



Dear CTO applicant,

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 “CMS 588”) to CMMI for approval. This information must be submitted no later than **Monday, September 24, 2018**. Submitting this information is one step in the onboarding process. Welcome packets and next steps will be forthcoming.

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

CMMI uses the banking information (account/routing number), legal business name/address, and 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.

Importantly, 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 the CMS 588 EFT Authorization Agreement form [here](#).
- On the top right-hand corner of the form, indicate whether your organization is profit or non-profit by writing “P” or “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
  - Signature of 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-21-51  
7500 Security Boulevard  
Baltimore, MD 21244
- Lastly, email [marylandmodel@cms.hhs.gov](mailto: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].”

CMS 588s and the accompanying bank letter or voided checks must be submitted by Monday, September 24, 2018. *If we do 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](mailto:marylandmodel@cms.hhs.gov).

Thank you,  
The MDPCP Team