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CMS/ COMPETITIVE BID SUBMISSION SYSTEM LOGOFF | PRINT | HELP

User Email: carin@aol.com
Bidder: Carins Cane Co (1003105)

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

SECTION 503 COMPLIANT U.S. Department of Health & Human Services

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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: CARINS CANE CO	CBA NAME: MIAMI	PRODUCT CATEGORY: OXYGEN SUPPLIES/EQUIPMENT
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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 calendar year? All subsequent questions must be answered for the same calendar 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 mil
 \$ 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



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User Email: carin@aol.com
Bidder: Carins Cane Co (1003105)

FORM B: BIDDING SHEET

Revenue **Customers** Service Territory Volume Expansion Sub-Contractors Bid Sheet Summary Certification Certification Statement Next Step

CUSTOMER INFORMATION (FORM B QUESTION 2)

Supplier Name: Carins Cane Co
CBA Name: Miami
Product Category: Oxygen Supplies/Equipment

* = Required Field

* What was the total number of customers served in this CBA for this product category by the supplier or network during the past calendar 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 beneficiaries. Estimates are acceptable.

0-10% 11-20% 21-30% 31-40% 41-50%
 51-60% 61-70% 71-80% 81-90% 91-100%

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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: CARINS CANE CO	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:

Zipcodes:

*What percentage of the total geographic county area are you currently serving Medicare beneficiaries. %

UPDATE

FORM B: BIDDING SHEET

HOME | FORM A (SUPPLIER APPLICATION) | FORM B (BID SHEET)

REVENUE | CUSTOMERS | GEOGRAPHY | VOLUME | **CREATE A NEW BID** | BID SHEET | CERTIFY
BID PACKAGE

SUPPLIER NAME: CARINS CANE CO | 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 calendar 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	<input type="text" value="50"/>	<input type="text" value="25"/>
E0131	<input type="text" value="20"/>	<input type="text" value="10"/>
E0132	<input type="text" value="50"/>	<input type="text" value="10"/>

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)

%

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FORM B: BIDDING SHEET

Revenue Customers Geography Volume **Expansion** Sub-Contractors Bid Sheet Summary Certification Certification Statement Next Step

EXPANSION PLANS (FORM SECTION: 5B)

Supplier Name: Carins Cane Co
CBA Name: Miami
Product Category: Oxygen Supplies/Equipment

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)

Current:	<input type="text"/>	Expansion Plan:	<input type="text"/>
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FINANCE (Funding Levels)

Current:	<input type="text"/>	Expansion Plan:	<input type="text"/>
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SECTION 803 COMPLIANT U.S. Department of Health & Human Services

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User Email: carin@aol.com
Bidder: Carins Cane Co (1003105)

FORM B: BIDDING SHEET

Revenue Customers Geography Volume **Expansion** Sub-Contractors Bid Sheet Summary Certification Certification Statement Next Step

EXPANSION PLANS (FORM SECTION 5B)

Supplier Name: Carins Cane Co
CBA Name: Miami
Product Category: Oxygen Supplies/Equipment

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.

FACILITIES (Square Footage, Facility)

Current:	<input type="text"/>	Expansion Plan:	<input type="text"/>
----------	----------------------	-----------------	----------------------

INVENTORY CONTROL (Method of Tracking Inventory)

Current:	<input type="text"/>	Expansion Plan:	<input type="text"/>
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FORM B: BIDDING SHEET

Revenue Customers Geography Volume **Expansion** Sub-Contractors Bid Sheet Summary Certification Certification Statement Next Step

EXPANSION PLANS (FORM SECTION 5B)

Supplier Name: Carins Cane Co
CBA Name: Miami
Product Category: Oxygen Supplies/Equipment

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:	<input type="text"/>	Expansion Plan:	<input type="text"/>
----------	----------------------	-----------------	----------------------

OTHER EXPANSION ITEMS

Name:	<input type="text"/>		
Current:	<input type="text"/>	Expansion Plan:	<input type="text"/>

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FORM B: BIDDING SHEET

Revenue Customers Service Territory Volume Expansion **Sub-Contractors** Bid Sheet Summary Certification Certification Statement Next Step

SUB-CONTRACTOR USAGE (FORM B QUESTIONS 5C AND 5D)

Supplier Name: Carins Cane Co
CBA Name: Miami
Product Category: Oxygen Supplies/Equipment

If you plan to expand under through the use of subcontractors, to meet the goals of your expansion plan, identify 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:

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.

