Form A	Form A Crosswalk of changes. * Any section not identified on the crosswalk does not have any changes					
Section of DBidS	Current Language	Revised Language	Screenshot file			
Business Organization Information	Indicate how your business organization will be bidding (choose only one).	Indicate how your business organization will be bidding.	DBidS Form A Screenshot 1			
Contact person	Provide the name(s) of the person(s) who should be contacted to answer questions regarding the business or network organization. You must click the Add Contact Person button in order for this information to be saved below. You may enter more than one Contact Person. (maximum 5). Once you have entered the names of your Contact Person(s) scroll down to verify the name(s) was entered correctly.	Provide the name(s) of the person(s) who should be contacted to answer questions regarding the business organization. You must click the Add Contact Person button in order for this information to be saved below. You may enter more than one contact person (maximum 5). Once you have entered the names of your contact person(s) scroll down to verify the name(s.)	DBidS Form A Screenshot 1			
Authorized Official	Provide the name(s) and title(s) of authorized officials or key personnel for the business organization or network. You must click the Add Authorized Official or Key Personnel button in order for this information to be saved below. Once you have entered the names of your authorized official or key personnel scroll down to verify that the names were entered correctly.	Provide the name(s) and title(s) of authorized officials or key personnel for the business organization . You must click the Add Authorized Official or Key Personnel button in order for this information to be saved below. Once you have entered the names of your authorized official or key personnel scroll down to verify the names.	DBidS Form A Screenshot 2			

Accreditation	All locations must meet Medicare	By the close of the bid window, all locations must		
Information	enrollment requirements, including	meet Medicare enrollment requirements,		
	being accredited for all items in the	including being accredited for all items in the		
	product category(s) and CBA for which	product category(s) for which you are bidding. As		
	the bidder is submitting a bid, by the	required by 42 CFR § 414.414 (c), each bidder		
	close of the bid window. As required	must be enrolled, meet quality standards, and be		
	by 42 CFR §414.414 (c), each bidder	accredited in order to be awarded a contract.		
	must be enrolled, meet quality	Individual locations must be accredited to be		
	standards and be accredited in order	included on the contract.		
	to be awarded a contract. Individual			
	locations of a supplier with multiple	Select the name(s) of the Medicare-approved	DBidS Screenshot	
	locations must separately meet these	accreditation organization(s) that has accredited	CreateSupplier4	
	requirements to be included in a	your business for the product category(s) for		
	contract offer.	which you are bidding.		
	Select the name(s) of the Medicare-	You must click the Add Accreditation button		
	approved organization(s) that has	below for this information to be saved.		
	accredited your location(s).			
	You must click the Add Accreditation			
	button below for this information to			
	be saved.			
Accreditation	I understand that each bidder must	I acknowledge and understand that I, as a bidder,		
Information-	have a location or locations that are	must be properly accredited to furnish the specific		
(acknowledgement	accredited to furnish the specific	item(s) and service(s) included in the bid. This	DBidS Form A	
statement)	product(s) and service(s) included in	information must be on file in each location's	Screenshot 2	
	the bid.	Medicare enrollment record (i.e., Provider		
		Enrollment, Chain and Ownership System (PECOS))		

Licensure	All bidders must meet Medicare enrollment	By the close of the bid window, all locations must		
	requirements, including possessing all	meet Medicare enrollment requirements,		
	applicable state license(s) for the product	including possessing all applicable state license(s)		
	Bidders will be disgualified if they do not meet	for the product category(s) and areas for which		
	all state licensure requirements for applicable	you are bidding. Bidders will be disqualified if		
	product categories and for every state in the	they do not meet all state licensure requirements		
	CBA. Every location of the bidder is responsible	for the applicable product categories and for		
	for having all license(s) for each state in which	every state in a CBA. For bid evaluation purposes,		
	It furnishes items/services. If there is a multi-	each location is not required to have licenses for		
	applicable license(s) for every state in the CBA.	every state in the CBA as long as each state has a		
	For bid evaluation purposes, each location is	bidding location licensed for the product category.		
	not required to have licenses for every state in	Every location of the bidder is responsible for		
	the CBA as long as each state has a bidding	having all applicable license(s) for each state in	DBidS Form A	
	location licensed for the product category.	which it furnishes items and services. If there is a	Screenshot 3	
	Some states may not require a license to	multi-state CBA, the bidder must collectively have		
	furnish certain items in a product category.	all applicable license(s) for every state in the CBA.		
	Please check the licensure directory on the			
	NSC website, which serves as a guide and the	Some states may not require a license to furnish		
	Licensure for Bidding Suppliers fact sheet on	certain items in a product category. Please check		
		the <u>licensure directory</u> on the NSC website, which		
		serves as a guide and the <u>Licensure for Bidding</u>		
		Suppliers fact sheet on the CBIC website.		

