

»

»

File

Edit

View

Favorites

T

Address

https://207.59.103.206:9049

Go

Links

LOGOFF

PRINT

HELP

CMS

COMPETITIVE BID
SUBMISSION SYSTEM

User Email: col@aol.com

Bidder: Test One (1003201)

FORM B: BIDDING SHEET

HOME

FORM A (Supplier Application)

FORM B (Bid Sheet)

GET STARTED WITH NEW FORM B BID

Competitive Bid Area (CBA)

Product Category

please select one

please select

CONTINUE

SECTION 503
COMPLIANT

U.S. Department of Health & Human Services

© 2006 Competitive Bid Submission System. All Rights Reserved.

DoneInternet

FileEditViewFavoritesT

Addresshttps://207.59.103.206:904?GoLinks

CMS/COMPETITIVE BID SUBMISSION SYSTEM

LOGOFF | PRINT | HELP

User Email: hlear@aol.com
Bidder: VistaNet (1001801)

FORM B: BIDDING SHEET

HOMEFORM A (Supplier Application)FORM B (Bid Sheet)

REVENUECUSTOMERSGEOGRAPHYVOLUMEEXPANSIONSUB-CONTRACTORSBID SHEETCERTIFY

SUPPLIER NAME: VISTA

CBA NAME: MIAMI

PRODUCT CATEGORY: OXYGEN
SUPPLIES/EQUIPMENT

REVENUE (FORM B QUESTION 1)

What was the total revenue collected for this product category in this CBA by the supplier or network during the past calendar year? All subsequent questions must be answered for the same calendar year. Estimates are acceptable.

☐ \$ 0-250,000

☒ \$ 250,000 - 500,000

☐ \$ 500,000 - 750,000

☐ \$ 750,000 - 1 mil

☐ \$ 1 mil - 3 mil

☐ \$ 3 mil - 6 mil

☐ \$ 6 mil - 10 mil

☐ \$ more than 10 mil

What percentage of the total revenue for this product category was collected from Medicare? Estimates are acceptable.

☐ 0-10%

☒ 11-20%

☐ 21-30%

☐ 31-40%

☐ 41-50%

☐ 51-60%

☐ 61-70%

☐ 71-80%

☐ 81-90%

☐ 91-100%

UPDATE

SECTION 503 COMPLIANT

U.S. Department of Health & Human Services

© 2006 Competitive Bid Submission System. All Rights Reserved.

Error on page.

Internet

FileEditViewFavoritesTAddresshttps://207.59.103.206:904?GoLinks

CMS/COMPETITIVE BID
SUBMISSION SYSTEMLOGOFF | PRINT | HELP

User Email: hlear@aol.com
Bidder: VistaNet (1001801)

FORM B: BIDDING SHEET

HOMEFORM A (Supplier Application)FORM B (Bid Sheet)

REVENUECUSTOMERSGEOGRAPHYVOLUMEEXPANSIONSUB-CONTRACTORSBID SHEETCERTIFY

SUPPLIER NAME: VISTA

CBA NAME: MIAMI

PRODUCT CATEGORY: OXYGEN
SUPPLIES/EQUIPMENT

CUSTOMER INFORMATION (FORM B QUESTION 2)

What was the total number of customers served in this CBA for this product category by the supplier or network during the past
calendar year. Estimates are acceptable.

☐ 0-25

☒ 26-50

☐ 51-75

☐ 76-100

☐ 101-300

☐ 301-500

☐ 501-750

☐ 751-1000

☐ more than 1000

What percentage of the total customers for this product category were Medicare beneficiaries.
Estimates are acceptable.

☐ 0-10%

☒ 11-20%

☐ 21-30%

☐ 31-40%

☐ 41-50%

☐ 51-60%

☐ 61-70%

☐ 71-80%

☐ 81-90%

☐ 91-100%

UPDATE

SECTION 503
COMPLIANT

U.S. Department of Health & Human Services

© 2006 Competitive Bid Submission System. All Rights Reserved.

Internet

FileEditViewFavoritesTAddresshttps://207.59.103.206:904?GoLinks

CMS/COMPETITIVE BID SUBMISSION SYSTEMLOGOFF | PRINT | HELPUser Email: hlear@aol.comBidder: VistaNet (1001801)

FORM B: BIDDING SHEET

HOMEFORM A (Supplier Application)FORM B (Bid Sheet)

REVENUECUSTOMERSGEOGRAPHYVOLUMEEXPANSIONSUB-CONTRACTORSBID SHEETCERTIFY

SUPPLIER NAME: VISTA

CBA NAME: MIAMI

PRODUCT CATEGORY: OXYGEN
SUPPLIES/EQUIPMENT

SERVICE TERRITORY (FORM B QUESTION 3)

Indicate the counties in this CBA you currently serve for this product category. If you do not serve the entire county, Select the zip codes you do not serve for each county selected.

When selecting more than one option, please use the CNTL or SHIFT key(s) to choose additional selections.

