

## DURABLE MEDICARE EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES (DMEPOS) COMPETITIVE BIDDING PROGRAM

For CMS Use Only

Bidder No.

Date Application Received

Competitive Bidding Area (CBA)

Bidder's Identifying Information

Bidder's Legal Business Name

Primary Bidder's Legal Business Name (if network)

### FORM A: APPLICATION FOR DMEPOS COMPETITIVE BIDDING PROGRAM

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

#### Section 1: Application for Suppliers

##### A. Business Organization Information

Legal Business Name \_\_\_\_\_

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

Refer to the Financial Instructions on the Competitive Bidding Implementation Contractor (CBIC) website for the financial documents required for your type of business organization. Financial documents, bid surety bonds, and other required documents must be uploaded in Connexion on or before the close of the bid window.

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

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

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

If "None of the above," briefly describe the supplier's type of business. \_\_\_\_\_

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Legal Business Name

Bidder Number

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## B. Specialty Supplier

Indicate if you are bidding as a specialty supplier – and you are ONLY submitting a bid(s) for the enteral nutrition product category.

Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that plans to only furnish the enteral nutrition product category to your own residents?  Yes  No

## C. Contact Person

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

Contact Person(s): First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Telephone (include area code) \_\_\_\_\_

## D. Authorized Official or Key Personnel

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

Key Personnel: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title \_\_\_\_\_

## E. Accreditation Information

By the close of the bid window, all locations must meet Medicare enrollment requirements, including being accredited for all items in the product category(s) for which you are bidding. As required by 42 CFR § 414.414, each supplier location must be enrolled, meet quality standards, and be accredited in order to be awarded a contract. Only eligible locations will be included on the contract.

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

Accrediting Organization \_\_\_\_\_

I acknowledge and understand as a bidder that my location(s) must be properly accredited to furnish the lead item and non-lead items and service(s) in the product category(s) included in my bid. This information must be on file with the National Supplier Clearinghouse (NSC) and in the Provider Enrollment, Chain, and Ownership System (PECOS) by the close of the bid window.  Yes

## F. Licensure

By the close of the bid window, all locations must meet Medicare enrollment requirements, including possessing all applicable state licenses for the lead item and non-lead items within the product category(s) and area(s) for which you are bidding.

As required by 42 CFR § 414.414 (b)(3), every location on the bid is responsible for having all applicable licenses for each state in which it furnishes items and services. Bidders will be disqualified if they do not have at least one location that meets all state licensure requirements for the applicable state and product categories.

Please check the Licensure Directory on the NSC website, which serves as a guide, and the Licensure for Bidding Suppliers fact sheet, to help ensure your location(s) is properly licensed.

You must also review and acknowledge that you have read and agree with the statement below.

I acknowledge and understand as a bidder that my location(s) must have all applicable state licenses for the lead item and non-lead items in the product category and CBA for which I am bidding. This information must be on file with the NSC and in PECOS by the close of the bid window.  Yes

## G. Business Information

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

Years \_\_\_\_\_ Months \_\_\_\_\_ in business

## H. Type of Business

Select the business type that describes your organization. Bidders must upload in Connexion, the program's secure portal, certain financial documents based on the type of business identified in this response. Refer to the Request for Bids (RFB) Instructions for a checklist of required financial documents.

- |   |   |
|---|---|
| <input type="checkbox"/> Corporation (LLC, Professional Corporation, S Corp and C Corp) | <input type="checkbox"/> Municipality Owned |
| <input type="checkbox"/> Sole Proprietorship  | <input type="checkbox"/> Partnership        |
|   | <input type="checkbox"/> Non-Profit         |

## I. Service Delivery

How will your organization furnish items and services to Medicare beneficiaries? (Check all that apply.)

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> Retail Location with Home Delivery | <input type="checkbox"/> Mail Order | <input type="checkbox"/> Home Delivery |
|---|-------------------------------------|--|

## J. Sanctions

Does your organization, or any location(s) on your bid, have any current or past legal actions or sanctions (such as debarment) within the past five years? If your organization or location(s) has been sanctioned, refer to the RFB Instructions for a list of additional information that you must upload in Connexion.

- Yes  No

Sanctions include, but are not limited to, debarment from any federal program, sanctions issued by the Office of Inspector General (OIG), or sanctions issued at the state or local level within the last five (5) years. This includes any actions taken against any member of the board of directors, chief corporate officers, high-level employees, affiliated companies, network members, or subcontractors. Any settlement agreements or corporate integrity agreements (CIA) must be included with the other required documents.

