

Quick Step By Step User Guide to Submitting a Bid in DBidS



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Introduction

The following guide provides step-by-step instructions for entering or modifying a bid using the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Bidding System (DBidS). **Before completing the application and submitting a bid, all bidders should carefully review information such as the Request for Bids (RFB) instructions, bid preparation worksheets, financial documentation requirements, and state licensure rules on the [Competitive Bidding Implementation Contractor \(CBIC\) website](#).**

Important Note: The screens and sections in DBidS are not numbered. The screens are numbered in this guide to assist you with using the guide.

For more technical information regarding entering a bid into DBidS, please refer to the [DBidS Technical User Guide](#) available on the **DBidS Welcome** screen (see screen below) and the [DBidS: Online Bid Submission](#) page on the CBIC website.

CMS DMEPOS BIDDING SYSTEM (DBidS)

Welcome, Rhonda Roberts

Welcome to DMEPOS Bidding System (DBidS)

Welcome to the online application system (DBidS) for the DMEPOS Competitive Bidding Program. The online system is divided into two parts: Form A is the application and Form B is the bid. Please click [Enter DBidS](#) to access the online system.

[Enter DBidS](#)

IMPORTANT DMEPOS Bidding System (DBidS) Reminder:

The DBidS screens have four tools to help you navigate through the application: NEXT, BACK, SAVE and PRINT. To ensure the correct submission of your information, **YOU MUST** use these four navigation tools as well as any available hyperlinks in the application to move from screen to screen. **DO NOT** use the Back (←) and Forward (→) arrow buttons on the Internet browser toolbar to move from one page to another, and **DO NOT** use keyboard navigation (hot keys/access keys) to move within the DBidS application. If you have any questions, please contact the CBIC helpdesk at 1-877-577-5331.

Before completing the application and submitting a bid, all bidders should carefully review information such as the RFB instructions, bidding charts, financial documentation requirements, and state and local licensure rules on the DMEPOS Competitive Bidding Program website at www.dmecompetitivebid.com

Browser Compatibility

This online application is best viewed with a screen resolution of 1024 x 768 using Microsoft Internet Explorer 6.0 or greater. JavaScript must be enabled. Pop-up blockers should be disabled.

For Your Security

When you log into the application system, you are on a secure server. All the information that you provide us is encrypted to provide the highest possible security.

Using the Application System

The Authorized Official (AO) or the Backup Authorized Official (BAO) must provide specific information and approve or certify forms. Multiple users may enter data in the system at the same time. However, only one person may enter data on the same form (Form A or Form B) at the same time. Please carefully read the Quick step by step guide to submitting a bid in DBidS and the Technical User Guide below. If you need help throughout the application, please click on the "i" at the top of the screen.

[Quick step by step guide to submitting a bid in DBidS](#)

[DBidS Technical User Guide](#)

[Privacy Policy](#)

Tips

- After keying information into any screen in DBidS, it is always a good idea to save your entry by clicking **Save**. Do **NOT** hit Enter. This will cause the screen to reset and your information will be lost. Make sure you click the appropriate button (such as **Save**, **Back** or **Next**).
- Do **NOT** click the **X** in the upper right corner to exit DBidS. This will cause your DBidS account to lock. Instead, click **Logout** located in the left navigation menu.
- DBidS will time out after 15 minutes of inactivity. A warning message will appear after 10 minutes of inactivity. If you do not click **OK** within five minutes and then click **Save**, you will be logged out of DBidS and will lose any data entered. If DBidS times out, you must completely close all browser windows and open a new browser to log back into DBidS. To remain active in DBidS, you must **Save** your information every 10 minutes. Inputting information without hitting **SAVE** will not keep you in an active status.
- Error messages will display at the top of the screen in **red**. Please read the messages carefully to correct the issue.
- A navigation menu is located on the left side of the screen to assist you with moving through the DBidS screens. The menu initially displays as collapsed with the submenu items hidden. Your role (authorized official (AO), backup authorized official (BAO), or end user (EU)), as well as the screen where you are currently located, will determine the options available to you when the menu expands. Please note that this menu will not expand until the Business Organization Information screen is completed and you have been assigned a bidder number.
- Please use the international keyboard or Alt Control keys to enter special characters (see page 49).
- When entering information in DBidS, you may copy and paste data from Excel. Simply click on the cell in Excel, copy the data, then click in the field in DBidS and paste the data. Since this data affects your entire bid, review the information you entered before certifying your bid especially if you are using a browser besides Microsoft Internet Explorer 6.0 or greater or a version of Excel other than 2003. Please note that the copy/paste function from sources or programs other than Excel is not acceptable and may result in an error.
- Once you delete information from DBidS, it is permanently removed from the application.
- If you modify any information in Form A or Form B, after Form A is approved or Form B is certified, the AO or BAO must re-approve Form A and re-certify Form B.
- You can click on the page where it indicates there is an incomplete section to be taken to that section. It is important that you visit this screen often to check on the status of your Form A and Form B.
- Call the CBIC customer service center from 9 a.m. to 9 p.m. prevailing Eastern Time, Monday through Friday, at 877-577-5331 for assistance.

Getting Started

You must be registered and have received your Individuals Authorized Access to the CMS Computer Services (IACS) system user ID and password by the time registration closes. You must have an IACS user ID and password to access DBidS. For more information regarding registration in IACS, please visit the CBIC website at www.dmecompetitivebid.com.

As a reminder, DO NOT disclose or lend your user ID and/or password to anyone else. They are for your use only and serve as your electric signature. This means that you will be held responsible for the consequences of unauthorized or illegal transactions. Sharing of accounts may lead to termination of system access privileges and/or adverse action up to and including legal prosecution.

To log in to DBidS:


- Go to www.dmecompetitivebid.com
- Click Round 1 Recompete
- Click **Bidding is OPEN** on the homepage above the bidding clocks
- Click the **Bid Now** button

OR

- Select **Bidding Suppliers**

- Select **Bidding**
- Click **DBidS: Online Bid Submission System**
- Click the **Bid Now** button
- You will be directed to the **IACS Terms and Conditions** screen
- Click **I Accept**
- Type your IACS user ID into the **User ID** field
- Type your IACS password into the **Password** field (IACS user IDs and passwords are case sensitive)
- Click **Log In**
- Click **Enter DBidS** on the **Welcome to DMEPOS Bidding System (DBidS)** screen

If this is your first time logging in to DBidS, the **Form A: Business Organization Information** screen will appear. If you have previously logged in to DBidS and completed this screen, the **Status** screen will appear. In the rare exception where you registered more than one Provider Transaction Access Number (PTAN) in IACS, the **Select PTAN to Create Form A** screen will appear. Select the PTAN for the bid you wish to enter in DBidS.

You will find an *information* icon () in the upper right corner of many of the sections throughout DBidS. Click on this icon for additional helpful information

Form A

IMPORTANT:

- All suppliers (those with a single location, multiple locations, or networks) must complete screens 1–3.
- AOs and BAOs must complete the **Business Organization Information** section (1)* from page 4.
- Please note that only one user at a time may enter data in Form A.
- Form A must be completed and approved by the AO or BAO before data can be entered on Form B.

* Please note that the screens and sections in DBidS are not numbered. These numbers are to assist you with using this guide only.

Form A – All Business Types Screen 1: Business Organization Information

The **Form A: Business Organization Information** screen requests general information about your business

Screen 1: Form A – Business Organization Information



1 Business Organization Information – Provide the supplier’s legal business name that is reported to the Internal Revenue Service (IRS) for tax reporting purposes. Click the drop down arrow and select one of the following supplier bidding types:

- Single Location Bidder – Suppliers with only one location and NOT bidding as part of a network.
- Multiple Location Bidder – Suppliers with more than one location and NOT bidding as part of a network.

If **Multiple Location Bidder** is selected, additional options will appear to further define your organization’s business structure. Definitions may be found in the [Request for Bids \(RFB\) instructions](#) on the CBIC website.

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

If **None of the above** is selected, the screen will refresh and the **Enter the name for your business organization structure** field will appear. Describe the organization’s business structure into this field. For example, “I am the sole owner and have three locations.”

The screenshot shows the 'Form A: Business Organization Information' in the CMS DMEPOS BIDDING SYSTEM (DBids). The form is titled 'Form A: Business Organization Information' and includes a 'Print' button. It contains several sections with red circles 1, 2, and 3 highlighting specific areas:

- Section 1:** Business Organization Information. This section includes a dropdown for 'Legal Business Name' and a dropdown for 'Supplier Bidding Type' with a 'Select Supplier Bidding Type' button.
- Section 2:** Specialty Supplier. This section includes a checkbox for 'Are you a Skilled Nursing Facility (SNF) or Nursing Facility (NF) that is bidding as a specialty supplier that plans to provide competitively bid items only to its own residents?' with 'Yes' and 'No' radio buttons.
- Section 3:** Contact Person. This section includes fields for 'First Name', 'Last Name', 'Title', 'Email', and 'Telephone Number', along with 'Add Contact Person' and 'Clear' buttons.
- Section 4:** Modify/Delete Contact Person(s). This section includes a table with columns for 'First Name', 'Last Name', 'Title', and 'Authorized', and a 'No Contact Person(s) Saved' message.
- Section 5:** Authorized Official or Key Personnel. This section includes fields for 'First Name', 'Last Name', and 'Title', along with 'Add Authorized Official or Key Personnel' and 'Clear' buttons.

