

**Form B Crosswalk of changes. \* Any section not identified on the crosswalk does not have any changes**

Section of DBidS	Current Language	Revised Language	Screenshot file name
<b>Top HCPCS Codes</b>	<p>The HCPCS codes listed below represent the top codes that account for approximately 80 percent of the allowed charges for this product category. 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 Bidding Information Chart titled "Estimated Capacity and Bid Amount Worksheet" at <a href="http://www.dmecompetitivebid.com/bic">www.dmecompetitivebid.com/bic</a> for the definition of a unit for each item.</p>	<p>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 Worksheet and the Estimated Capacity and Bid Amount Calculations on the CBIC website (<a href="http://www.dmecompetitivebid.com">www.dmecompetitivebid.com</a>) for the definition of a unit and additional bidding information.</p>	<p><b>DBidS Form B Screenshot 1</b></p>
	<p>If bidding in the national mail-order CBA, the competitive bidding area includes all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam and the American Samoa.</p>		

**Top HCPCS Codes**

Indicate the percentage increase in Medicare business that you would be capable of providing for all HCPCS codes in this CBA during a projected 12-month period. The percentage increase may exceed 100%.

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

**Expansion Plans**

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. (Maximum 1000 Characters). If an item does not apply, please enter N/A.

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%.

Can you increase your current capacity for this product category in the CBA? If yes, you must complete an expansion plan.

If you answer "Yes" to this question, describe your current structure and expansion plan in the space provided. If a particular item does not apply, please leave the field blank but ensure you provide an explanation in all applicable fields. If additional space is needed, you may submit documentation along with the required hardcopy documents

**DBidS Form B  
Screenshot 1**

**DBidS Form B  
Screenshot 2**

**Subcontractor Information**

If you plan to expand using subcontractors choose "Yes" below. Please note that "Subcontractor Agreements" must be in compliance with Supplier Standards and subcontractor(s) can only perform services allowed under these standards. If a subcontractor is providing the service to set-up and/or provide instruction on the use of Medicare-covered item(s), they must be accredited by a CMS approved accreditation organization. Click on the "i" above for more specific requirements.

If you plan to expand using subcontractors, select **Yes** below. Please note that subcontracting arrangements must be in compliance with the Supplier Standards and subcontractor(s) can only perform services allowed under these standards.

If a subcontractor is providing the service to set-up and/or provide instruction on the use of Medicare-covered item(s), the subcontractor must be accredited by a CMS approved accreditation organization. Click on the "i" above for specific requirements.

**DBidS Form B Screenshot 2**

Do you plan to use subcontractor(s)?  
Yes  No

Do you plan to use a subcontractor(s)?

**Bid Sheet**

You must provide your total estimated capacity along with your bid price for each HCPCS code listed for this product category. Important Reminders:

Most columns are pre-populated for you. You must provide your total estimated capacity along with your bid price for each HCPCS code or payment class listed for this product category.

**DBidS Form B Screenshot 3**

**HCPCS**

Healthcare Common Procedure Code System. This is a standardized coding system that is used primarily to identify products, supplies, and services.

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DBidS Form B Screenshot 3

**Type of Bid (Rental or Purchase)**

This column indicates whether your bid should be for the purchase or monthly rental of the item (identified by the HCPCS code). In most cases you will be asked to submit a bid amount that represents the purchase price of the item even if that item is routinely paid for on a monthly rental. o If "Purchase" is indicated, enter a bid amount for total purchase of the item. o 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.

Indicates whether your bid should be for the purchase or monthly rental of the item (identified by the HCPCS code or payment 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.

DBidS Form B  
Screenshot 3

**Total Estimated Capacity**

Indicates the number of units per HCPCS code 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 additional number of units or capacity you would be capable of providing annually at the start of the contract period. It is anticipated that suppliers will be capable of sustaining the same level of estimated capacity throughout the entire contract period. Please refer to the Bidding Information Chart titled "Estimated Capacity and Bid Amount Worksheet" at [www.dmecompetitivebid.com/bic](http://www.dmecompetitivebid.com/bic) for the definition of a unit for each item.

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 or product class, calculate the number of units that you currently furnish on a yearly basis and add any additional number of units or capacity you would be capable of providing annually at the start of the contract period. It is anticipated that suppliers will be capable of sustaining the same level of estimated capacity throughout the entire contract period. This number does not reflect the minimum or maximum number of units you may be required to provide but rather how many units you estimate that you can provide. Please refer to the Bid Preparation Worksheets, including estimated capacity and bid amount calculations, on the CBIC website ([www.dmecompetitivebid.com](http://www.dmecompetitivebid.com)) for the definition of a unit for each item to assist you in calculating your capacity.

DBidS Form B Screenshot 3

**Fee Schedule**

This 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.

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**Bid Price**

Indicate your bid price for this item. You should submit a bona fide bid amount for each HCPCS code. The amount 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 amount. The bid amount you submit for each HCPCS code 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.

You must indicate your bid price for this item. Your bid amount must be a bona fide bid amount for each HCPCS code. The amount 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 amount. The bid amount 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. Please refer to the Bid Preparation Worksheets, including estimated capacity and bid amount calculations, on the CBIC website ([www.dmecompetitivebid.com](http://www.dmecompetitivebid.com)) for the definition of a unit for each item to assist you in calculating your bid price.

**DBidS Form B  
Screenshot 3**

**Manufacturer and  
Model Information**

Listed below are the top HCPCS codes, in terms of allowed charges, for this product category. 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 in order for your bid to be complete.

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

**DBidS Form B  
Screenshot 4**

**Manufacturer and Model Information**

If you are bidding in the national mail order competition for diabetic testing supplies, national mail-order competition you must provide manufacturer and model information for the codes identified below. In order to meet the 50% rule you must complete the "50 Percent Compliance Form" located on the CBIC website identifying the products you plan to provide for HCPCs code A4253. In order for your bid to be considered, this form must be submitted to the CBIC as part of your package of hardcopy documents. This form is a requirement and failure to submit will result in disqualification of your bid.

THIS LANGUAGE WILL BE DELETED ON THIS PAGE.

DBidS Form B  
Screenshot 4

**Manufacturer and Model Information**

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>.

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 [www.medicare.gov](http://www.medicare.gov). In order to keep this information current, suppliers who are awarded a contract are required to submit a quarterly report updating the manufacturer and model information.

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Screenshot 4