**K. Select Competitive Bidding Area (CBA) and Product Category**

In accordance with §414.412(h), bidding entities must obtain a bid surety bond for each CBA for which it is submitting a bid from an authorized surety on the Department of the Treasury’s List of Certified Companies and provide proof of having obtained the bid surety bond. A copy of each bid surety bond must be uploaded in Connexion on or before the close of the bid window. The legal business name (LBN) on the bid surety bond must match the LBN for the PTAN you entered when registering for DBidS and populated in the Business Organization page. For more information about bid surety bonds, visit the CBIC website.

You must review and acknowledge that you have read and agree with the statement by checking the box below.

**I acknowledge that I, as a bidder, have obtained a bid surety bond from an authorized surety for each CBA below.**

Yes

You must identify the CBA(s) and product category(s) combinations for which your organization has obtained a bond and is submitting a bid. Authorized officials (AOs) and backup authorized officials (BAOs) are responsible for ensuring that the correct CBAs and product categories are listed below for bidding purposes.

A copy of the bid surety bond from an authorized surety for each CBA selected on your bid must be uploaded in Connexion on or before the close of the bid window. For additional information, please review the Bid Surety Bond fact sheet.

Contract suppliers must be ready to provide services in the CBA on day one of the contract. 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, bid surety bond) at the time of bidding. If a supplier intends to use the services of a subcontractor to provide services throughout the CBA, it must ensure the subcontractor is licensed and accredited as applicable and only performs services consistent with 41 CFR §424.57(c)

Competitive Bidding Area (CBA) \_\_\_\_\_  
Product Category \_\_\_\_\_

Competitive Bidding Area (CBA) \_\_\_\_\_  
Product Category \_\_\_\_\_

Competitive Bidding Area (CBA) \_\_\_\_\_  
Product Category \_\_\_\_\_

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Legal Business Name \_\_\_\_\_

Bidder Number \_\_\_\_\_

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## **Section 1a. Primary Location-Specific Information**

Please provide the requested information for your primary location. This is the location (PTAN) that you used when you registered for a User ID and password to access the DMEPOS Bidding System (DBidS). As a reminder, the legal business name (LBN) for this PTAN must be the same LBN on your company's bid surety bond(s). If awarded a contract, the contract will be between CMS and the primary location organization (contract holder) listed on this page.

### **A. Identifying Information**

Provide the following information for the primary location:

Legal Business Name \_\_\_\_\_

Doing Business as Name (DBA) \_\_\_\_\_

Mailing Address Line 1 \_\_\_\_\_

*(Street Name and Number)*

Mailing Address Line 2 \_\_\_\_\_

*(Suite, Room, etc.)*

City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Provide the toll-free phone number (if available) for your primary location \_\_\_\_\_

PTAN for this location \_\_\_\_\_

Tax Identification Information Number (TIN) \_\_\_\_\_

### **B. Physical Address**

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

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

Physical Address Line 1 \_\_\_\_\_

*(Street Name and Number)*

Physical Address Line 2 \_\_\_\_\_

*(Suite, Room, etc.)*

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **C. CBA and Product Category**

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

Competitive Bidding Area (CBA) \_\_\_\_\_

Product Category \_\_\_\_\_

Competitive Bidding Area (CBA) \_\_\_\_\_

Product Category \_\_\_\_\_

Competitive Bidding Area (CBA) \_\_\_\_\_

Product Category \_\_\_\_\_

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Legal Business Name \_\_\_\_\_

Bidder Number \_\_\_\_\_

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## **Section 1b. Location-Specific Questions- Additional Locations**

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

### **A. Identifying Information**

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

Legal Business Name \_\_\_\_\_

Doing Business as Name (DBA) \_\_\_\_\_

Mailing Address Line 1 \_\_\_\_\_

*(Street Name and Number)*

Mailing Address Line 2 \_\_\_\_\_

*(Suite, Room, etc.)*

City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone Number \_\_\_\_\_ Toll Free Number (if available) \_\_\_\_\_

PTAN for this location \_\_\_\_\_

Tax Identification Information Number (TIN) \_\_\_\_\_

### **B. Physical Address**

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

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

Physical Address Line 1 \_\_\_\_\_

*(Street Name and Number)*

Physical Address Line 2 \_\_\_\_\_

*(Suite, Room, etc.)*

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **C. CBA and Product Category**

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

Competitive Bidding Area (CBA) \_\_\_\_\_

Product Category \_\_\_\_\_

Competitive Bidding Area (CBA) \_\_\_\_\_

Product Category \_\_\_\_\_

Competitive Bidding Area (CBA) \_\_\_\_\_

Product Category \_\_\_\_\_

Legal Business Name

Bidder Number

**DURABLE MEDICARE EQUIPMENT, PROSTHETICS, ORTHOTICS,  
AND SUPPLIES (DMEPOS) COMPETITIVE BIDDING PROGRAM**

**For CMS Use Only**

Bidder No.

