

Tips for Completing CMS-588

for Maryland Primary Care Program (MDPCP) Payment

Instructions:

- Access and print out the [CMS 588 EFT Authorization Agreement form](#).
- **Part I**
 - In the blank space in the top right-hand corner of the form, indicate whether your organization is profit or non-profit by hand-writing “P” or “NP”.
 - Below the profit status in the top right-hand corner of the form, hand-write “MDPCP”.
 - Check “New EFT Enrollment”
- **Part II**
 - Enter 10-digit NPI number under “National Provider Identifier”
 - Institutional providers should only enter **one** NPI
 - If you do not have an NPI number, please visit: <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/apply.html>
- **Part III**
 - Enter information for your bank/financial institution
 - Ensure that the account and routing information on the form corresponds with the letter from your bank or voided check.
- **Parts IV & V**
 - Be sure to include:
 - A contact person with phone and email
 - Signature of authorized official with phone and email
- Complete ALL sections of the form on both pages. Additional detail on how to complete the form can be found on [page 3](#) of the CMS-588
- Include a signed bank letter or voided check.
 - Ensure that the account and routing information on the form corresponds with the letter from your bank or voided check.
- Mail the completed CMS 588 with the ORIGINAL (wet) signature and bank letter or voided check using overnight mail that can be tracked (FedEx, UPS, etc.) to:
 - Centers for Medicare & Medicaid Services
CMMI – The Maryland Primary Care Program
Mailstop: WB-21-51
7500 Security Boulevard
Baltimore, MD 21244
- Lastly, email marylandmodel@cms.hhs.gov with the subject line “CTO 588 Submission” and state the following:
 - “Our organization, [insert legal business name], mailed our banking information on [insert date] and the tracking number is [insert tracking number].”
- **Submit CMS 588s and the accompanying bank letter or voided checks by Monday, September 24, 2018.** *If CMS does not receive this information or the submitted information has errors, MDPCP payments may be delayed for your organization.*
- If you have questions, please email marylandmodel@cms.hhs.gov.

MDPCP CMS-588 CHECKLIST

Provider or Supplier Information

- ☐ For-Profit or Not-For Profit (Indicate status by writing “P” or “NP” in the blank space in the top right corner of the first page)
- ☐ Tax Identification Number (SSN or EIN)*
- ☐ Organization Name
- ☐ Organization Address

Financial Institution Information

- ☐ Bank Name
- ☐ Bank Location
- ☐ Bank Contact Person
- ☐ Bank Phone number
- ☐ Routing Transit Number (RTN)
- ☐ Depositor Account Number (DAN)
- ☐ Type of Account (Checking or Savings)

Contact Person

- ☐ Organization Contact Name
- ☐ Contact Email
- ☐ Contact Phone
- ☐ Voided Check or Signed Bank Letter

Verification

- ☐ Does the TIN/EIN have 9-digits?
- ☐ Does Banking Information (RTN and DAN) match the voided check or information on the signed Bank letter?
- ☐ Does the Bank letter have a wet signature?

*Make sure there are 9-digits for the TIN/EIN