

Adjustments made to Medicare DMEPOS Competitive Bidding Forms 3/12/07

Form A – Letter H – Additional Physical Location Information (added *within the CBA*)

Form A – Letter O – Key Personnel – Changed wording to *Please include a list of names and current titles of key personnel of your company.*

Form A – Item 2 – Application for Networks – Letter C – Changed wording to *List the network members with their NSC and NPI numbers.*

Form A - Item 2 – Question D – Question has been changed to read:

*Do network members have a signed legal contract? Yes ___ No ___
If yes, please provide a copy along with other hardcopy documents required for bidding.
Your bid will not be considered complete without a copy of the contract.*

Form B – Number 5a) Rephrased sentence to read: *Indicate for the product category the percentage increase in Medicare business compared to your current Medicare business for this product category that you or your network would be capable of providing that would be applicable for all codes during a projected 12 month period, for this CBA.*

Omitted – *It is not necessary for one supplier to meet 100% of the demand for an area.*

Form B Number 6 - deleted for any other product category – changed to for any product category.

Form B – Certifying Statement - Modified the title to read: *Certifying Statement Applies to All Information Submitted Electronically or Hard Copy.*

Added to the Certifying Statement: *If I am a member of a network I also certify that I cannot independently service the entire CBA.*

Form D – Deleted the words DME Contract Supplier – changed to *contract supplier.*

**Adjustments made to Medicare DMEPOS Competitive Bidding Forms Instructions
3/12/07**

1. Instructions updated consistent with the DMEPOS Competitive Bidding Final Rule.
2. Technical Corrections.