- **Network Bidder** – Small suppliers that are submitting a bid as part of a network. A network can have a minimum of two and a maximum of 20 network members (including the primary supplier submitting the bid(s) on behalf of the network). The **Network Name** box appears when this option is selected.

If **Network Supplier** is selected, the screen expands to ask if each network member has signed a contract to join the network. Click **Yes** or **No**. If you select **No**, a message will display advising you that the bid will not be considered for evaluation without a contract signed by each member.

2 Specialty Supplier – Only skilled nursing facilities (SNFs) and nursing facilities (NFs) are eligible to bid as specialty suppliers if they intend to provide competitively bid items only to their residents. If **Yes** is selected and the business is identified as a specialty supplier, you will only be allowed to bid on the enteral nutrition product category. If **No** is selected, and the SNF or NF wins a contract, the SNF or NF must provide the product category to any Medicare beneficiary residing in or visiting the competitive bidding area (CBA). If a SNF or NF is not selected as a contract supplier, it must use a contract supplier for the CBA to furnish competitively bid items to its residents. This response cannot be changed once the bid window closes.

3 Contact Person - Provide at least one (1) but a maximum of five (5) persons who should be contacted to answer questions regarding your bid. The contact person may or may not be an AO or key personnel. However, this

The screenshot shows a web application interface with three main sections:

- Section 4:** "Modify/Delete Contact Person(s)". It contains a table with columns "First Name", "Last Name", and "Title/Address(s)". Below the table is a button that says "No Contact Person(s) Saved".
- Section 5:** "Authorized Official or Key Personnel". It includes a descriptive paragraph: "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." Below this are three input fields labeled "First Name", "Last Name", and "Title". At the bottom of this section are two buttons: "Add Authorized Official or Key Personnel" and "Clear".
- Section 6:** "Modify/Delete Authorized Official / Key Personnel Information". It contains a table with columns "First Name", "Last Name", "Title", and "Address(s)". Below the table is a button that says "No Authorized Official(s)/Key Personnel Saved".

person must have the authority and knowledge to answer questions about your organization.

4. Once the information is added, it will appear in the **Modify/Delete Contact Person(s)** section, and the **Contact Person** section is cleared to allow entry of additional contact persons. Repeat the same procedure to add personnel. You may modify this section to add or delete information. Please note that once deleted, the information is permanently removed from the application.

5 Authorized Official and Key Personnel - Provide at least one (1) but you may list a maximum of five (5) AOs and key personnel per business organization. An AO is a person(s) identified in your organization's Medicare enrollment file. The AO has the legal authority to submit a bid on behalf of the company and to enter into a contract with Medicare to provide competitively bid items to Medicare beneficiaries. Key personnel are crucial to the operation of the business organization but are not AOs as described above.

6 Once the information is added, it will appear in the **Authorized Official/Key Personnel Information** section, and the **Authorized Official and Key Personnel** section is cleared to allow entry of additional personnel. Repeat this procedure to add personnel. You may modify this section to add or delete information.

Form A – All Business Types
Screen 1: Business Organization Information (continued)

7 **Competitive Bidding Area (CBA) and Product Category**

Select all of the CBA(s) and product category(s) for which your business organization or network is submitting a bid(s).
 Choose one CBA from the drop down box. The product category(s) for the selected CBA will appear. Then select all of the product category(s) for which you are submitting a bid for this CBA. You must click the Add CBA/Product Category button in order for this information to be saved below.
 If you are bidding in more than one CBA, select Add CBA/Product Category. Once you have selected the CBA(s) and product category(s), scroll down to verify they were entered correctly. All of the CBA(s) and product category(s) for which your organization will be bidding must be displayed on this screen. Later in the application you will be required to identify the CBA(s) and product category(s) associated with each of your locations.

CBA(s) *
 Product Categories *

Charlotte-Gastonia-Rock Hill, NC-SC

- Enteral Nutrients, Equipment and Supplies
- Negative Pressure Wound Therapy Pumps and Related Supplies and Accessories
- Enteral Infusion Pumps and Supplies
- General Waste Equipment and Related Supplies and Accessories
- Respiratory Equipment and Related Supplies and Accessories
- Standard Utility Equipment and Related Accessories

Add CBA/Product Category

CBA/Product Category List

Displayed below is a summary of the CBA(s) and Product Categories for which you intend to submit a bid. Please review for accuracy:

CBA	Product Category	Action(s)
No CBA/Product Categories Selected		

CBA/Product Category List

Displayed below is a summary of the CBA(s) and Product Categories for which you intend to submit a bid. Please review for accuracy:

CBA	Product Category	Action(s)
Charlotte-Gastonia-Rock Hill, NC-SC	Negative Pressure Wound Therapy Pumps and Related Supplies and Accessories	Delete
Charlotte-Gastonia-Rock Hill, NC-SC	Enteral Infusion Pumps and Supplies	Delete

Accreditation Information

All supplier locations must be accredited for the product category(s) for which the supplier is submitting a bid. As required by 42 CFR §414.414 (c), each supplier location must meet quality standards and be accredited in order to be awarded a contract. This includes all product-specific standards. Select the name(s) of the Medicare-approved organization(s) that has accredited your business organization. You must click the Add Accreditation button in order for this information to be saved below.

Accreditation Organization *

Select Accreditation Organization

- Select Accreditation Organization
- Accreditation Commission for Healthcare, Inc.
- American Board for Certification in Orthotics and Prosthetics, Inc.
- Board of Certification/Accreditation International
- Commission on Accreditation of Rehabilitation Facilities
- Community Health Accreditation Program
- HealthCare Quality Association on Accreditation
- National Association of Boards of Pharmacy
- The Compliance Team Inc.
- The Joint Commission
- The National Board of Accreditation for Orthotic Suppliers

8 **Accreditation List**

To delete your accreditation, click the "Delete" button next to the accreditation information you must delete the entry and add a new accreditation.

Licensure

The bidder is responsible for having a copy of the applicable state license(s) on file with the National Supplier Clearinghouse (NSC) before they submit a bid. Bids will be disqualified if a bidder does not meet all state licensure requirements for the applicable product categories and for every state in a CBA. Every supplier location is responsible for having all applicable license(s) for each state in which it provides services. For a multi-state CBA the bidder must collectively have all applicable license(s) for every state in the CBA. Each location is not required to have licenses for every state in the CBA as long as each state has a billing location licensed for the product category.

See the [CBIC website](#) for a listing of CBAs.

7 Competitive Bidding Area (CBA) and Product Category – You must identify all of the CBAs and product categories for which your organization is submitting a bid. Please note that later in the application, you will be required to identify the CBAs associated with each of your locations. You should select a minimum of one (1) CBA and one (1) product category. The selection you enter will display later in the application. If a CBA and product category are not selected, you will not be able to complete the required information in the application.

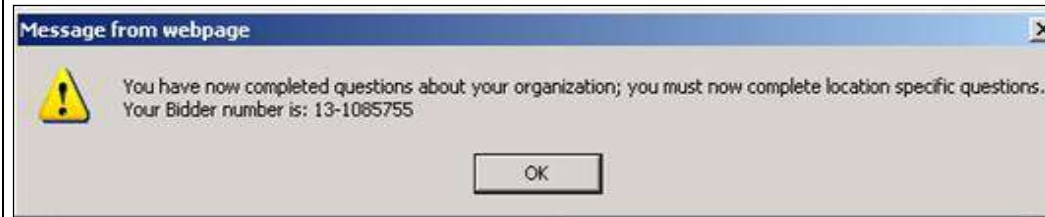
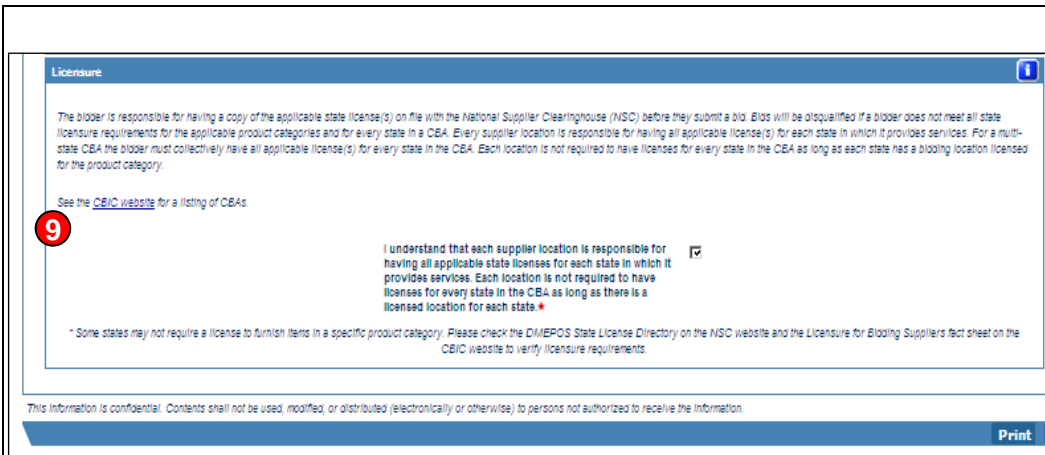
Please review the list of ZIP codes included in each CBA prior to completing this section. This list is on the [CBIC website](#).