Licensure- continued (acknowledgement statement)	I understand that each supplier location is responsible for having all applicable state licenses for each state in which it provides services. Each location is not required to have	I acknowledge and understand that I, as a bidder, have all applicable state licenses for every item in the product category and for each CBA for which I am bidding. This information must be on file in each location's Medicare enrollment record (i.e.,	CreateSupplier5_ seq_1.png
	long as there is a licensed location for each state.	(PECOS))	
Business Information (the Blue Header on the Section	Business Information	Business Information- Years in Business	CreateSupplier5_ seq_1.png
Type of Business	Select the business type that describes your organization. Bidders must submit certain financial documents based on the type of business identified in this response. Refer to the Request for Bid (RFB) instructions a list of required financial documents. Go to http://www.dmecompetitivebid.com/f inancialrequirements for additional information.	Select the business type that describes your organization. Bidders must submit certain financial documents based on the type of business identified in this response. Refer to the Request for Bid (RFB) instructions for a checklist of required financial documents. Go to: http://www.dmecompetitivebid.com/financialreq uirements for additional information .	DBidS Form A Screenshot 3
Service Delivery	Retail Location with Home Delivery Mail Orders Home Delivery	Retail Location with Home Delivery Mail Order Home Delivery	DBidS Form A Screenshot 4

Competitive	Competitive Bidding Area (CBA) and	Select Competitive Bidding Area (CBA) and		
Bidding Area	Product Category	Product Category		
(CBA) and Product Category (the Blue Header on the Section)		(Only changing the name on Blue Header)	DBidS Form A Screenshot 4	
Location Information Accuracy	Please review the information above for your primary location, if any data is inaccurate, select No and provide details in the text box identifying the inaccurate data and provide correct information	Please review the information above for your primary location. If any of the information is inaccurate, select No and provide the correct information in the text box.	DBidS Form A Screenshot 5	
Competitive Bidding Area (CBA) and Product Category	Select the CBA(s) and product category(s) for which your organization is submitting a bid(s). The CBA and product category combinations appear below. You must check the box in the right column for each combination for which you are submitting a bid. After you have made your selection, click the Add CBA/PCs button to save your selection(s). Later in the application, you will be required to identify the locations within a CBA that will provide competitively bid items.	The CBA and product category combinations appear below. You must check the box in the right column for each combination for which you are submitting a bid. After you have made your selection, click the Add CBA/PCs button to save your selection(s). Select the CBA(s) and product category(s) that your primary location will be servicing. The primary location must select at least one CBA/product category combination	DBidS Form A Screenshot 5	

CBA/ Product	Displayed below is a summary of the	Displayed below is a summary of the CBA(s) and	
Category List	CBA(s) and Product Categories for	Product Categories that you have selected. Please	DBidS Form A
	which you intend to submit a bid.	review for accuracy.	Screenshot 5
	Please review for accuracy.		
Form A: Primary	Please provide the requested	Please provide the requested information for	
location Specific	information for your primary location.	your primary location. This is the location (PTAN)	
Information	This is the location (PTAN) that you	that you used when you registered for a User ID	DBidS Form A
(header)	used when you registered for a User ID	and password to access DBidS. The information	Screenshot 6
	and password to access DBidS.	provided is from your enrollment record in the	
		Provider Enrollment, Chain and Ownership System	
		(PECOS.)	
Competitive	Competitive Bidding Area (CBA) and	Competitive Bidding Area (CBA) and Product	
Bidding Area	Product Category	Category- Primary Location	
(CBA) and Product			DBidS Form A
Category (the Blue		(Only changing the name on Blue Header)	Screenshot 7
Header on the			
Section)			
Form A: Assign	Your primary location is listed below.	Your primary location is listed below.	
Locations	click View/Modify to go to the location		
	to view, modify or complete	To view, modify or complete information for a	
	information for the location.	location, click on View/Modify.	
			DBidS Form A
	If the location status is Update	If the location status is Update Available, this	Screenshot 8
	Available your PECOS record contains	means there has been an update to your PECOS	
	new information. Click Refresh	record. Click Refresh Location to view updated	
	Location to view updated information	information for the location.	
	for the location.		

Form A: Summary	Displayed below is a summary for the location(s) for which you are submitting a bid. Please carefully review the information you provided on Form A application information for accuracy. You may modify your information or add a new location. If you do not wish to make any changes or add another location, select NEXT . Only locations identified by the PTAN listed on this summary page will be eligible to be awarded a contract and to receive payment under the DMEPOS Competitive Bidding Program. You cannot use the same 10-	Displayed below is a summary of all the information for the location(s) included on your bid. Please carefully review it for accuracy. You may modify your information or add a new location. If you do not wish to make any changes or add another location, select Next . Only locations identified by the PTAN listed on this summary page will be eligible to be awarded a contract and to receive payment under the DMEPOS Competitive Bidding Program. You cannot use the same 10-digit PTAN for each location. To make any changes, click Edit .	DBidS Form A Screenshot 9	
	DMEPOS Competitive Bidding Program. You cannot use the same 10- digit PTAN for each location. To make any changes, click EDIT .			
