

Tips for Completing CMS-588

for Maryland Primary Care Program (MDPCP) Payment

Instructions:

- Access and print out the [CMS 588 EFT Authorization Agreement form](#).
- Each individual practice site must submit their own CMS-588, even when multiple practices are part of the same TIN

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”.
- Below “MDPCP”, hand-write your Application ID Number (e.g., “MDPCP-XXXX”)
- Check “New EFT Enrollment”

Part II

- Enter your practice’s legal business name, address, and TIN/EIN
- NPI numbers, Medicare ID numbers, and Health Plan Identifiers (HPID)/Other Entity Identifiers (OEID) are NOT required

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-06-05
Attention to: WB-21-51
7500 Security Boulevard
Baltimore, MD 21244

- Lastly, email marylandmodel@cms.hhs.gov with the subject line “Practice 588 Submission – MDPCP-XXXX” and 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].”
- **Submit CMS 588s and the accompanying bank letter or voided checks by Friday, October 19, 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