Note: Not all ZIP codes included in a county may be in a CBA.

Note: If you previously selected Specialty Supplier, you may only select the enteral nutrients, equipment and supplies product category. No other product categories will appear in the product category section.

Click on the **Add CBA/Product Category** button after selecting the CBA and product category from the drop down menu. This information will appear in the **CBA/Product Category List** section below. You will then be able to select an additional CBA/product category from the **Competitive Bidding Area (CBA) and Product Category** section.

8 Accreditation – Suppliers submitting a bid for a product category must be accredited by one of the Medicare approved accreditation organizations. Select the organization(s) that has accredited your business from the drop down menu. Click on the **Add Accreditation** button. The information you selected will appear in the



Accreditation List Section below.

9 Licensure – Suppliers submitting a bid for a product category in a CBA must meet all DMEPOS state licensure requirements and other applicable state licensure requirements, if any, for that product category for every state in that CBA. The supplier should make sure that the National Supplier Clearinghouse (NSC) has all applicable state licenses on file by the close of the bid window. During bid evaluation, we will verify that all applicable licenses are reflected on the organization’s enrollment file. For additional information, review the [licensure directory](#) on the NSC website and the [Licensure for Bidding Suppliers](#) fact sheet on the CBIC website.

Important Note! Once you select **Next** after completing the required information, you will be assigned a bidder number. A pop-up box containing the bidder number will appear. The bidder number will also be in the top left corner on the remaining DBidS screens. The bidder number displays as XX-XXXXXXX. You are required to include your bidder number on each page of the hardcopy documents you submit as part of your bid package.

The navigation menu on the left side of the DBidS screen will now expand and allow you to navigate to other screens within DBidS.

Form A – All Business Types Screen 2: Location Specific Information

1 Identifying Information

Please provide the business information for each location in your business organization. You must provide the unique National Supplier Clearinghouse (NSC) Provider Transaction Access Number (PTAN) that applies to each location. The NSC-PTAN is referred to here as PTAN. If you are acting as a retailer, the primary retailer number should provide information for all its locations that represent facts as entered with:

Please the legal business name and mailing address for the business organization identified by the PTAN below:

Legal Business Name *
 Address Line 1 *
 Address Line 2 *
 City *
 State *
 Zip Code *
 E-Mail *
 Telephone Number *
 Toll Free Number (if available) *
 PTAN for this location *
 NPI Identification Number *

2 Physical Address

Please the physical address for the location as identified by the PTAN above in the identifying information question:

Physical address is the same as identified above
 Address Line 1 *
 Address Line 2 *
 City *
 State *
 Zip Code *

3 Business Information

Please the identifying information for the location as identified by the PTAN above in the identifying information question:

Tax Identification Number (TIN) *
 Doing Business As (DBA) 1 *
 Doing Business As (DBA) 2 *
 Years in Business *
 Months in Business *
 Example: 1 year and 2 months or 2 years and 0 months

1 Identifying Information – Please note that the legal business name, as well as the PTAN you previously provided when you registered in IACS, will be pre-populated on the screen. You should provide information in this section for the location identified by the PTAN that is displayed. Do not provide information for a billing agency, a management service organization, or a staffing company. The e-mail address entered should be an active and working e-mail account for the company. The mailing address must be the same as the mailing address in the organization’s Medicare enrollment file and must correspond with the PTAN for this location. The business telephone and toll-free number should contain only 10 numeric digits. The PTAN and National Provider Identifier (NPI) should be entered without dashes, slashes, or spaces (example: 0000000000).

2 Physical Address – Complete this information if the physical address is different from the mailing address provided in the section above. If it is the same, the box must be checked to populate the address. A post office (PO) box is not accepted as a physical address. The physical address should be the same as the physical address that is in the organization’s Medicare enrollment file with the NSC for this PTAN.

3 Business Information – Provide the Tax Identification Number (TIN) issued by the Internal Revenue Service (IRS). Sole proprietors may use their Social Security number (SSN). TINs and SSNs should be entered without dashes.

Form A – All Business Types
Screen 2: Location Specific Information (continued)

Business Information
 Provide the identifying information for the location as identified by the PTAN above in the identifying information question.

Tax Identification Number (TRN) * 453435353

Doing Business As (DBA) 1

Doing Business As (DBA) 2

Years in Business * 23

Months in Business 0

Examples: 5 years and 7 months or 0 years and 6 months

Type of Business
 Select the business type that describes this location as identified by the PTAN above. Bidders must submit certain financial documents based on the type of business identified in this response. See the DMEPOS Competitive Bidding Program website at www.dmeconnectivestill.com/files/colwellwebdocs for further information.

Type of Business * Please Select Business Type

Service Delivery
 For the location identified above, how will you service beneficiaries? (Check all that apply.)

How will you service beneficiaries in a CBA? (Check all that apply) *

Retail
 Mail Orders
 Home Delivery

Sanctions
 Indicate whether this location, as identified by the PTAN above, has been subject to any current or past legal actions, or sanctions, such as debarments, within the past five (5) years.

Does this location have any current or past legal actions, or sanctions such as debarments? * Yes No

If yes, please provide additional information regarding any previous or current sanctions. (Maximum 1000 characters)

1000 characters left

Provide the total number of years and months this location has been in business. If the number of years is greater than 99, select 99 years and 11 months. If the number of years is less than 1, select 0 years and then select an option from the **Months in Business** drop down menu. This may or may not be the same time frame the business has been billing Medicare. It is also not necessarily how long this particular location has been at its current location. It is the number of years and months this particular establishment has been in existence and furnishing DMEPOS items to any customer.

If applicable, enter the doing-business-as (DBA) name for this location. Contract suppliers that wish to have their DBA name listed in the [Supplier Directory](#) on the Medicare website must complete this section and provide the DBA name.

4 Type of Business – Select one response:

- Corporation
- Sole Proprietorship
- Partnership
- Non-Profit Organization
- Municipality Owned

Click on the help icon for business type definitions.

5 Service Delivery – Check all delivery methods that apply:

- Retail
- Mail Orders
- Home Delivery

6 Sanctions – If **Yes** is selected, enter a description of

any sanctions within the past five years (maximum of 1,000 characters).

Please note that the user is required to manually enter text into the sanction text box. Do not use the copy/paste function in this field, as it may result in an error. If using special characters, please use the international keyboard or Alt Control keys to enter information (see instructions on page 49). If you select **Yes**, a copy of either the settlement or corporate integrity agreement must be submitted with the required hardcopy documents.

Form A – All Business Types
Screen 3: Location Specific Information: CBAs and Product Categories

The screenshot shows the 'Form A: CBAs and Product Categories' interface. At the top, it says 'CMS DMEPOS BIDDING SYSTEM (DBids)'. Below that, it identifies the bidder as 'Bidder: 20-3184027 (Swandra's DME)' and the user as 'Welcome, Queenie Quince'. The navigation panel on the left includes links for 'Status Page', 'Business Organization Types', 'Modify Form A', 'Help', and 'Logout'. There are also dates for 'Bidding' (11/18/2013), 'Open Bid' (02/01/2014), and 'Close Bid' (2/23/2014). The main form area has a title 'Form A: CBAs and Product Categories' and buttons for 'Print', 'Save', 'Back', and 'Next'. A message states: 'Required fields are marked with *'. The 'CBA and Product Category' section contains a text box for 'CBA' with a dropdown arrow, a text box for 'Product Category(s)', and an 'Add CBA' button. Below this is a 'CBA and Product Category List' section with a table. The table has columns for 'CBA', 'Product Categories', and 'Action(s)'. The table content is 'No CBA/Product Category Saved'. At the bottom, there is a confidentiality notice: 'This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.'

CBAs and Product Categories

The CBA(s) and product category(s) that appear in the drop down menu are based on information previously provided from the **Competitive Bidding Area (CBA) and Product Category** section on the Business Organization Information screen. Once you choose the CBA from the drop down menu, the product categories for this CBA will be displayed. Review the product categories and click **Add CBA**. The data will appear in the **CBA and Product Category List** section. The **CBA and Product Category** section is cleared to allow entry for additional information. Repeat this procedure to add CBAs.

Contract suppliers must be ready to provide services in the CBA on day one of the contract period. To ensure that only qualified suppliers become contract suppliers, a supplier must have at least one physical location that meets all requirements to serve a CBA in order to bid in that CBA. Suppliers with physical locations outside of CBAs may bid on those CBAs only if they meet all requirements (e.g., state licensure, accreditation) at the time of bidding. If a supplier intends to use the services of a subcontractor, the supplier must comply with the supplier standards in [42 CFR §424.57](#).

Add a CBA or Product Category to your Bid (After Approving Form A)

You can add a CBA or product category to your bid at any time before the bid window closes. To add a CBA or product category to your bid after Form A has been approved, select **Business Organization Types** in the navigation panel and then select **Modify Business Organization**. Under **Action(s)**, select **Modify Supplier Type** and scroll down to the **Competitive Bidding Area**

(CBA) and Product Category section. Add the CBA or product category to your organization by selecting the CBA from the drop down menu. The screen will refresh and show a list of the product categories. Checkmark the product category(s) that you would like to add to your bid and click **Add CBA/Product Category**.

