

Form A Section	Current Field/Language	Revised Placement	Reason for Change
Form A: Business Organization Information	N/A - this is a newly added section.	Business Organization Information I attest that the bidding organization qualifies as a small supplier under the definition provided by the Centers for Medicare & Medicaid Services (CMS) for the DMEPOS Competitive Bidding Program.	As a result of the decreased covered document submission requirement CMS would no longer be able to utilize revenue data from the bidding entity's tax return to determine if it meets the definition of a "small supplier" in the DMEPOS CBP (that is, a bidding entity that generates gross revenue of \$3.5 million or less in annual receipts including Medicare and non-Medicare revenue). To address this, CMS is proposing to add a question to Form A (Application for DMEPOS Competitive Bidding Program) that would allow a bidding entity to attest whether it meets the definition of a small supplier.
Form A: Business Organization Information	Contact Person section: 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 for this information to be saved below. You may enter more than one contact person (maximum five). Once you have entered the name(s) of your contact person(s), scroll down to verify the name(s). First Name Last Name Title Telephone E-Mail	N/A - the Contact Person section and the corresponding fields on the Form A Business Organization Information screen have been removed.	The Contact Person section is no longer required and has been removed, as this information can be received from the Provider Enrollment, Chain, and Ownership System (PECOS).
Form A: Business Organization Information	Authorized Official or Key Personnel section: Provide the name(s) and title(s) of the authorized official(s) or key personnel for the business organization. You must click the Add Authorized Official or Key Personnel button for this information to be saved below. You may enter more than one authorized official or key personnel (maximum five). Once you have entered the name(s) of your authorized official or key personnel, scroll down to verify the name(s). First Name Last Name Title	N/A - the Authorized Official or Key Personnel section and the corresponding fields on the Form A Business Organization Information screen has been removed.	The Authorized Official or Key Personnel section is no longer required and has been removed, as this information can be received from the Provider Enrollment, Chain, and Ownership System (PECOS).
Form A: Business Organization Information	Accreditation Information section 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 you are bidding. As required by 42 CFR § 414.414(c), each supplier location must be enrolled, meet quality standards, and be accredited to be awarded a contract. Only eligible locations will be included on the contract. Select the name(s) of the Medicare-approved organization(s) that has accredited the location(s) in your business organization. You must click the Add Accreditation button for this information to be saved below. You must also review and acknowledge that you have read and agree with the statement below. Click the box to accept. Accrediting Organization (Select Accrediting Organization)	N/A - the Accrediting Organization field in the Accreditation Information section has been removed.	The Accrediting Organization field in the Accreditation Information section has been removed to streamline Form A and eliminate non-essential data collection as it can be obtained from the Provider Enrollment, Chain, and Ownership System (PECOS), improving user experience.
Form A: Business Organization Information	Accreditation List section To delete your accreditation information, click the Delete button next to the applicable accrediting organization. To change this information, you must delete the entry and add a new accrediting organization.	N/A - the Accreditation List section and corresponding field on the Form A Business Organization Information screen has been removed.	The Accreditation List section and corresponding field has been removed to streamline Form A and eliminate non-essential data collection as it can be obtained from the Provider Enrollment, Chain, and Ownership System (PECOS), improving user experience.
Form A: Business Organization Information	Business Information - Years in Business section Provide the number of years and month your organization has been in business. Organization Years in Business Organization Months in Business Example: 5 years and 7 months or 0 years and 6 months.	N/A - the Business Information - Years in Business section and corresponding field on the Form A Business Organization Information screen has been removed.	The Business Information - Years in Business section and corresponding fields have been removed to streamline the Form A and eliminate non-essential data collection as it will be included on financial documentation provided by the bidder, improving user experience.

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Form A: Business Organization Information	Service Delivery section How will your organization furnish items and services to Medicare beneficiaries?	N/A - the Service Delivery section and corresponding field on the Form A Business Organization Information screen has been removed.	The Service Delivery section and corresponding field on the Form A Business Organization has been removed to streamline the Form A and eliminate non-essential data collection, improving user experience.