the approval.
Done
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