Counties:

BLOUNT

JEFFERSON

SAINT CLAIR

SHELBY

ST. CLAIR

Zipcodes:

35004 -ST. CLAIR

35013 -BLOUNT

35031 -BLOUNT

35049 -BLOUNT

35052 -SAINT CLAIR

What percentage of the total geographic county area are you currently serving Medicare beneficiaries.12.0%

UPDATE

DoneInternet

[HOME](#)
[FORM A \(SUPPLIER APPLICATION\) ▼](#)
[FORM B \(BID SHEET\) ▼](#)

REVENUE CUSTOMERS GEOGRAPHY **VOLUME** EXPANSION SUB-CONTRACTORS BID SHEET CERTIFY

SUPPLIER NAME: VISTA | **CBA NAME:** MIAMI | **PRODUCT CATEGORY:** OXYGEN SUPPLIES/EQUIPMENT

UNITS PROVIDED TO MEDICARE BENEFICIARIES (FORM B QUESTION 4)

The codes listed below are the HCPCS codes, based on CMS data, that are the top three codes in terms of volume for this product category. Please list the number of units provided to total customers in this CBA during the last calendar year. Of these top three HCPCS codes for this product category, what percentage of the units in this CBA were for Medicare beneficiaries? Estimates are acceptable.

HCPCS CODE	NO. OF TOTAL UNITS PROVIDED	NO. OF UNITS PROVIDED TO
		MEDICARE BENEFICIARIES
E0130	13	14
E0131	15	16
E0132	17	18

Indicate for the product category the percentage increase in volume you or your network would be capable of providing that will be applicable for all the codes during a 12 month period. (It is not necessary for one supplier to meet 100% of the demand for an area)

19.0 %

FileEditViewFavoritesTAddresshttps://207.59.103.206:904?GoLinks

CMS/COMPETITIVE BID SUBMISSION SYSTEMLOGOFFPRINTHELPUser Email: hlear@aol.comBidder: VistaNet (1001801)

FORM B: BIDDING SHEET

HOMEFORM A (Supplier Application)FORM B (Bid Sheet)

REVENUECUSTOMERSGEOGRAPHYVOLUMEEXPANSIONSUB-CONTRACTORSBID SHEETCERTIFY

EXPANSION PAGES: 123

SUPPLIER NAME: VISTA	CBA NAME: MIAMI	PRODUCT CATEGORY: OXYGEN SUPPLIES/EQUIPMENT
----------------------	-----------------	---

EXPANSION (FORM B QUESTION 5B)

If you plan to expand under the Competitive Bid Program, please discuss your expansion plan. Please consider the following when addressing the scope of your expansion plan.

STAFF (Manpower)

Current:staff current this is a test this is a test this is a test this is a test

Expansion Plan:staff expansion this is a test this is a test this is a test this is a test

FINANCE (Funding Levels)

Current:finance current this is a test this is a test this is a test this is a test

Expansion Plan:finance expansion this is a test this is a test this is a test this is a test

UPDATE

SECTION 503 COMPLIANTU.S. Department of Health & Human Services

© 2006 Competitive Bid Submission System. All Rights Reserved.

DoneInternet

FileEditViewFavoritesTAddresshttps://207.59.103.206:904?GoLinks

CMS/COMPETITIVE BID SUBMISSION SYSTEMLOGOFF | PRINT | HELPUser Email: hlear@aol.comBidder: VistaNet (1001801)

FORM B: BIDDING SHEET

HOMEFORM A (Supplier Application)FORM B (Bid Sheet)

REVENUECUSTOMERSGEOGRAPHYVOLUMEEXPANSIONSUB-CONTRACTORSBID SHEETCERTIFY

EXPANSION PAGES: 123

SUPPLIER NAME: VISTA	CBA NAME: MIAMI	PRODUCT CATEGORY: OXYGEN SUPPLIES/EQUIPMENT
----------------------	-----------------	---

EXPANSION (FORM B QUESTION 5B)

If you plan to expand under the Competitive Bid Program, please discuss your expansion plan. Please consider the following when addressing the scope of your expansion plan.

STAFF (Manpower)

Current:staff current this is a test this is a test this is a test this is a test

Expansion Plan:staff expansion this is a test this is a test this is a test this is a test

FINANCE (Funding Levels)

Current:finance current this is a test this is a test this is a test this is a test

Expansion Plan:finance expansion this is a test this is a test this is a test this is a test

UPDATE

SECTION 503 COMPLIANTU.S. Department of Health & Human Services

© 2006 Competitive Bid Submission System. All Rights Reserved.

DoneInternet

FileEditViewFavoritesTAddresshttps://207.59.103.206:904?GoLinks

CMS/COMPETITIVE BID SUBMISSION SYSTEMLOGOFF | PRINT | HELPUser Email: hlear@aol.comBidder: VistaNet (1001801)

FORM B: BIDDING SHEET

HOMEFORM A (Supplier Application)FORM B (Bid Sheet)

REVENUECUSTOMERSGEOGRAPHYVOLUMEEXPANSIONSUB-CONTRACTORSBID SHEETCERTIFY

EXPANSION PAGES: 123

SUPPLIER NAME: VISTA

CBA NAME: MIAMI

PRODUCT CATEGORY: OXYGEN SUPPLIES/EQUIPMENT

EXPANSION (FORM B QUESTION 5B)

If you plan to expand under the Competitive Bid Program, please discuss your expansion plan. Please consider the following when addressing the scope of your expansion plan.