Date Application Received

Competitive Bidding Area (CBA)

Bidder's Identifying Information

Bidder's Legal Business Name

Primary Bidder's Legal Business Name (if network)

**FORM A: APPLICATION FOR NETWORKS**

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

Select the business type that describes your organization (choose only one option).

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

**Section 2: Application for Networks**

**A. Business Organization Information**

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

Network Name \_\_\_\_\_

**B. Specialty Supplier**

Is your organization a Skilled Nursing Facility (SNF) or a Nursing Facility (NF) that is bidding as a specialty supplier that plans to only furnish the enteral nutrition product category to your own residents?  Yes  No

**C. Contact Person**

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

Contact Person(s): First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Telephone (include area code) \_\_\_\_\_

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Legal Business Name

Bidder Number

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### D. Authorized Official or Key Personnel

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

Key Personnel: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title \_\_\_\_\_

Key Personnel: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title \_\_\_\_\_

Key Personnel: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title \_\_\_\_\_

### E. Accreditation

All network locations must be accredited for the product category for which the supplier is submitting a bid. As required by 42 CFR§414.414(c), all network locations must meet quality standards and be accredited in order to be awarded a contract. This includes all product-specific standards. For a list of the CMS approved accrediting organizations and additional accreditation information, visit CMS' website.

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

Accrediting Organization \_\_\_\_\_

Accrediting Organization \_\_\_\_\_

I acknowledge and understand that all members of the network must have a location or locations that is/are properly accredited to furnish the lead item and non-lead items and service(s) in the product category(s) included in the bid. This information must be on file with the National Supplier Clearinghouse (NSC) and in the Provider Enrollment, Chain, and Ownership System (PECOS) by the close of the bid window.  Yes

### F. Licensure

By the close of the bid window, all network locations must meet Medicare enrollment requirements, including possessing all applicable state licenses for the lead item and non-lead items within the product category(s) and competitive bidding area(s) for which you are bidding. As required by 42 CFR § 414.414 (b)(3), every location on the bid is responsible for having all applicable licenses for each state in which it furnishes items and services. Bidders will be disqualified if they do not have at least one location that meets state licensure requirements for the applicable state(s) and product category(s).

Please check the Licensure Directory on the NSC website, which serves as a guide, and the Licensure for Bidding Suppliers fact sheet, to help ensure your location(s) is properly licensed

You must also review and acknowledge that you have read and agree with the statement below.

I acknowledge and understand as a bidder that my location(s) must have all applicable state licenses for the lead item and non-lead items in the product category and CBA for which I am bidding. This information must be on file with the NSC and in PECOS by the close of the bid window.  Yes

### G. Business Information

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

Years \_\_\_\_\_ Months \_\_\_\_\_ in business

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## H. Type of Business

Select the business type that describes your network members' business structure. Bidders must upload in Connexion certain financial documents based on the type of business identified in this response. Refer to the Request for Bid (RFB) Instructions for a list of required financial documents.

- Corporation (LLC, Professional Corporation, S Corp and C Corp)       Municipality Owned  
 Sole Proprietorship                                       Partnership                                       Non-Profit

## I. Service Delivery

How will your network furnish items and services to Medicare beneficiaries? (Check all that apply.)

- Retail Location with Home Delivery                                       Mail Order                                       Home Delivery

## J. Sanctions

Does your network or any location(s) on your bid have any legal actions or sanctions (such as debarment) within the past five years?                                       Yes  No

If your network or location(s) has been sanctioned, refer to the RFB Instructions for a list of additional information that you must upload in Connexion.

Sanctions include, but are not limited to, debarment from any federal program, sanctions issued by the Office of Inspector General (OIG), or sanctions issued at the state or local level within the last five (5) years. This includes any actions taken against any members of the board of directors, chief corporate officers, high-level employees, affiliated companies, network members, or subcontractors. Any settlement agreements or corporate integrity agreements (CIA) must be included with the other required documents.

