

**Table 1. MDPCP REQUIRED DOCUMENTS SUBMISSION CHECKLIST**

**The items listed in this table must be completed and submitted to CMS by the listed due dates. Failure to do so may prevent continued processing of your application.**

	Due Date	Document to Submit	Complete (Yes/No)
588 Form	10/19/18	Use the following link to access the <b>CMS 588 Form</b> : <a href="https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS588.pdf">https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS588.pdf</a>	
CTO Option for 2019	10/19/18	The <b>CTO Option Form A</b> can be found on Page 4 of this document.	
Track 2 Practices Choose CACP Option for 2019	10/19/18	The <b>Track 2 CACP Option Form B</b> can be found on Page 5 of this document.	
Sign MDPCP Practice Participation Agreement	12/21/18	The MDPCP Practice Participation Agreement will be released in December 2018	

### **QUESTIONS?**

- ✓ Email the MDPCP Help Desk at [MarylandModel@cms.hhs.gov](mailto:MarylandModel@cms.hhs.gov)
- ✓ Call the MDPCP Help Desk at 1-844-711- CMMI, Option #7
- ✓ Visit the following websites for more information on the MDPCP:
  - <https://innovation.cms.gov/initiatives/md-tccm/>
  - <https://health.maryland.gov/MDPCP/Pages/home.aspx>
- ✓ Access the MDPCP Request for Applications (RFA):
  - <https://innovation.cms.gov/Files/x/mdtcocm-rfa.pdf>

## **REQUIRED SUBMISSIONS**

### **588 Payment Information [Complete by 10/19/18]**

In order to receive payments under the Maryland Primary Care Program (MDPCP), your organization must submit a CMS Form 588 Electronic Funds Transfer (EFT) Authorization Agreement (hereinafter referred to as the “CMS 588”) for each practice/application to CMMI for approval. This information must be submitted no later than **Friday, October 19, 2018**.

#### ***Why submit a CMS 588?***

CMMI uses the banking information (account/routing number), legal business name/address, and Tax Information Number/Employer Identification Number (TIN/EIN) supplied on this form to establish vendor accounts for program payees and then to disburse payments. In order to verify the banking information provided on the CMS 588, payees must submit either a signed letter from their bank/financial institution that includes the account/routing numbers or a voided/cancelled check. The banking information submitted must be an active **checking** account to receive the EFT payment – savings accounts cannot be used.

Once the CMS 588 and bank letter/voided check are received, the banking information is pre-noted before the EFT payments are processed. If there are pre-note errors, CMMI or CMMI’s agent will notify the contact person on the CMS 588 and request an updated CMS 588. Any MDPCP applicants without complete and successfully pre-noted banking information will not receive MDPCP payments. In addition, MDPCP applicants will receive an IRS Form 1099 by January 31 of each year for annual earnings. The IRS Form 1099 will be mailed to the address provided on the CMS 588. MDPCP applicants should ensure that the legal business name and address on the CMS 588 are correct and updated as needed.

**PLEASE NOTE:** Any changes to your banking information during the MDPCP requires that you submit a new updated CMS 588 form with an original ink signature and an accompanying letter from your bank or voided check.

#### ***What does my organization need to do?***

- Access and download the CMS 588 EFT Authorization Agreement form [here](#). A PDF copy of the form has also been attached to this email.
- On the top right-hand corner of the form, please write whether your organization is profit (P) or non-profit (NP).
- Below the profit status in the top right-hand corner of the form, write “MDPCP.”
- Complete ALL sections of the form on both pages. Be sure to include:
  - A contact person with phone and email
  - The original ink signature of an authorized official with phone and email



- 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-06-05  
Attention to: WB-21-51  
7500 Security Boulevard  
Baltimore, MD 21244
- Lastly, email [MarylandModel@cms.hhs.gov](mailto:MarylandModel@cms.hhs.gov) using the subject line “Practice 588 Submission – MDPCP-XXXX”, providing your MDPCP Application Number. In the body of your email, please state the following:
  - “Our organization, [insert legal business name] mailed our banking information on [insert date]. The tracking number for the mailing is [insert tracking number].”

Completed CMS 588 forms and the accompanying bank letter or voided checks must be submitted by **Friday, October 19, 2018.**

***Failure to submit this information, without errors, by the date indicated above may result in a delay of MDPCP payments to your organization.***

**CTO Option Form A**

**MDPCP Application Number:** \_\_\_\_\_

Track 1 and Track 2 practices that are partnering with a CTO must indicate one of two Care Management Fee (CMF) payment options for performance year 2019. CMS will communicate this election to the assigned CTO in the CTO Welcome Letter.

Please mark an “X” next to the CMF payment option your practice wishes to elect for 2019:

\_\_\_\_\_ **Option 1:** 50% share of practice Care Management Fee (CMF) shared with CTO; CTO provides Lead Care Manager

\_\_\_\_\_ **Option 2:** 30% share of practice Care Management Fee (CMF) shared with CTO; Practice provides Lead Care Manager

**After completing this form, email the completed document to [MarylandModel@cms.hhs.gov](mailto:MarylandModel@cms.hhs.gov) using the subject line “Required Submission CTO Option Form A”.**



## **Track 2 CPCP Option Form B**

**MDPCP Application Number:** \_\_\_\_\_

Practices participating in **Track 2** of the MDPCP must indicate an option for the Comprehensive Primary Care Payment (CPCP) during performance year 2019.

### **ONLY PRACTICES APPROVED FOR TRACK 2 PARTICIPATION NEED TO COMPLETE THIS FORM!**

**PLEASE NOTE:** In future performance years, a Track 2 Participant Practice must always choose an option with a CPCP percentage that is the same as or equal to the amount selected during a previous performance year.

*Please mark an "X" next to the option you wish to elect for performance year 2019:*

\_\_\_\_\_ 10%/90%: 10% of E&M revenues through CPCP, 90% of E&M revenues through FFS

\_\_\_\_\_ 25%/75%: 25% of E&M revenues through CPCP, 75% of E&M revenues through FFS

\_\_\_\_\_ 40%/60%: 40% of E&M revenues through CPCP, 60% of E&M revenues through FFS

\_\_\_\_\_ 65%/35%: 65% of E&M revenues through CPCP, 35% of E&M revenues through FFS

**After completing this form, email the completed document to [MarylandModel@cms.hhs.gov](mailto:MarylandModel@cms.hhs.gov) using the subject line "Required Submission Track 2 CPCP Option Form B".**