Click **Next** twice until you reach the **Form A: CBAs and Product Categories** screen. On this screen, you will add the CBA or product category to a specific location. In the drop down menu, select the CBA that you just added to your organization and click **Add CBA**. Click **Save** and continue to complete and approve Form A.

IMPORTANT

At this point in the application, you will complete a series of screens depending on whether your company has a single location, multiple locations or is part of a network.

- If you have a **single location**, please complete Screens 1–3 and 4–5 on pages 30–32.
- If you have **multiple locations**, please complete Screens 1–4 on pages 19–23. Once these screens are completed, skip pages 25–28 (these apply to network suppliers only), and continue to page 30.
- If you have a **network**, please complete Screens 1–4 on pages 25–28. Once these screens are completed, continue to page 30.
- Beginning on page 30 with Screen 4, the application is the same for **all types of bidding suppliers**.

Multiple Locations

Form A – Multiple Locations Screen 1: Add Location

The screenshot displays the 'Form A: Add Location' interface within the CMS DMEPOS BIDDING SYSTEM (DBids). The header includes the CMS logo and the system name. Below the header, the user is identified as 'Bidder: 13-1587335 (Supplier's DME)' and 'Welcome, Rhonda Roberts'. A navigation menu on the left lists options like 'Status Page', 'Business Organization Types', 'Add Form A', 'Help', and 'Logout'. A date and time display shows 'Today's: 01/13/2012 14:57:32'. The main content area contains instructions: 'All locations that conduct business within a CBA and provide the product category for which you are bidding must be listed below. It is important that bidders identify all locations by PTAM that will provide competitively bid items in a CBA. Only those locations entered on the bid will be identified on the contract and be eligible to receive payment for the competitively bid items.' It also notes that network members should add their locations. Below this is a table with columns 'Legal Business Name', 'PTAM', and 'Actions'. A row is populated with 'Supplier's DME' and '718000004'. At the bottom of the table are 'Add Location' and 'Delete All Locations' buttons. The footer contains a confidentiality notice and 'Print', 'Back', and 'Next' buttons.

Companies with multiple locations that are solely owned or commonly owned **and/or** commonly controlled should only submit **ONE** bid application that includes all locations that provide the product category in the CBA. Locations within the CBA, as well as those outside the CBA that routinely furnish competitively bid items to beneficiaries within a CBA, must be included on the bid application.

Competitive bidding program regulations do not allow commonly owned or commonly controlled companies to bid against themselves. Commonly owned suppliers are those where one or more of them have an ownership interest totaling at least 5 percent in the other(s). The term “ownership interest” is defined as “the possession of equity in the capital, the stock, or profits of another supplier.” Commonly controlled suppliers are those where one or more of the supplier’s owners is also an officer, director, or partner of another supplier. Commonly owned or controlled locations that do not provide any of the items within a product category, either to Medicare or non-Medicare customers, should not be included on the bid for that product category. For example, if one location is a pharmacy that provides only enteral nutrition products and another location provides only durable medical equipment (DME) items, separate bids using separate Form As must be submitted for the pharmacy location and the DME location.

For more information, please refer to the [Common Ownership and Control](#) fact sheet on the CBIC website.

Click **Add Location** to access the **Additional Locations** screen.

Add Locations to your Bid (After Approving Form A)

You can return to this portion of Form A and add locations

Form A: Additional Locations Print Save Back Next

Please provide the requested information for each location in your business organization. You must provide the unique National Supplier Clearinghouse (NSC) Provider Transaction Access Number (PTAN) that applies to each location. The NSC PTAN is hereafter referred to as PTAN. If you are bidding as a network, the primary network member should provide information for all its locations first.

Required fields are marked with *

Identifying Information

Provide the legal business name and mailing address for the location identified by PTAN below. Important Note: The PTANs identified in this section must correspond with the location being identified in this section.

1

Legal Business Name *

Address Line 1 *

Address Line 2 *

City *

State *

Zip Code *

E-Mail *

Telephone Number *

Toll Free Number (if available) *

PTAN for this location *

NPI Identification Number *

Tax Identification Number (TIN) *

Physical Address

Provide the physical address for the location as identified by the PTAN above in the identifying information question.

2

Physical address is the same as identified above

Address Line 1 *

Address Line 2 *

City *

State *

Zip Code *

to your bid at any time before the close of bidding. To return to this section to add a location, select **Business Organization Types** in the navigation panel, and then select **Modify Business Organization**. Select **Modify Supplier Type** in the **Location Specific Information** section, and click **Next** to move through Form A until you reach the **Form A: Add Location** screen. Clicking the **Add Location** button will move you to the **Form A: Additional Locations** screen where you will enter the location's information.

Click **Save** and continue to complete and approve Form A.

Provide the following information for each location identified by its unique PTAN displayed in **Identifying Information** section of the **Add Locations** screen.

1 Identifying Information – The information provided in this section may not be for a billing agency, a management service organization, or a staffing company. The mailing address must be the same as the mailing address in the organization's Medicare enrollment file and must correspond with the PTAN for this location. The e-mail address should be an active and working e-mail address. The business telephone number should contain only 10 numeric digits. The PTAN and NPI numbers should be entered without dashes, slashes, or spaces (example: 0000000000).

2 Physical Address – Complete this information if the physical address is different from the mailing address provided in the section above. If it is the same, the box must be checked to populate the address. A post office box is not accepted as a physical address. The physical address should be the same as the physical address that is in the organization's Medicare enrollment file with the NSC for this PTAN.

Form A – Multiple Locations
Screen 2: Additional Locations (continued)

Business Information

Provide the length of time in business for this location as identified by the PTAN above.

3 Years in Business ★

Months in Business

Examples: 5 years and 7 months or 0 years and 6 months.

Doing Business As (DBA)

Sanctions

Indicate whether this location, as identified by the PTAN above, has been subject to any current or past legal actions, or sanctions, such as debarments, within the past five (5) years.

4 Does this location have any current or past legal actions, or sanctions such as debarments?★ Yes No

This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive information.

3 Business Information – Provide the total number of years and months this location has been in business. This may or may not be the same time the business has been billing Medicare. If the number of years is greater than 99, select 99 years and 11 months. If the number of years is less than 1, you must select 0 years and then select an option from the **Months in Business** drop down menu.

Enter the doing-business-as (DBA) name for this location if applicable. Contract suppliers that wish to have their DBA name listed in the [Supplier Directory](#) on the Medicare website must complete this section and provide the DBA name. The Supplier Directory is populated with data provided by the NSC, not by DBidS.

4 Sanctions – If **Yes** is selected, enter a description of all sanctions that have occurred within the past five years (maximum of 1,000 characters). Please note that the user is required to manually enter text into the sanction text box. Do not use the copy/paste function in this field as it may result in an error. If using special characters, please use international keyboard or Alt Control keys to enter information (see instructions on page 49).

If you select **Yes**, a copy of either the settlement or corporate integrity agreement must be submitted with the required hardcopy documents. Please note that the copy/paste function from another source is not acceptable and may result in an error.

Form A – Multiple Locations Screen 3: CBAs and Product Categories

CMS DMEPOS BIDDING SYSTEM (DBidS)

Bidder: 20-0184027 (Swandra's DME) Welcome, Queenie Quince

Form A: CBAs and Product Categories Print Save Back Next

Required fields are marked with *

CBA and Product Category

You must associate this location with specific CBA/Product Category(s) where it will furnish items and services in order to be eligible to receive Medicare payment for competitively bid items. Select the CBA(s)/product category(s) associated with this location. You must click the "Add CBA" button in order for this information to be saved below.

CBA * Select CBA

Product Category(s) No Product Categories Found

Add CBA

CBA and Product Category List

Displayed below is a summary of the CBA(s) and product category(s) in which this location is bidding. Please review for accuracy:

CBA	Product Categories	Action(s)
No CBA/Product Categories Saved		

This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.

Print Save Back Next

The CBA(s) and product category(s) that appear in the drop down menu are based on information previously provided from the **Competitive Bidding Area (CBA) and Product Category** section on the **Business Organization** screen. Once you choose the CBA from the drop down menu, the product categories for this CBA will be displayed. Review the product categories and click **Add CBA**. The data will appear in the **CBA and Product Category List** section. The **CBA and Product Category** section is cleared to allow entry of additional information. Repeat this procedure to add CBAs.

Contract suppliers must be ready to provide services in the CBA on day one of the contract period. To ensure that only qualified suppliers become contract suppliers, a supplier must have at least one physical location that meets all requirements to serve a CBA in order to bid in that CBA. Suppliers with physical locations outside of CBAs may bid on those CBAs only if they meet all requirements (e.g., state licensure, accreditation) at the time of bidding. If a supplier intends to use the services of a subcontractor, the supplier must comply with the supplier standards in [42 CFR §424.57](#).