**K. Select Competitive Bidding Area (CBA) and Product Category**

In accordance with §414.412(h), bidding entities must obtain a bid surety bond for each CBA for which it is submitting a bid from an authorized surety on the Department of the Treasury’s List of Certified Companies and provide proof of having obtained the bid surety bond. A copy of each bid surety bond must be uploaded in Connexion on or before the close of the bid window. The legal business name (LBN) on the bid surety bond must match the LBN for the Provider Transaction Access Number (PTAN) you entered when registering for DBidS and populated in the Business Organization page. For more information about bid surety bonds, visit the CBIC website.

You must review and acknowledge that you have read and agree with the statement by checking the box below.

**I acknowledge that I, as a bidder, have obtained a bid surety bond from an authorized surety for each CBA below.**

Yes

You must identify the CBA(s) and product category(s) for which your network has obtained a bid surety bond and is submitting a bid(s). Authorized officials (AOs) and backup authorized officials (BAOs) are responsible for ensuring that the correct CBAs and product categories are listed below for bidding purposes. A copy of the bid surety bond from an authorized surety for each CBA selected on your bid must be uploaded in Connexion or before the close of bidding. For additional information, please review the Bid Surety Bond fact sheet.

Contract suppliers must be ready to provide services in the CBA on day one of the contract. 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, bid surety bond) at the time of bidding. If a supplier intends to use the services of a subcontractor to provide services throughout the CBA, it must ensure the subcontractor is licensed and accredited as applicable and only performs services consistent with 41 CFR §424.57(c).

Competitive Bidding Area (CBA) \_\_\_\_\_  
Product Category \_\_\_\_\_

Competitive Bidding Area (CBA) \_\_\_\_\_  
Product Category \_\_\_\_\_

Competitive Bidding Area (CBA) \_\_\_\_\_  
Product Category \_\_\_\_\_

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Legal Business Name

Bidder Number

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## **Section 2a. Primary Location-Specific Information**

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

### **A. Identifying Information**

Provide the following information for the primary network member.

Legal Business Name \_\_\_\_\_

Doing Business as Name (DBA) \_\_\_\_\_

Mailing Address Line 1 \_\_\_\_\_  
(Street Name and Number)

Mailing Address Line 2 \_\_\_\_\_  
(Suite, Room, etc.)

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Provide the toll-free phone number (if available) for your primary location \_\_\_\_\_

PTAN for this location \_\_\_\_\_ NPI Identification Number \_\_\_\_\_

Tax Identification Information Number (TIN) \_\_\_\_\_

### **B. Physical Address**

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

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

Physical Address Line 1 \_\_\_\_\_  
(Street Name and Number)

Physical Address Line 2 \_\_\_\_\_  
(Suite, Room, etc.)

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **C. CBA and Product Category**

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

Competitive Bidding Area (CBA) \_\_\_\_\_

Product Category \_\_\_\_\_

Competitive Bidding Area (CBA) \_\_\_\_\_

Product Category \_\_\_\_\_

Competitive Bidding Area (CBA) \_\_\_\_\_

Product Category \_\_\_\_\_

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Legal Business Name

Bidder Number

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## **Section 2b. Location-Specific Questions-Additional Locations**

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

### **A. Identifying Information**

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

Network Member Name \_\_\_\_\_

Legal Business Name \_\_\_\_\_

Doing Business as Name (DBA) \_\_\_\_\_

Mailing Address Line 1 \_\_\_\_\_

*(Street Name and Number)*

Mailing Address Line 2 \_\_\_\_\_

*(Suite, Room, etc.)*

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Provide the toll-free phone number (if available) for your primary location \_\_\_\_\_

PTAN for this location \_\_\_\_\_ NPI Identification Number \_\_\_\_\_

Tax Identification Information Number (TIN) \_\_\_\_\_

### **B. Physical Address**

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

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

Physical Address Line 1 \_\_\_\_\_

*(Street Name and Number)*

Physical Address Line 2 \_\_\_\_\_

*(Suite, Room, etc.)*

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **C. CBA and Product Category**

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

Competitive Bidding Area (CBA) \_\_\_\_\_

Product Category \_\_\_\_\_

Competitive Bidding Area (CBA) \_\_\_\_\_

Product Category \_\_\_\_\_

Competitive Bidding Area (CBA) \_\_\_\_\_

Product Category \_\_\_\_\_