

MEDICARE DMEPOS COMPETITIVE BIDDING PROGRAM

For CMS Use Only

Bidder No.

Date Application Received

Competitive Bidding Area (CBA)

Bidder's Identifying Information

Bidder's Legal Business Name

Primary Bidder's Legal Business Name (if network)

FORM A: APPLICATION FOR DMEPOS COMPETITIVE BIDDING PROGRAM

Please read all instructions completely. Suppliers with a single location or multiple locations must complete Sections 1 (Application for Suppliers) and 1a (Location Specific Questions). Multiple location suppliers must also complete Section 1b (Location Specific Questions – Additional Locations) for each additional location. Networks must complete Section 2; do not complete any part of Section 1.

Section 1: Application for Suppliers

A. Business Organization Information

Legal Business Name _____

Indicate how your business organization will be bidding (choose only one option).

- Supplier with a Single Location (Complete Section 1-1a)
- Supplier with Multiple Locations (Complete Section 1,1a, & 1b)
- Network (Complete Section 2-2a)

If you selected "Supplier with Multiple Locations," select one of the following that best describes your business organization structure.

- Subsidiary of a parent company/holding company
- Commonly-owned or commonly-controlled
- National chain
- Franchise
- None of the above

If "None of the above," briefly describe your type of business. _____

B. Specialty Supplier

Is your organization a skilled nursing facility (SNF) or a nursing facility (NF) that is bidding as a specialty supplier and plans to furnish competitively bid items only to its own residents? Yes No

Legal Business Name

Bidder Number

C. Contact Person

Provide the name(s) of the person(s) who should be contacted to answer questions regarding the business organization.

Contact Person(s): First Name _____ Last Name _____ Title _____

E-Mail Address _____ Telephone (include area code) _____

D. Authorized Official or Key Personnel

Provide the name(s) and title(s) of the authorized official(s) or key personnel for the business organization.

Key Personnel: First Name _____ Last Name _____ Title _____

E. Accreditation

By the close of the bid window, all locations must meet Medicare enrollment requirements, including being accredited for all items in the product category(s) for which the bidder is submitting a bid. As required by 42 CFR § 414.414, each bidder must be enrolled, meet quality standards, and be accredited in order to be awarded a contract. Individual locations of a supplier with multiple locations must separately meet these requirements to be included in a contract offer.

Identify the name(s) of the Medicare-approved organization(s) that has accredited your business organization for the product category(s) in which you are bidding.

Accrediting Organization _____

I acknowledge and understand that I, as a bidder, must be properly accredited to furnish the specific item(s) and service(s) included in the bid. This information must be on file in each location's Medicare enrollment record (i.e., Provider Enrollment, Chain and Ownership System (PECOS)) Yes

F. Licensure

By the close of the bid window, all locations must meet Medicare enrollment requirements, including possessing all applicable state license(s) for the product category(s) and areas for which the bidder is submitting a bid. Bidders will be disqualified if they do not meet all state licensure requirements for the applicable product categories.

I acknowledge and understand that I, as a bidder, have the applicable state licenses for every item in every product category for each competitive bidding area (CBA) for which I am bidding. This information must be on file in each location's Medicare enrollment record (i.e., Provider Enrollment, Chain and Ownership System (PECOS)) Yes

G. Business Information

Provide the number of years and months your organization has been in business.

Years _____ Months _____ in business

Legal Business Name _____

Bidder Number _____

Section 1a. Location-Specific Questions

Please provide the requested information for your primary location. This is the location (PTAN) that you used when you registered for a User ID and password to access the DMEPOS Bidding System (DBidS).

A. Identifying Information

Provide the following information for the primary network member.

Legal Business Name _____

Doing Business as Name (DBA) _____

Mailing Address Line 1 _____

(Street Name and Number)

Mailing Address Line 2 _____

(Suite, Room, etc.)

City/Town _____ State _____ Zip _____

Telephone Number _____ Toll Free Number (if available) _____

PTAN for this location _____ NPI Identification Number _____

Tax Identification Information Number (TIN) _____

B. Physical Address

Is the primary location's mailing address the same as the physical address? Yes No

If the answer is No, please complete the following information.

Physical Address Line 1 _____

(Street Name and Number)

Physical Address Line 2 _____

(Suite, Room, etc.)

City/Town _____ State _____ Zip _____

C. CBA and Product Category

Identify the CBA/product category combination(s) that your primary location will be servicing. This location can only be included in contract offers for the specific CBAs and product categories you identify here. You must select at least one combination for the primary location.

Competitive Bidding Area (CBA) _____

Product Category _____

Legal Business Name _____

Bidder Number _____

Section 1b. Location Specific Questions Additional Locations

If you have additional locations you want to add to your bid, please complete the section below. You must include all commonly-owned or commonly-controlled locations that are located in, or would furnish items to beneficiaries who maintain a permanent residence in, any of the CBAs included on your bid.

A. Identifying Information

Provide the following information for every additional location you want to include in your bid.

Legal Business Name _____

Doing Business as Name (DBA) _____

Mailing Address Line 1 _____
(Street Name and Number)

Mailing Address Line 2 _____
(Suite, Room, etc.)

City/Town _____ State _____ ZIP _____

Telephone Number _____ Toll Free Number (if available) _____

PTAN for this location _____

Tax Identification Information Number (TIN) _____

B. Physical Address

Is the location's mailing address the same as the physical address? Yes No

If the answer is No, please complete the following information.

Physical Address Line 1 _____
(Street Name and Number)

Physical Address Line 2 _____
(Suite, Room, etc.)

City/Town _____ State _____ Zip _____

C. CBA and Product Category

Identify the CBA/product category combination(s) that the location will be servicing. This location can only be included in contract offers for the specific CBAs and product categories you identify here.