Form A – Multiple Locations Screen 4: Add Locations

CMS DMEPOS BIDDING SYSTEM (DBids)

Bidder: 13-1067339 (Supplier's DME) | Welcome, Rhonda Roberts

Form A: Add Locations | Print | Back | Next

All locations that conduct business within a CBA and provide the product category for which you are bidding must be listed below. It is important that bidders identify all locations by PTAN that will provide competitively bid items in a CBA. Only those locations entered on the list will be identified on the contract and be eligible to receive payment for the competitively bid items.

If you are bidding as a network the primary network member should add its location on this screen. If there are members of the network with multiple locations, the primary network member should add these members' locations on the next screen. To access this screen, click "Next".

Legal Business Name	PTAN	Address
Supplier's DME	T1800004	[Address]
Tua DME	T1800007	[Address] [Address]

[Add Location] [Delete All Locations]

This information is confidential. Contents shall not be used, modified, or distributed electronically or otherwise, in part or in whole, by persons not authorized to receive the information.

Print | Back | Next

On this screen, you should verify that all locations that conduct business within a Round 1 Recompete CBA and provide the items included in the product category for which you are bidding are listed. It is important that bidders identify all locations by PTAN that will provide competitively bid items in a CBA.

If you are awarded a contract, only the PTANs entered on Form A will be eligible for Medicare payment for competitively bid items. Contract suppliers may add locations after the program is implemented, if approved by CMS.

Networks

Form A – Networks Screen 1: Network Member

The screenshot displays the 'Form A: Network Member' interface. At the top, it shows the CMS logo and 'DMEPOS BIDDING SYSTEM (DBidS)'. Below the header, there is a navigation menu on the left and a main content area. The main content area includes a 'Form A: Network Member' title, a 'Required fields are marked with *' warning, an 'Add Network Member' section with a text input field for 'Network Member name' and an 'Add Network Member' button, and a 'Network Members' table. The table has columns for 'Network Member' and 'Action(s)'. A red circle '1' points to the 'Network Member name' field, and a red circle '2' points to the 'Add Location' button in the table. The table contains one row with 'Bidding Supplier' and 'No Locations Saved'.

If there are members of the network with multiple locations, the primary network member should add these members' locations on this screen.

The primary network supplier should enter each network member's business name in this section. A network can have a minimum of two and a maximum of 20 members, including the primary network member. For more information about networks, please refer to the [RFB instructions](#).

To add a member, the primary network member should enter the member's name into the **1 Network Member Name** field and click **Add Network Member**.

2 Each member that is added will be displayed in the **Network Members** window. Click **Add Location** located next to the network member's name to enter location information for that member.

Please note that there is no limit to the number of additional locations that can be entered for each network member.

Form A – Networks Screen 2: Additional Locations

1 Identifying Information

2 Physical Address

1 Identifying Information – The information provided in this section may not be for a billing agency, management service organization, or staffing company. The mailing address must be the same as the mailing address in your Medicare enrollment file and must correspond with the PTAN for this location. The business telephone number should contain only 10 numeric digits. The PTAN and NPI numbers should be entered without dashes, slashes, or spaces (example: 0000000000).

2 Physical Address – Complete this information if the physical address is different from the mailing address provided in the section above. If it is the same, the box must be checked to populate the address. A post office box is not acceptable as a physical address. The physical address should be the same as the physical address that is in the organization's Medicare enrollment file with the NSC for this PTAN.

Form A – Networks
Screen 2: Additional Locations (continued)

Business Information
Provide the length of time in business for this location as identified by the PTAN above.

Years in Business ★

Months in Business

Examples: 5 years and 7 months or 0 years and 6 months.

Doing Business As (DBA)

Sanctions
Indicate whether this location, as identified by the PTAN above, has been subject to any current or past legal actions, or sanctions, such as debarments, within the past five (5) years.

Does this location have any current or past legal actions, or sanctions such as debarments?★ Yes No

This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive this information.

3 Business Information – Provide the total number of years and months this location has been in business. This may or may not be the same time the business has been billing Medicare. If the number of years is greater than 99, select 99 years and 11 months. If the number of years is less than 1, you must select 0 years and then select an option from the **Months in Business** drop down.

Enter the doing-business-as (DBA) name for this location if applicable. Contract suppliers that wish to have their DBA name listed in the [Supplier Directory](#) on the Medicare website must complete this section and provide their DBA name.

4 Sanctions – If **Yes** is selected, enter a description of any sanctions within the past five years (maximum of 1,000 characters). Please note that the user is required to manually enter text into the sanction text box. Do not use the copy/paste function in this field as it may result in an error. If using special characters, please use international keyboard or Alt Control to enter information (see instructions on page 49).

If you select **Yes**, a copy of either the settlement or corporate integrity agreement must be submitted with the required hardcopy documents.

Form A – Networks Screen 3: CBAs and Product Categories

Form A: CBAs and Product Categories

Required fields are marked with *

CBA and Product Category

You must associate this location with specific CBA/Product Category(s) where it will furnish items and services in order to be eligible to receive bid work assigned for competitively bid items. Select the CBA(s)/product category(s) associated with this location. You must click the "Add CBA" button in order for this information to be saved below.

1 CBA *

Product Category(s)

CBA and Product Category List

Displayed below is a summary of the CBA(s) and product category(s) in which this location is bidding. Please review for accuracy.

CBA	Product Categories	Action(s)
No CBA/Product Categories Saved		

This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.

1 The CBA(s) and product category(s) that appear in the drop down menu are based on information previously provided from the **Competitive Bidding Area (CBA) and Product Category** section on the Business Organization Information screen. Once you choose the CBA from the drop down menu, the product categories for this CBA will be displayed. Review the product categories and click **Add CBA**. The data will appear in the **CBA and Product Category List** section. The **CBA and Product Category** section is cleared to allow entry for additional information. Repeat this procedure to add CBAs.

Contract suppliers must be ready to provide services in the CBA on day one of the contract period. To ensure that only qualified suppliers become contract suppliers, a supplier must have at least one physical location that meets all requirements to serve a CBA in order to bid in that CBA. Suppliers with physical locations outside of CBAs may bid on those CBAs only if they meet all requirements (e.g., state licensure, accreditation) at the time of bidding. If a supplier intends to use the services of a subcontractor, the supplier must comply with the supplier standards in [42 CFR §424.57](#).

2 Once the location is added, the location's PTAN for the network member displays below the member's name. Please review the information for accuracy. You may change information by clicking **Modify** or **Delete**. Please note that deleted information is permanently removed from the application. Click **Next** to continue to the **Application Summary** screen.

Form A: Network Member

Required fields are marked with *

Add Network Member

Please enter the network member name and indicate the contract status. You must click the Add Network Member button in order for this information to be saved below. After member's information is displayed below, click the Add Location button to complete member's location information. Only network members identified by their PTANs are eligible to be awarded a contract.

Network Member Name:

Network Members

Network Member	Action(s)
Bidding Supplier	<input type="button" value="Modify"/> <input type="button" value="Delete"/> <input type="button" value="Add Location"/>
7190001102	<input type="button" value="Modify"/> <input type="button" value="Delete"/>

This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.

ALL BIDDING TYPES

Form A – All Business Types Screen 4: Application Summary

You will see a summary of the information provided for each location on this screen. Carefully review this summary. You may make modifications by clicking **Edit** to return to that particular section of the bid application. If you are satisfied with the information, click **Next**. AOs and BAOs will see the **Checklist** screen. EUs will be returned to the **Status** screen.

To review the summary for additional locations, scroll down to the last section of the **Application Summary** screen, labeled **Additional Locations/Network Members/ Network Members Additional Locations**, and select the PTAN. Next, click **Go**. The information in the **Additional Location Information** screen will appear. To change any of the information displayed on this screen, click **Edit**.

Note: Your bidder number is located at the top of this screen. The bidder number displays as XX-XXXXXXX.

Please note this number, as you are required to include your bidder number on each page of the hardcopy documents you submit as part of your bid package. The required hardcopy documents are detailed in the [RFB instructions](#).

Form A – All Business Types Screen 5: Checklist

Screen 5: Checklist

Checklist Items:

- Review bid - read back to bidder
- Signatures:
 - Signature of Bidder Representative
 - Signature of Bidder Representative
 - Signature of Bidder Representative

Documents:

- Original bid - read back to bidder
- Original bid - read back to bidder
- Original bid - read back to bidder

Table:

Item	Requirement	Original Bid	Original Bid - Read Back	Original Bid - Read Back to Bidder	Original Bid - Read Back to Bidder
1.00 - Bidder Representative	Signature of Bidder Representative	Original Bid	Original Bid - Read Back	Original Bid - Read Back to Bidder	Original Bid - Read Back to Bidder
1.00 - Bidder Representative	Signature of Bidder Representative	Original Bid	Original Bid - Read Back	Original Bid - Read Back to Bidder	Original Bid - Read Back to Bidder
1.00 - Bidder Representative	Signature of Bidder Representative	Original Bid	Original Bid - Read Back	Original Bid - Read Back to Bidder	Original Bid - Read Back to Bidder

Only the AO or BAO can view this screen, and only when all required fields on Form A have been completed. This screen provides a checklist of the required hardcopy documents. It is very important that you review this checklist carefully. It also includes a chart that describes all document requirements based on your company's structure. We suggest you use this checklist and chart when you prepare your package of hardcopy documents.

