



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 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.