

Form C: Semi-Annual Report

What is Form C?

Form C is a semi-annual report that Round 2 Recompete and the national mail-order recompete contract suppliers are required to submit to the Centers for Medicare & Medicaid Services (CMS) under the terms of the contract. The report collects the brands of competitively bid items contract suppliers plan to offer during the next six-month period (January 1 through June 30 or July 1 through December 31).

How is Form C Information Used?

Information collected from the report is used by beneficiaries, customer service representatives at 1-800-MEDICARE, and referral agents in locating contract suppliers that furnish specific products. The information you provide on Form C about the products you make available is displayed on the Supplier Directory located on the Medicare website at www.medicare.gov/SupplierDirectory.

When is Form C Due?

The form is due no later than ten business days after each of the following dates: June 30 and December 31 throughout the entire contract period.

Disclaimer for Form C

You are responsible for ensuring that you enter only products that meet the requirements for each Healthcare Common Procedure Coding System (HCPCS) code. Products listed for each HCPCS code have been verified by the Pricing, Data Analysis, and Coding (PDAC) contractor. If you would like to enter a product that is not listed in the drop down box, but are not sure if the product meets the requirements for the HCPCS code, we urge you to contact the PDAC contractor for coding guidance via the contact form located at www.dmapdac.com/contact. As a reminder, failure to bill Medicare using the appropriate code may result in substantial penalties under the False Claims Act and exclusion from the Medicare Program.

Failure to submit a Form C for all competitive bidding area (CBA)/product category combinations in your contract may be considered a breach of contract and result in termination of your contract.

IMPORTANT: Data entered into Form C, which has not been signed and submitted, will not save. For security purposes, Form C will time out after 30 minutes of inactivity and all data entered will be lost.

Select a Product Category

*- denotes required fields.

Reporting Period	July 1, 2016 - December 31, 2016
Reporting Deadline	July 01, 2016
Contract Number*	<input type="text"/>
Product Category*	Standard Mobility Equipment and Related Accessories

[Select Contract](#)

July 1, 2016 - December 31, 2016 | | Standard Mobility Equipment and Related Accessories

You must provide product information for select items in the product category(s) on your contract. The item is identified on Form C by the Healthcare Common Procedure Coding System (HCPCS) code.


1. Choose a manufacturer,
2. Use the **Select** buttons to select model(s) and/or model number(s) for the items that you currently furnish or will furnish. You may use the **Select All** button to select all models listed for the manufacturer.
3. Click on **Choose CBA** next to the selected model to choose the CBA(s) where the model will be furnished. If multiple models are selected that will be furnished in the same CBA(s), click on **Select CBAs** to choose the CBA(s), then click on the **Apply to Selected Models** button.
4. Repeat steps 1-3 to add models for other manufacturers.
5. If the manufacturer or model is not displayed, click on the **Add Manufacturer/Model** button and enter the product information (manufacturer, model, and model number) and choose the CBA(s) for the model. To add another manufacturer or model, click on the **Add More** button. To remove a manufacturer or model, click on the **Remove** button.
6. Click on **Continue to the Next HCPCS Code** to enter information for another item. You must select at least one model for a manufacturer before you can proceed to the next HCPCS code.
7. Once you have entered product information for each listed HCPCS code, sign the form and you will be taken to the **Form(s) Summary** page.
8. To enter product information for another product category, go to the Forms tab at the top of the page and select Form C.
9. Repeat the steps above to enter product information for all product categories on your contract.
10. If you have other contract numbers displayed on Form C, you must complete these steps for each DMEPOS Competitive Bidding Program contract.

Form C Legend

HCPCS code E0143 (1 of 11 HCPCS codes for this product category)

Walker, folding, wheeled, adjustable or fixed height

Select a Manufacturer/Model



Add Manufacturer/Model ▼

[Change Product Category](#)

[Continue to next HCPCS code](#)

eSignature

You must enter your Connexion user ID and click **Sign and Submit**. Please do not mail or FAX any documents to the CBIC.

First Name

Last Name

Connexion User ID

[Back to previous HCPCS code](#)

[Sign and Submit](#)

If you have any questions about this form, please contact the CBIC customer service center at 877-577-5331.