Form A – All Business Types Screen 6: Approval

The screenshot shows the 'Form A: Approval' screen in the CMS DMEPOS BIDDING SYSTEM (DBidS). The page header includes the CMS logo and 'DMEPOS BIDDING SYSTEM (DBidS)'. The user is logged in as 'Ed East'. The main content area is titled 'Form A: Approval' and contains a message: 'The Authorized Official (AO) or Back-up Official (BAO) must approve Form A before proceeding to Form B. The User ID assigned during registration must be identified in your response.' Below this message are three input fields: 'First Name', 'Last Name', and 'User ID', followed by an 'Approve' button. A note at the bottom of the form states: 'After the AO or BAO approves Form A the AO or BAO must re-approve Form A if any changes are made to this form.' The screen also includes a 'Logout' link in the top right corner and a 'Welcome, Ed East' message.

Only an AO or BAO may approve Form A. The user ID is the IACS/DBidS user ID. Form A must be completed and approved by the AO or BAO before you can access Form B.

Once Form A is approved, a PDF version of the **Form A Summary** screen will appear. We strongly encourage you to print or save this PDF for your reference.

Form B

Note: If you are submitting bids for more than one CBA/product category combination, you must complete a Form B for each CBA/product category. Multiple users may be in Form B at the same time as long as each user is entering information for a different CBA/product category.

Form B Screen 7: Application Status

The screenshot displays the CMS DMEPOS BIDDING SYSTEM (DBidS) interface. On the left, a navigation menu includes 'Home Page', 'Business Organization Types', 'Launch Form A', 'Create Form B', and 'Form B'. The 'Form B' link is circled in red. Below the navigation menu is a summary box with various statistics. The main content area is titled 'Form A: Application Status' and contains a table with the following data:

Status	Last Modified Date	Modified By	Created	Deleted
Complete and Approved	2012/11/13/2012	4992406	2012	2012

Below this table is another section titled 'Form B: Bid Status' with a table that currently shows 'No bids found'. Further down, there are sections for 'Documentation Status' and 'Covered Document Review Date (CDRD) Eligible'.

The **Form A Application Status** screen must display **Complete and Approved** before you can proceed to Form B. If **Complete and Approved** is displayed, click **Create Form B** located on the left side of the screen to begin your Form B.

Form B Screen 8: Create Bid

The screenshot shows the 'Form B: Create Bid' interface. At the top, it says 'CMS DMEPOS BIDDING SYSTEM (DBidS)'. Below that is a navigation menu with options like 'Home Page', 'Business Organization Types', 'Create Form A', 'Create Form B', and 'Help'. The main content area has a title 'Form B: Create Bid' and a 'Personal Terms and Conditions' section. Below this, there are two dropdown menus: 'CBA #' with the value '00000' and 'Product Category #' with the value '00000'. A 'Create Bid' button is located below these dropdowns. At the bottom, there is a table titled 'CBA/Product Category List' with columns for 'CBA' and 'Product Category'. The table is currently empty, showing 'No CBA's and Product Categories selected'.

The CBA and product category fields have been populated with information provided on Form A. Choose the CBA from the drop down menu and click **Select**. The product category(s) will then be displayed. Choose the applicable product category for that CBA and then click **Create Bid**. The information you selected will be displayed in the box in the lower part of the screen.

Form B Screen 9: Furnished Items

The screenshot shows the 'Form B: Furnished Items' interface. At the top, it displays 'Bidder: 13-428337 (AAA OMI)'. Below this, there's a navigation menu on the left and a main content area. The main content area has a header 'Form B: Furnished Items' and a sub-header 'Required fields are marked with *'. Below this, there's a section titled 'TOP HCPCS Codes' with a table. The table has three columns: 'HCPCS Code', 'Total Units Provided', and 'Units Provided to Medicare Beneficiaries'. The first row of the table is highlighted with a red circle and the number '1'. Below the table, there's a section titled 'Percentage Increase in Medicare Business' with a text input field and a red circle and the number '2' pointing to it.

1 The Healthcare Common Procedure Coding System (HCPCS) codes listed on this screen represent the top codes that account for approximately 80 percent of the allowed charges for this product category. For each HCPCS code, enter 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 Worksheets](#) on the CBIC website for the definition of a unit for each item.

If you enter a number into **Units Provided to Medicare Beneficiaries** that is larger than the number that was entered into **Total Units Provided**, an error message will appear. To correct this error, you must increase the number in the **Total Units Provided** first, and then delete the number in **Units Provided to Medicare Beneficiaries**. Next, delete the increased number you entered in **Total Units Provided**. Then re-key the correct information in both boxes.

2 Indicate the percentage increase in Medicare business that your 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 percent.

Form B Screen 10: Expansion

1 Expansion Plan – Click **Yes**, if you are new to the CBA or product category or plan to expand your business under the DMEPOS Competitive Bidding Program. If you click **Yes**, you are required to enter information into each field detailing how you plan to expand. Please enter N/A into any fields that do not pertain to your expansion plan.

2 The screen will expand to reveal additional expansion plan fields. Please complete all fields. If using special characters, please use the international keyboard or Alt Control keys to enter information (see instructions on page 49). If additional space is needed, you may submit documentation along with the hardcopy documents. If an item does not apply, enter N/A.

You are required to include your bidder number on each page of the hardcopy documents you submit as part of your bid package.

Form B Screen 11: Subcontractor Information

1 Add Subcontractors – If you plan to use subcontractors, click **Yes**.

2 The section will expand and additional subcontracting fields will appear. Indicate which functions you intend to subcontract.

If a supplier intends to use the services of a subcontractor, the supplier must comply with the supplier standards in [42 CFR §424.57](#). The supplier standards describe the services for which a Medicare enrolled supplier may subcontract to another entity. Those functions include the:

- purchase of inventory,
- maintenance and repair of rented equipment,
- delivery only of a Medicare covered item; and
- setup and/or instruction on use of a Medicare covered item.

Contract suppliers are responsible for the items and services they provide directly or through the use of a subcontractor. This includes maintaining proper documentation and ensuring appropriate delivery, setup, and/or instruction. Please see the NSC website, www.palmettogba.com/NSC, for a detailed explanation of subcontracting and the supplier standards. You must submit a signed letter of intent to enter into an agreement or an executed subcontracting agreement with each subcontractor along with the other required hardcopy documents. If you are using a subcontractor, the letter of intent or executed agreement is a required document.

If you are awarded a contract, you must notify the Centers for Medicare & Medicaid Services (CMS) of any subcontracting relationships you have entered into for purposes of furnishing items and services under the program. You must also disclose whether the subcontractor meets accreditation requirements as applicable to furnish these services. Contract suppliers are the party that will be held responsible for the items and services they provide directly or through the use of a subcontractor.

Form B Screen 12: Bid Sheet

Navigation

- ▶ Status Page
- ▶ Business Organization Types
- ▶ Modify Form A
- ▶ Create Form B
- ▶ Modify Form B
- ▶ Select Bid
- ▶ Help
- ▶ Logout

Form B: Bid Sheet
Print Save Back Next

Bidder #: 13-4289337
CBA: Kansas City, MO-KS
Product Category: External Infusion Pumps and Supplies
PTAN(s): 7195000140

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

Important Reminders:

- **HCPCS** - Healthcare Common Procedure Code System. This is a standardized coding system that is used primarily to identify products, supplies, and services.
- **Product Class** - A combination of codes for which a single bid is required.
- **Item Description** - Short narrative description of each HCPCS code. For long description go to www.dmecompetitivebid.com.
- **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.
 - 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.

- **Item Weight** - Indicates the relative market importance of each item to the overall product category.
- **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 for the definition of a unit for each item.
- **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.
- **Bid Price** - Indicate your bid price for this item. You should submit a bona fide bid amount for each HCPCS code. The amount submitted should 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 should 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.

HCPCS Code	Product Class	Item Description	Rental Or Purchase	Item Weight	Total Estimated Capacity	Fee Schedule	Bid Price
A4221	N/A	Maint drug infus cath per wk	Purchase	0.2580219590	★ <input type="text"/>	23.91	★ <input type="text"/>
A4222	N/A	infusion supplies with pump	Purchase	0.0980924524	★ <input type="text"/>	47.44	★ <input type="text"/>

You must enter your total estimated capacity and bid price for each HCPCS code or product class.

Product Class is only applicable to the oxygen product category. When bidding on the oxygen product class category, you will submit only a single bid price for the payment class or combination of codes.

The **Rental or Purchase** column tells you whether to submit your bid price as a rental or as a purchase of a new item. **Rental** means to enter your bid price for one month's rental of the new item. **Purchase** means to enter the bid price as the total purchase of the new item.

The only products that you will bid by class and on a rental basis are oxygen items, which are in the Respiratory Equipment and Related Supplies and Accessories product category.

The **Item Weight** indicates the relative market importance of the item within the product category.

To determine the **Total Estimated Capacity** for each HCPCS code or payment class, calculate the number of units that you currently furnish on a yearly basis and add any number of units or capacity you would be capable of providing annually at the start of the contract period. Do **NOT** report your estimated capacity for the entire contract period. The definition of a unit for each item in the product category may be found in the [Bid Preparation Worksheets](#) on the CBIC website.

