

## Getting Started Checklist

You will need the following information in order to complete Form A and Form B. Form A must be completed before progressing to Form B. If you are bidding as more than one entity, you must complete a separate Form A and Form B for each entity. We suggest that you gather the required information prior to beginning the application.

### Form A – Application

- Entity bidding as:
  - Individual supplier
  - Primary network supplier
  - Common ownership with multiple locations
- Legal business name, mailing address, telephone and zip code as reported to the IRS (Internal Revenue Service)
- Length of time doing business (years/months) in each location
- Physical location to include legal business name, address and phone number (for each location)
- Tax Identification Number (TIN) for each location. If you are a sole proprietor, the Social Security number may be used.
- NSC number for each location
- NPI number for each location, if available
- "Doing Business As" DBA name for each location
- State and date where business established or incorporated; state and date where previously established or incorporated for each location
- Type of business: business corporation, sole proprietorship, general partnership, joint venture, professional corporation, other, for each location (if applicable)
- Accrediting organization, issue and expiration date, if available, by location
- Product areas in which you are accredited by location
- CBA in which you are bidding
- Product category in CBA in which you are bidding
- Contact person(s) name, title, phone and e-mail address
- Authorized official(s) name, location, and title
- If bidding as a network: NSC number, NPI number, legal business name, TIN, length of time doing business, establishment information, type of business, and DBA for each member

## Form B – Bidding Sheets

One Form B must be completed for each product category in each CBA. If you are bidding as a network, the primary supplier must provide combined information.

- Estimated total revenue collected in this CBA during the past calendar year
- Estimated percentage of total revenue from Medicare
- Estimated total number of customers served in the CBA during past calendar year
- Estimated percentage of customers that were Medicare beneficiaries
- Name of counties you currently service. If you do not serve an entire county, indicate ZIP codes you do NOT serve and the percentage of total geographic area in these counties you currently serve Medicare beneficiaries
- Number of units by HCPCS codes provided to total customers
- Number of units provided to Medicare beneficiaries
- Percentage increase in volume you or your network would be capable of providing for all codes in the product category during a 12-month period
- If you plan to expand, current and expansion plans for staff (manpower), financing (funding levels), facilities (square footage, facility), inventory control (method of tracking inventory) distribution methods (vehicles, mail order), other
- If you plan to expand using subcontractors, identify legal entities' names and expected function. Include signed letters of intent to enter a subcontracting relationship from all anticipated subcontractors
- Manufacturer, make and model number for items you will make available to beneficiaries
- Total estimated capacity for each item for which you intend to submit a bid price
- Bid price for each item