BACK **SKIP** **NEXT**

FORM B: BIDDING SHEET

Revenue Customers Service Territory Volume Expansion Sub-Contractors **Bid Sheet** Summary Certification Certification Statement Next Step

SUPPLIER NAME: CARINS CANE CO | CBA NAME: MIAMI | PRODUCT CATEGORY: OXYGEN SUPPLIES/EQUIPMENT

BIDDING SHEET

HCPCS Code	Item Description	Rental Or Purchase	Product Weight	Total Estimated Capacity	Manufacturer	Model Name	Models to be Provided	Bid Price									
E0130	Stationary liquid O2	Purchase	32	50	<table border="1"> <thead> <tr> <th>Manufacturer</th> <th>Model Name</th> <th>Model</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">Done</td> </tr> </tbody> </table>			Manufacturer	Model Name	Model	<input type="text"/>	<input type="text"/>	<input type="text"/>	Done			<input type="text"/>
Manufacturer	Model Name	Model															
<input type="text"/>	<input type="text"/>	<input type="text"/>															
Done																	
E0131	Portable gaseous O2	Rental	31	50	Enter models			<input type="text"/>									
E0132	Oxygen concentrator	Purchase	18	50	Enter models			<input type="text"/>									
E0133	Cont airway pressure	Rental	17	50	Enter models			<input type="text"/>									



FORM B: BIDDING SHEET

Revenue Customers Geography Volume Expansion Sub-Contractors Bid Sheet **Summary** Certification Certification Statement Next Step

MEDICARE DMEPOS COMPETITIVE BIDDING PROGRAM

For CMS Use Only
 Bidder No : **1003105** Date Application Received :
 Competitive Bid Area : **Miami**

Supplier's Identifying Information
 Supplier's Legal Business Name: **Carins Cane Co** Primary Supplier's Legal Business Name (if applicable) :

FORM B: BIDDING SHEET FOR Miami - Oxygen Supplies/Equipment

Individual Form MUST be submitted for each Product Category. Primary Supplier Completes for Network.
 Information supplied must be aggregate information for the Network.

1) What was the total revenue collected for this product category in this CBA by the supplier or network during the past calendar year? All subsequent questions must be answered for the same calendar 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 mil
 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%

FORM B: BIDDING SHEET

Revenue Customers Service Territory Volume Expansion Sub-Contractors Bid Sheet Summary **Certification** Certification Statement Next Step

BID CERTIFICATION

Supplier Name: Carins Cane Co
CBA Name: Miami
Product Category: Oxygen Supplies/Equipment

Please complete all fields in the form below to certify your new 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 :
*Last Name :
*Title:

SKIP **CERTIFY**

FORM B: BIDDING SHEET

Revenue Customers Geography Volume Expansion Sub-Contractors Bid Sheet Summary Certification **Certification Statement** Next Step

FORM B CERTIFICATION STATEMENT PAGE <3/13/07 3:15 PM> print

Supplier Name: Carins Cane Co
 CBA Name: Miami
 Product Category: Oxygen Supplies/Equipment

Thank you, < Test, 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 changes occurring. I agree to the effective date of such changes.

FORM B: BIDDING SHEET

Revenue Customers Service Territory Volume Expansion Sub-Contractors Bid Sheet Summary Certification Certification Statement **Next Step**

NEXT STEP

Supplier Name: Carins Cane Co
CBA Name: Miami
Product Category: Oxygen Supplies/Equipment

Do you want to submit another BID for a different CBA and/or different category?

Yes No

BACK **FINISH**

- HOME
- FORM A (Supplier Application)
- FORM B (Bid Sheet)

MODIFY EXISTING FORM B BIDS

To continue working on an existing Form B bid, select the desired bid and press the Continue with Form B button.

<u>BID NAME</u>	<u>STATUS</u>	<u>LAST UPDATED</u>	
<input type="radio"/> Carins Cane Co - Miami - Oxygen Supplies/Equipment	Certified	Tue Mar 13 00:00:00 EST 2007	DELETE

[CONTINUE](#)