Suppliers must bid at or below the fee schedule amount or bid limit. The fee schedule amounts for Round 1 Reopen items are the 2012 fee schedule amount for the state in which the CBA is located. If the CBA contains

state in which the CBA is located. If the CBA contains multiple states, the bid limit is the fee schedule amount for the state with the highest allowed charges (the sum Medicare approved payments) for items subject to competitive bidding.

The **Bid Price** must not exceed the fee schedule amount or bid limit and must be rational and feasible. It must also include the cost of furnishing the item throughout the CBA. Consider your cost to buy the item, overhead, and profit when determining your bid. If there is a question about a bid price during bid evaluation, you may be asked to provide supporting documentation, such as a manufacturer's invoice, to verify that you can provide the item for the bid amount indicated on Form B.

Form B Screen 13: Manufacturer

WebID: 13-428337 (MAA 1000)

Navigation

- Home Page
- Business Organization Type
- Health Plans
- Form POB B
- Health Plans B
- Search For
- Help
- Logout

Form B: Manufacturer Print Back Next

WebID: 13-428337
 DBID: Form B: M000
 Product Category: Health Plan and Supplier
 Product: M000

Required data per contract:

Enter data for the HCPCS codes. In order of priority, enter the manufacturer, model name, and model number(s) for products that you plan to make available to Medicare beneficiaries in the CBA. You must provide information for each HCPCS code in order to bid for the contract.

If you cannot provide the information on the screen or do not display the page, click on the "Manufacturer Support" link at [DBids Support](#).

HCPCS Code	Manufacturer, Model Name and Model Number Entered	Required
A401	0	YES
A402	0	YES
B070	0	YES
B075	0	YES

This information is confidential. Contracts that are not awarded, or distributed electronically or otherwise, do not contain information.

Print Back Next

Provide the manufacturer, model name, and model number for the HCPCS codes in each product category that you will make available to Medicare beneficiaries in the CBA. You must provide the name of at least one manufacturer, model and model number for each HCPCS code. If you do not currently provide the item, you should provide information for the manufacturer(s), model(s), and model number(s) that you intend to furnish if awarded a contract.

Form B
Screen 14: Manufacturer, Model Name and Number

The screenshot shows a web application window titled "Form B: Manufacturer, Model Name and Number". The interface includes a navigation menu on the left, a main content area with a form for entering manufacturer, model name, and model number information, and a table below the form. The form has three input fields labeled "Manufacturer", "Model Name", and "Model Number", each with a dropdown arrow. Below the form is a button labeled "Add Manufacturer, Model Name & Model Number" and a "Clear" button. The table below has columns for "Manufacturer", "Model Name", "Model Number", and "Action(s)". The table is currently empty, showing "No Manufacturers, Model Names and Model Numbers Found". A sidebar on the left contains a "Navigation" menu with options like "Status Page", "Business Organization Types", "Modify Form A", "Create Form B", "Modify Form B", "Search for", "Help", and "Logout". There is also a yellow box with text in the sidebar.

When you click **Add**, this screen will appear. Enter the manufacturer, model name, and model number information for the HCPCS code. Click **Add Manufacturer, Model Name & Model Number** to add the information to Form B. Once completed, you must click **Back** to return to the previous screen so that you may enter manufacturer, model name, and model number information for the other HCPCS codes in the product category. This information will be displayed in the [Medicare Supplier Directory](#).

Form B Screen 15: Summary

Summary

Bidder #: 20-0715403
 CNA: Test, Charlotte-Gastonia-Concord, NC-90 -- Non-Maintenance
 Product: Category: Test, Incentives, Equipment and Supplies
 #PEPOS: 748710000
 Bid Status: Pending Certification

Display below is a summary of Form B. Please carefully review for accuracy. You may make changes by selecting **Edit**.

HCPCS Code	Total Units Provided	Units Provided by Medicare Beneficiaries
84100	2	2
84102	2	2
84104	2	2
84105	2	2

Expansion Plan

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 bankruptcy documents.

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

Bid Sheet

HCPCS Code	Item Description	Quantity	Unit Price	Total Estimated Capacity	Peak Schedule	Bid Price
84014	Test, Under feet auto/air for day	Purchase	0.000000000	0	00.00	00.00
0077804	Test, In-Cable / In-air / In-air services	Purchase	0.000000000	0	000.00	00.00
84018	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	07.76	00.00
84001	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	025.96	00.00
84002	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	011.88	00.00
84003	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	02.39	00.00
84007	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	074.58	00.00
84008	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	074.58	00.00
84109	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	01.50	00.00
84100	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	00.00	00.00
84102	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	00.00	00.00
84103	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	01.00	00.00
84104	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	01.00	00.00
84105	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	00.00	00.00
84106	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	00.00	00.00
84107	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	00.00	00.00
84108	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	00.00	00.00
84109	Test, In-air / In-air / In-air / In-air	Purchase	0.000000000	0	00.00	00.00

HCPCS Code	Manufacturer	Model Name	Model Number
84100	Genex	9712	Typ
84102	GENEX	9807	GENEX
84104	3	3	3
84105	4	4	4

** Access to Certification Statement, Public Address Announcement and Certify screens are restricted to only Authorized Officials and Bidder Authorized Officials. The information is confidential. Consent shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to view or the information.

The **Summary** screen displays all of the information entered into Form B. Please scroll down the screen to review each section carefully. If you need to make changes or updates to a section, click **Edit** for that section. This will return you to the selected screen to make any changes. If you are satisfied with the information listed on the **Summary** screen, click **Next**.

A pop up message will appear indicating that all required fields in Form B are complete and the AO or BAO must certify this Form B.

Form B Screen 16: Bid Certification Statement

CMS DMEPOS BIDDING SYSTEM (DBids)

Bidder: 20-ET15480 (Horsehound Remedies) Welcome, Ed East

Form B: Bid [Certification Statement]

Navigation:
 Home Page
 Business Organization Types
 Modify Form A
 Create Form B
 Modify Form B
 Select Bid
 Help
 Logout

Bidder #: 20-ET15480
 CDA: Test_Chemists-Gastro-Gastro; 30-00 -- Non Mail Order_3
 Product Category: Test_Instruments, Equipment and Supplies
 PFAN#: 748113000

Certifying Statement Applies to All Information Submitted Electronically or Handcopy.

I have read the contents of this application. I hereby certify that I have examined the completed application and accompanying financial statements and I certify that they are true, correct, and complete statements that can be substantiated from our books and records. My signature legally and financially binds this supplier to the laws, regulations, and program instructions of the Medicare program. If my signature, I certify that the information contained herein is true, correct, and complete to the best of my knowledge, and I authorize the respective Bidding Instrument/Non-Contractor (BIC) to verify this information. I also certify that I will adhere to the terms of the competitive bidding contract if awarded a contract.

I agree to notify the CBC in writing of any changes that may affect the contract and/or my ability to carry out the terms of the contract, and to such change or within 30 days of the effective date of such change. I understand that I may be in breach of contract if any such change results in my failure to carry out the terms of the contract.

I also certify that I have read, understand, meet, and will continue to meet all supplier standards and quality standards as outlined in 42 CFR §424.57 and 42 CFR §424.58. If I become aware that any information in the application is not true, correct or complete, I agree to notify the CBC of the fact immediately. I agree that I am a Medicare enrolled supplier and meet the basic eligibility requirements of the DMEPOS Competitive Bidding Program.

I understand that in accordance with 38 U.S.C. §2002, any omission, misrepresentation, or falsification of any information contained in the application and all required attachments and supplemental information or contained in any communication supplying information to CMS or the CBC may be punishable by criminal, civil, or other administrative actions including revocation of approval, fees, and/or imprisonment under Federal law.

I further certify that I am an authorized official of the organization that is submitting a bid in the DMEPOS Competitive Bidding Program.

Network Members:
 If I am a member of a network, I further certify that I meet the definition of a small supplier who joined the network because I am unable to independently furnish all items in the product category to Medicare beneficiaries throughout the entire geographic bidding area.

According to the Payment Reduction Act of 2018, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0116. The time required to complete this information collection is estimated to average 24 hours per response, including the time to review instructions, searching existing data sources, gathering the data needed, and completing and reviewing the information collection. If you have any comments concerning this collection of information, or suggestions for improving this form, please write to: OMB, Paperwork Reduction Project (0938-0116), Washington, DC 20503.

This information is confidential. Comments shall not be used, modified, or disseminated electronically or otherwise, to persons not authorized to receive the information.

Only AOs and BAOs are allowed to access the **Bid Certification Statement**. EUs will be returned to the **Status** screen.

The AO or BAO should read the certification statement carefully. Click **Next** to read the penalties for falsifying information. Form B must be certified in order for your bid to be submitted.

Note: Form B required fields must be completed and the AO or BAO must certify Form B.

Important Note for Networks! The primary supplier for a network must print the certifying statement for each member. Each member must carefully read and sign a separate statement. The primary supplier must submit the certifying statements of all members with the network's hardcopy documents. You are required to include your bidder number on each page of the hardcopy documents you submit as part of your bid package.