Competitive Bidding Area (CBA) _____
Product Category _____

Competitive Bidding Area (CBA) _____
Product Category _____

Competitive Bidding Area (CBA) _____
Product Category _____

Legal Business Name

Bidder Number

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Bidder No.

Date Application Received

Competitive Bidding Area (CBA)

Bidder's Identifying Information

Supplier's Legal Business Name

Primary Supplier's Legal Business Name (if network)

FORM A: APPLICATION FOR NETWORKS

Please read all instructions completely. The primary network supplier must complete this application in order to bid on behalf of a network.

Indicate how your business organization will be bidding (choose only one option).

- Supplier with a Single Location (Complete Section 1-1a)
- Supplier with Multiple Locations (Complete Section 1, 1a, & 1b)
- Network (Complete Section 2-2a)

Section 2: Application for Networks

A. Business Organization Information

Do the Network Members have a signed legal contract that establishes the network? Yes No

Network Name _____

B. Specialty Supplier

Is your organization a skilled nursing facility (SNF) or a nursing facility (NF) that is bidding as a specialty supplier that plans to furnish competitively bid items only to its own residents? Yes No

C. Contact Person

Provide the name(s) of the person(s) who should be contacted to answer questions regarding the network organization.

Contact Person(s): First Name _____ Last Name _____ Title _____

E-Mail Address _____ Telephone (include area code) _____

Legal Business Name

Bidder Number

D. Authorized Official or Key Personnel

Provide the name(s) and title(s) of authorized officials or key personnel for the network.

Key Personnel: First Name _____ Last Name _____

Title _____

E. Accreditation

By the close of the bid window, all network locations must meet Medicare enrollment requirements, including being accredited for all items in the product category(s) for which the supplier is submitting a bid. As required by 42 CFR § 414.414 (c), each bidder must be enrolled, meet quality standards, and be accredited in order to be awarded a contract. Individual locations of a supplier with multiple locations must separately meet these requirements to be included in a contract offer.

Identify the name(s) of the Medicare-approved organization(s) that has accredited the network members for the product category(s) in which you are bidding.

Accrediting Organization _____

Accrediting Organization _____

I acknowledge and understand that all members of the network must have a location(s) that is properly accredited to furnish the specific item(s) and service(s) included in the bid. This information must be on file in the organization's enrollment record (i.e., Provider Enrollment, Chain and Ownership System (PECOS)) Yes

F. Licensure

By the close of the bid window, all network locations must meet Medicare enrollment requirements, including possessing all applicable state license(s) for the product category(s) and areas for which the bidder is submitting a bid. Bidders will be disqualified if they do not meet all state licensure requirements for the applicable product categories.

I acknowledge and understand that I, as a bidder, have the applicable state licenses for every item in every product category for each competitive bidding area (CBA) for which I am bidding. This information must be on file in each location's Medicare enrollment record (i.e., Provider Enrollment, Chain and Ownership System (PECOS)) Yes

G. Business Information

Provide the number of years and months your primary network member has been in business.

Years _____ Months _____ in business

Legal Business Name

Bidder Number

Section 2a. Location-Specific Questions

Please provide the requested information for your primary location. This is the location (PTAN) that you used when you registered for a User ID and password to access the DMEPOS Bidding System (DBidS).

A. Identifying Information

Provide the following information for the primary network member.

Legal Business Name _____

Doing Business as Name (DBA) _____

Mailing Address Line 1 _____
(Street Name and Number)

Mailing Address Line 2 _____
(Suite, Room, etc.)

City/Town _____ State _____ Zip _____

Telephone Number _____ Toll Free Number (if available) _____

PTAN for this location _____ NPI Identification Number _____

Tax Identification Information Number (TIN) _____

B. Physical Address

Is the primary network member's mailing address the same as the physical address? Yes No

If the answer is No, please complete the following information:

Physical Address Line 1 _____
(Street Name and Number)

Physical Address Line 2 _____
(Suite, Room, etc.)

City/Town _____ State _____ Zip _____

C. CBA and Product Category

Identify the CBA/product category combination(s) that your primary location will be servicing. You must select at least one CBA and product category for the primary location. This location can only be included in contract offers for the specific CBAs and product category(s) you identify here

Competitive Bidding Area (CBA) _____
Product Category _____

Competitive Bidding Area (CBA) _____
Product Category _____

Competitive Bidding Area (CBA) _____
Product Category _____

Section 2b. Location-Specific Questions-Additional Locations

If you have additional locations and network member locations, please complete the following questions. You must include all commonly-owned or commonly-controlled locations that are located in (or would furnish items to beneficiaries that maintain a permanent residence in) any of the CBAs in your bid.

A. Identifying Information

Provide the following information for each additional location you want to include in your bid.

Network Member Name _____

Legal Business Name _____

Doing Business as Name (DBA) _____

Mailing Address Line 1 _____

(Street Name and Number)

Mailing Address Line 2 _____

(Suite, Room, etc.)

City/Town _____ State _____ Zip _____

Telephone Number _____ Toll Free Number (if available) _____

PTAN for this location _____ NPI Identification Number _____

Tax Identification Information Number (TIN) _____

B. Physical Address

Is the location's mailing address the same as the physical address? Yes No

If the answer is No, please complete the following information:

Physical Address Line 1 _____

(Street Name and Number)

Physical Address Line 2 _____

(Suite, Room, etc.)

City/Town _____ State _____ Zip _____

C. CBA and Product Category

Identify the CBA/product category combination(s) that the location will be servicing. This location can only be included in contract offers for the specific CBAs and product category combinations you identify here.

Competitive Bidding Area (CBA) _____

Product Category _____

Competitive Bidding Area (CBA) _____

Product Category _____

Competitive Bidding Area (CBA) _____

Product Category _____