

Medicare Shared Savings Program Accountable Care Organizations Banking Form Guidance

BACKGROUND

In order to get paid, Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) must submit a completed Form CMS-588 Electronic Funds Transfer (EFT) Authorization Agreement. The Centers for Medicare & Medicaid Services (CMS) uses the banking information, business address, and Tax Identification Number (TIN) to establish vendor accounts for ACOs in our Healthcare Integrated General Ledger Accounting System (HIGLAS). This payment system works with the US Department of Treasury, and deposits funds through EFT to the vendor accounts established for ACOs in HIGLAS.

REQUIREMENTS

CMS validates the banking information before the EFT deposits are made.

- ACOs must have a successfully validated account in order to be paid.
- ACOs must have an active checking account to receive the EFT deposit. **We do not pay savings accounts.**
- ACOs must submit either a bank printed voided check or a signed letter from their bank/financial institution that includes the account and routing numbers. **We do not accept starter checks.**
- ACO's Legal Business Name and TIN must match CMS program information in the Health Plan Management System (HPMS).
- ACOs must submit a new signed Form CMS-588 if any of the following changes are made:
 - Legal Business Name
 - TIN
 - Financial Institution information
 - Authorized/Delegated Official
 - Contact Person
- ACOs must indicate whether their firm is profit or non-profit by writing "P" or "NP" on the top right-hand corner of the Form CMS-588;
- ACOs must also write in the top margin the name of the program and ACO ID: MSSP-[ACO ID]. Your ACO ID is a five character ID beginning with the letter A (Axxxx); it was provided to you with your NOI confirmation

REMINDERS

Before mailing the Form CMS-588, please make sure you recheck the following information. If there are errors, CMS will notify the contact person on the Form CMS-588 to ask for corrected information.

- The “Form CMS-588 Electronic Funds Transfer Cover Sheet” is the first page of your information/package.
- The Form CMS-588 is filled out completely and the banking information on the form is correct.
- The ACO’s tax status (profit or non-profit) “P” or “NP” is checked on the Form CMS-588 Electronic Funds Transfer Cover Sheet and added on the top right-hand corner of the Form CMS-588.
- Write “MSSP” and your ACO ID (Axxxx) in the top margin of the Form CMS-588.
- Your legal name and mailing address are correct. The IRS Form 1099 will be mailed to the ACO’s address provided on the Form CMS-588.
- Your voided check or signed letter from the bank/financial institution is enclosed.
- In section “Part II: Provider or Supplier Information”, under “Provider/Supplier Legal Business Name” your ACO legal business name is listed followed by your ACO ID number.

MAILING INSTRUCTIONS

For Shared Savings Program ACOs only, please mail the completed materials ([Form CMS 588 ACO Cover Sheet](#) and [Form CMS-588](#) plus any supporting documentation) with the **ORIGINAL** signature (not digital or photocopied) using overnight mail that can be tracked (like FedEx or UPS) to:

Centers for Medicare & Medicaid Services
Attention: Jonnice McQuay
7500 Security Blvd,
Mail Stop C5-15-12,
Location C4-02-02
Baltimore, MD 21244-1850

NOTE: The mailing instructions are provided for Shared Savings Program ACO applicants **ONLY**. If you are **not** an applicant or participant in the Shared Savings Program, contact the Medicare Fee-for-Service contractor that serves your State or jurisdiction. You can find the “Medicare Fee-for-Service Provider Enrollment Contact List” link on the Centers for Medicare & Medicaid Services website at: http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/downloads/Contact_list.pdf. All forms submitted that aren’t related to the Shared Savings Program will not be processed.

Questions about how to complete the Form CMS-588 or EFT process for Shared Savings Program ACO Applicants should be sent to: SSPACO_Applications@cms.hhs.gov.