

Form C: SEMI-ANNUAL REPORT

You must complete this report for every competitive bidding area (CBA)/product category combination (competition) in your Contract and disclose manufacturer and model information for each item specified below by the Centers for Medicare & Medicaid Services (CMS) that you will offer during the next six months. Please refer to your Contract (Attachment A) for a complete listing of your competitions.

Semi-annual reports are due no later than ten business days after each of the following dates: July 1 and January 1. If the due date for a particular semi-annual report falls on a federal holiday, the report is due on the next business day. Failure to submit a Form C for all CBA/product category combination(s) in your contract by the due dates may result in your organization’s removal from the Medicare Supplier Directory and is a breach of contract.

Prior to submitting the required semi-annual reports, review the Medicare Supplier Directory to determine whether the information is current, including the lists that indicate which manufacturers’ products you intend to furnish to beneficiaries. You must submit updates so that any outdated information can be replaced with more current information in the Medicare Supplier Directory.

You must PRINT EACH FORM. ALL forms must be sent (either by mail: Palmetto GBA, Competitive Bidding Implementation Contractor (CBIC), 2743 Perimeter Pkwy, Ste 200-400, Augusta, GA 30909-6499 or fax: 803-264-6228) to the CBIC and **RECEIVED** by the CBIC by the deadline.

Business Information

Contract Supplier’s Legal Business Name*		Contract Number* (Check your contract for this number)	
If Network, Primary Supplier’s Legal Business Name		Year*	Quarter*

Types of Products

Product Category* Negative Pressure Wound Therapy (NPWT) Pumps – Example Only			
Competitive Bidding Area (CBA)* Columbia, SC		Related CBA(s) Aiken and Edgefield Counties, SC, Asheville, NC, Charlotte-Concord-Gastonia, NC, Raleigh, NC	
Lead Item HCPCS Code* E2402			
Make* Advanced Pumps Therapy System			
Manufacturer/Distributor* Advanced Health			
Model Number* 58EK669964688845564488		<input type="checkbox"/> No Updates	
Non-Lead Item HCPCS Code	Make	Manufacturer/Distributor	Model Number
A6550	A1 Therapy Pump	A+ Distributing	484e5e884e
A7000	UB Wound Therapy System	UB Company	59596tyyy4667

Product Category*			
Competitive Bidding Area (CBA)*		Related CBA(s)	
Lead Item HCPCS Code*			
Make*			
Manufacturer/Distributor*			
Model Number*		<input type="checkbox"/> No Updates	
Non-Lead Item HCPCS Code	Make	Manufacturer/Distributor	Model Number

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are 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-XXXX (Expires XX/XX/XXXX). This is a voluntary information collection. The time required to complete this information collection is estimated to average XX minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.** If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Julia Howard, 410-786-8645.

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