DISTRIBUTION METHODS (Vehicles, Mail Order, Etc..)

Current:dist current this is a test this is a test this is a test this is a test

Expansion Plan:dist exp this is a test this is a test this is a test this is a test this is a test

OTHER EXPANSION ITEMS

Current:Name: this is a testother current this is a test this is a test this is a test this is a test

Expansion Plan:other exp this is a test this is a test this is a test this is a test this is a test

UPDATE

Internet

COMPETITIVE BID
SUBMISSION SYSTEM

LOGOFF | PRINT | HELP

User Email: hlear@aol.com
Bidder: VistaNet (1001801)

FORM B: BIDDING SHEET

HOME

FORM A (Supplier Application)

FORM B (Bid Sheet)

REVENUECUSTOMERSGEOGRAPHYVOLUMEEXPANSIONSUB-CONTRACTORSBID SHEETCERTIFY

SUPPLIER NAME: VISTA

CBA NAME: MIAMI

PRODUCT CATEGORY: OXYGEN
SUPPLIES/EQUIPMENT

SUB-CONTRACTOR USAGE (FORM B QUESTIONS 5c AND 5d)

If you plan to expand under through the use of subcontractors, to meet the goals of your expansion plan, indentify the legal entities with which you anticipate entering into a subcontracting agreement with in order to furnish DMEPOS items if awarded a competitive bid contract.

Legal Name:

Expected Function:

Click [View](#) for previous entries.

ADD

Please provide copies of signed letter of intent to sign an agreement with each subcontractor, that,

- » Clearly Identifies the parties;
- » Describes the function/services to be performed the subcontractor;
- » Contains language clearly indicating that the subcontractor has agreed to supply items/functions/services;
- » Contains anticipated length of agreement;
- » Are signed by an authorized official of each party;
- » Contain language obligating the subcontractor to abide by State and Federal privacy/security requirements, including the privacy provisions stated in the regulations for this program.

Internet

FileEditViewFavoritesTAddresshttps://207.59.103.206:904?GoLinks

CMS/COMPETITIVE BID SUBMISSION SYSTEMLOGOFF | PRINT | HELPUser Email: hlear@aol.comBidder: VistaNet (1001801)

FORM B: BIDDING SHEET

HOMEFORM A (Supplier Application)FORM B (Bid Sheet)

REVENUECUSTOMERSGEOGRAPHYVOLUMEEXPANSIONSUB-CONTRACTORSBID SHEETCERTIFY

SUPPLIER NAME: VISTA

CBA NAME: MIAMI

PRODUCT CATEGORY: OXYGEN
SUPPLIES/EQUIPMENT

Summary

Please complete all fields in the form below to certify your Bid. Upon Completion, please click the 'Certify' button. Instructions will be provided on the following page to complete this process.

* = Required Field

*Receipt Date: 03/13/2007

*First Name :

*Last Name :

*Title:

CERTIFY

SECTION 863
COMPLIANT

U.S. Department of Health & Human Services

© 2006 Competitive Bid Submission System. All Rights Reserved.

Internet

Internet Explorer address bar: <https://207.59.103.206:904/>

**COMPETITIVE BID
SUBMISSION SYSTEM**

LOGOFF | PRINT | HELP
User Email: hlear@aol.com
Bidder: VistaNet (1001801)

FORM B: BIDDING SHEET

FORM B CERTIFICATION STATEMENT PAGE

<3/13/07 3:34 PM> print

Supplier Name: Vista
CBA Name: Miami
Product Category: Oxygen Supplies/Equipment

Thank you, < **Sudha, A**>, for certifying your Bid for the Medicare DMEPOS Competitive Bidding Program.

The following is a checklist of documentation that must be submitted hardcopy to the CBIC:

- ☐ Signed Certification Statement
- ☐ Signed Letter of Intent to enter Expansion Agreement

The Agreement must include the following information:

- » Clearly identifies the parties;
- » Describes the function/services to be performed the subcontractor;
- » Contains language clearly indicating that the subcontractor has agreed to supply items/functions/services;
- » Contains anticipated length of agreement;
- » Are signed by an authorized official of each party;
- » Contain language obligating the subcontractor to abide by State and Federal privacy/security requirements, including the privacy provisions stated in the regulations for this program.

Please sign and attach certification to financial statements.

Certifying Statement Applies to All Required Attachments and Supplemental Information

I have read the contents of this application. I hereby certify that I have examined the accompanying financial statements and I certify that they are a true, correct and complete statement 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. By my signature, I certify that the information contained herein is true, correct, and complete to the best of my knowledge, and I authorize the CBIC to verify this information. I agree to notify the CBIC in writing of any changes that may jeopardize my ability to meet the qualifications stated in this application prior to such change or within 30 days of the effective date of such change. I understand that such a change may result in termination of the approval.

Done Internet