Form B Screen 17: Public Address Announcement

Once you have carefully read this public address announcement, click **Next**.

Form B: Public Address Announcement

Print Back Next

Bidder #: 20-0713489
CBA: Test_Charlotte-Gastonia-Citizens-NC-SC - Non Med-Group_3
Product Category: Test_Surgical Instruments, Equipment and Supplies
PTAReq: 7461110000

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0025

PUBLIC ADDRESS ANNOUNCEMENT FOR:

Penalties for Falsifying Information on this Enrollment Application

This section explains the penalties for deliberately furnishing false information to gain enrollment in the Medicare program.

1. 18 U.S.C. § 2051 authorizes criminal penalties against an individual who, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000 (18 U.S.C. § 2051). Section 2051(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

2. Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against any individual who, "knowingly and willfully," makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a Federal health care program. The offender is subject to fines of up to \$25,000 and/or imprisonment for up to five years.

3. The Civil False Claims Act, 31 U.S.C. § 3729, imposes civil liability, in part, on any person who:

- knowingly presents, or causes to be presented, to an officer or any employee of the United States Government a false or fraudulent claim for payment or approval;
- knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim allowed or paid;
- conspires to defraud the Government by getting a false or fraudulent claim allowed or paid.

The Act imposes a civil penalty of \$5,000 to \$10,000 per violation, plus three times the amount of damages sustained by the Government.

4. Section 1128A(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency... a claim... that the Secretary determines is for a medical or other item or service that the person knows or should know:

- was not provided as claimed; and/or
- the claim is false or fraudulent.

This provision authorizes a civil monetary penalty of up to \$10,000 for each item or service, an assessment of up to three times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.

5. The government may assert common law claims such as "unjust enrichment," "money paid by mistake," and "unjust enrichment."

Remedies include compensatory and punitive damages, restitution, and recovery of the amount of the unjust profit.

This information is confidential. Contents shall not be used, modified or distributed electronically or otherwise to persons not authorized to receive the information.

Print Back Next

Form B Screen 18: Certification

Form B: Certification

Bidder #: 25-8710485
CBA/ Text_Charlotte-Gastonia-Concord, NC-SC - Non-Res-Order_3
Product Category: Text_Enterpr Items/Intr. Equipment and Supplies
PTAR(k): Text110000

Required fields are marked with *

Certification

The Authorized Official (AO) or Back-up Authorized Official (BAO) must certify the bid is accurate. Please complete all fields below to certify your bid and then click "Certify and Submit Bid." Changes made to the bid application after you have certified may result in the need to recertify. Please visit your DBidS home page to make sure your bid application is complete.

First Name *

Last Name *

User ID *

This information is confidential. Contents shall not be used, modified, or distributed (electronically or otherwise) to persons not authorized to receive the information.

Form B must be certified by the AO or BAO. The user ID is your IACS/DBidS user ID. If any modifications are made to Form B after it is certified, the AO or BAO must re-certify Form B. If Form B is not certified, your bid cannot be evaluated and you will not be considered for a contract.

Once Form B is certified, a PDF version of the **Form B Summary** screen will appear. We strongly encourage you to print or save this PDF for your reference.

Screen 19: Form A and Form B Status

The screenshot displays the DMEPOS BIDDING SYSTEM (DBidS) interface. At the top, it shows the CMS logo and the system name. Below the header, there is a navigation menu on the left and a main content area. The main content area is divided into two sections: 'Form A: Application Status' and 'Form B: Bid Status'. Each section contains a table with columns for 'Status', 'Last Modified Date', and 'Modified By'. The 'Form A: Application Status' table shows a single row with a status of 'Complete and Approved'. The 'Form B: Bid Status' table shows a single row with a status of 'Complete and Certified'. Below these tables, there are sections for 'Documentation Status' and 'Covered Document Review Date (CDRD) Eligible', both showing a status of 'NO'.

You may continue to view your DBidS status screen up to 45 days after the bid window closes to verify whether your online bid is complete, approved, and certified by the AO or BAO. The status screen also indicates whether your hardcopy document package was received by the CBIC by the end of the bid window. If your document package was received after the bid window closes, DBidS will not acknowledge receipt of the document(s) and the indicator will remain "NO." An indication that your hardcopy document package was received does not mean that the documents in the package are accurate, complete, or otherwise meet the requirements of the RFB.

This screen indicates the status of Form A and Form B of your application. We suggest you check this screen to ensure your bid is complete, approved and certified before the close of the bid window. It is the responsibility of the bidding supplier to submit all required hardcopy documents to the CBIC. The **Documentation Status** section indicates whether a package of hardcopy documents has been received by the CBIC. It does not indicate whether the package is complete or if the documents are accurate or acceptable in accordance with the RFB requirements.

For more information on the required hardcopy documents, please review the [RFB instructions](#) and [Required Financial Documents](#) fact sheet.

Form A Application Status is defined as follows:

- **Incomplete** – Form A is missing required information.
- **Pending Approval** – Form A has not been approved (or re-approved, if applicable) by the AO or BAO.
- **Complete and Approved** – Form A is complete and has been approved (or re-approved, if applicable) by the AO or BAO.

Form B Bid Status is defined as follows:

- **Incomplete** – Form B is missing required information.
- **Pending Certification** – Form B has not been certified (or re-certified, if applicable) by the AO or BAO. A bid (Form B) that is not in certified status will not be considered for evaluation.
- **Complete and Certified** – Form B is complete and has been certified (or re-certified, if applicable) by the AO or BAO.

Documentation Status is defined as follows:

- **Documentation Received – Yes** displays if the CBIC has received a package.

- **Documentation Received – No** displays if the CBIC has not received a package.

Covered Document Review Date (CDRD) Eligible is defined as follows:

- **CDRD Eligible – Yes** displays if the CBIC received the financial documentation by the CDRD.
- **CDRD Eligible – No** displays if the CBIC did not receive the financial documentation by the CDRD.

International Keyboard & Alt Control Instructions

<p>International Keyboard (For Windows XP users)</p> <p>Click Start in the bottom left of your screen.</p> <p>Select Settings, then Control Panel.</p> <p>Double click Regional and Language Options.</p> <p>A pop up box will appear. Select the Languages tab.</p> <p>In the Installed services box, click Add and select United States - International under Keyboard Layout/IME.</p> <p>Click OK.</p> <p>Click Apply.</p>	<p>Alt Control</p> <p>Hold down the Alt key while typing the corresponding key combinations indicated in the box below (use the numeric keypad to enter numbers).</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Character</th> <th style="text-align: left;">Description</th> <th style="text-align: left;">Windows</th> <th style="text-align: left;">Macintosh</th> </tr> </thead> <tbody> <tr> <td>¡</td> <td>inverted exclamation mark</td> <td>173</td> <td>opt-1</td> </tr> <tr> <td>¿</td> <td>inverted question mark</td> <td>168</td> <td>opt-shift-/</td> </tr> <tr> <td>á</td> <td>small a, acute accent</td> <td>160</td> <td>opt-E A</td> </tr> <tr> <td>Á</td> <td>capital A, acute accent</td> <td>0193</td> <td>opt-E shift-A</td> </tr> <tr> <td>é</td> <td>small e, acute accent</td> <td>130</td> <td>opt-E E</td> </tr> <tr> <td>É</td> <td>capital E, acute accent</td> <td>144</td> <td>opt-E shift-E</td> </tr> <tr> <td>í</td> <td>small i, acute accent</td> <td>161</td> <td>opt-E I</td> </tr> <tr> <td>Í</td> <td>capital I, acute accent</td> <td>0205</td> <td>opt-E shift-I</td> </tr> <tr> <td>ñ</td> <td>small n, tilde</td> <td>164</td> <td>opt-N N</td> </tr> <tr> <td>Ñ</td> <td>capital N, tilde</td> <td>165</td> <td>opt-N shift-N</td> </tr> <tr> <td>ó</td> <td>small o, acute accent</td> <td>162</td> <td>opt-E O</td> </tr> <tr> <td>Ó</td> <td>capital O, acute accent</td> <td>0211</td> <td>opt-E shift-O</td> </tr> <tr> <td>ú</td> <td>small u, acute accent</td> <td>163</td> <td>opt-E U</td> </tr> <tr> <td>Ú</td> <td>capital U, acute accent</td> <td>0218</td> <td>opt-E shift-U</td> </tr> </tbody> </table> </div>	Character	Description	Windows	Macintosh	¡	inverted exclamation mark	173	opt-1	¿	inverted question mark	168	opt-shift-/	á	small a, acute accent	160	opt-E A	Á	capital A, acute accent	0193	opt-E shift-A	é	small e, acute accent	130	opt-E E	É	capital E, acute accent	144	opt-E shift-E	í	small i, acute accent	161	opt-E I	Í	capital I, acute accent	0205	opt-E shift-I	ñ	small n, tilde	164	opt-N N	Ñ	capital N, tilde	165	opt-N shift-N	ó	small o, acute accent	162	opt-E O	Ó	capital O, acute accent	0211	opt-E shift-O	ú	small u, acute accent	163	opt-E U	Ú	capital U, acute accent	0218	opt-E shift-U
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Palmetto GBA.
PARTNERS IN EXCELLENCE.