

Comments on Revised CMS 588 ~ Electronic Transfer Form (EFT)

Commenter	Comments	Accept/Reject and Reason(s)
TrailBlazer Health Enterprises, LLC	Part I - Please add a field for FI and Carrier so the provider to indicate which for ease of contractor separation.	Rejected: The form (paper and web-based) will not be revised to include this change.
Highmark Medicare Services, National Government Services, Inc., CIGNA Government Services, Inc., TrailBlazer Health Enterprises, LLC, Cahaba GBA, Noridian Administrative Services, Palmetto GBA	Part I - What is the purpose of the Practice Location Change and Changed Address Information? Contractors are unable to accommodate a change of ownership or a change of practice location via the CMS 588 form. Please remove these items from Part I as a reason for submission to avoid confusion for the provider community. It appears these changes in Part I were strictly updated for provider enrollment, which are typically completed in two separate areas of the contractor to insure separation of duties. With the “Change of Ownership” and “Change of Practice Location” boxes on the 588, does that take the place of an 855 application? Adding Change of Ownership and Change of Practice Location may mislead the provider/supplier into thinking that this form can be done in lieu of the CMS-855 form. I would recommend no change to this section to keep a clear understanding that this only changes the EFT information. Currently changes to a practice location do not require the submission of an EFT change. Will this be a new requirement? When we receive an application that indicates one of these changes, will the provider have to submit an 855 application?	Accepted: However, CMS will add a question to Part I asking the provider/supplier if it has had a practice location change or change of ownership since its last EFT submission (excepting initial enrollments). If the provider/supplier indicates a change has been made, the supplier/provider will be directed to submit an updated CMS 855 application prior to submission of the EFT 588 form. If a contractor receives an EFT 588 form indicating the provider/supplier has had a change of address or ownership, the contractor will be instructed to verify the address match through PECOS. If the address match is not found in PECOS, the contractor will be instructed to return the EFT form to the provider/supplier and request the submission of an 855 change of information application prior to acceptance of the EFT 588. The instructions will reflect this change for the provider/supplier’s information.
Noridian Administrative Services	Part II – would “changed” address fields need to be completed for an initial EFT?	Not applicable based on previous acceptance.
Highmark Medicare Services, Cahaba GBA, Pinnacle Business Solutions, Inc., CIGNA Government Services, Inc.	Part II – please consider combining the separate lines for “Name” and “Provider/Supplier Legal Business Name” into one line. Lines 1 and 2 appear redundant and the providers state that these two instructions are confusing. This is where we see a lot of errors. One line for the LBN would cut down on the number of errors.	Accepted: The form will be revised to combine the name lines.
Palmetto GBA	Part II - Does there need to be two lines for Chain Home Office? It is not necessary.	Accepted: The form will be revised to combine the Chain Home Office lines.
Highmark Medicare Services, Palmetto GBA	Part II – Please remove lines 8 – 10 based on change in “Reason for Submission” above.	Not applicable based on previous acceptance.

CIGNA Government Services, Inc.	Part III - To be consistent there should be blocks for the depositor account number.	Accepted: The form will be revised to have blocks for the depositor account number.
Highmark Medicare Services	Part III – Please consider removing the “Account Holder’s Name” field from the form. The field is unnecessary due to the fact the account cannot be in any other name than the provider/supplier provided in Part II.	Accepted: The form will be revised to remove the “Account Holder’s Name” from the form. A note will be added to the instructions stating the account must be in the name provided in Part II of the form.
Noridian, Palmetto GBA, Trailblazer Health Enterprises, LLC	Part III - Could CMS exclude the deposit slip on the form? Many times the routing number on a deposit slip begins with a number 5, which doesn’t work for an EFT or the routing number on the deposit slips are for the main or corporate branch which delays the process. Another option would be to add a comment behind “deposit slip” that says, “to avoid delays, confirm that the local branch routing number is listed and not the main branch routing number.”	Accepted: The form will be revised to exclude the deposit slip.
CIGNA Government Services, Inc.	Part III - There should be some type of instruction regarding if ACH router is applicable. There should be a reference to include leading zeros on both the router number and the account number.	Rejected: There form will not include instruction regarding ACH router applicability. Accepted: the instructions will be revised to reflect your proposed note to include leading zeros on both the router number and the account number in the instructions.
Highmark Medicare Services	Part III – Please clarify “and the bank officer’s name and signature” is for the bank letterhead scenario only.	Rejected: However, we are revising the instructions to reflect your proposed changes.
Noridian	Part III - We suggest putting “bank letterhead” before the voided check option to encourage more bank letters.	Accepted
Highmark Medicare Services, National Government Services, Inc.	Part III – Lines 12 – 14 should reference the bank or financial institution’s name and address instead of the account holder’s name and address.	Rejected: The form instructions requests the account holder’s name and address.
CIGNA Government Services, Inc.	Part IV - The authorization word change will eliminate errors, and repeated requests for corrections. Very time efficient.	Accepted
Trailblazer Health Enterprises, LLC	Trailblazer recommends revising the excerpt, “Under CMS’ payment policy, Medicare providers/suppliers have the option of receiving payments electronically. Form number CMS – 588 authorizes the use of electronic funds transfers (EFTs).” Trailblazer recommends removing the words “...have the option of receiving...” and replacing it with “...are required to	Accepted

	receive...”	
CIGNA Government Services, Inc.	The elimination of section 5 and allowing CMS to initiate credit entries and have the ability to assign its rights and obligations under this agreement to CMS’ designated fee-for-service contractor will reduce a lot of errors that were previously found in section V.	NOTE – Do not see a section 5 on the September 2009 version of the EFT form.
Noridian, National Government Services, Inc., CIGNA Government Services, Inc., TrailBlazer Health Enterprises, LLC	The removal of the provider’s contact information will make the processing of EFTs more difficult when contractors need to contact someone at the provider group. The whole OLD section IV is VERY important to keep. For rejects and problems it gives us a person who actually knows about the form that we can get in touch with and who can provide corrections. The e-mail address is very important as this is the way we are handling all our communication whether rejected or just notifying providers/suppliers that their form was received and the effective date. The contact person is often different than the Authorized/Delegated Official. The removal of the contact information will cause our returns to go up tremendously.	Accepted: CMS will replace some of the contact information requirement.
National Government Services, Inc., TrailBlazer Health Enterprises, LLC	Under the Delegated Official signature, can CMS add and insist on a fax/phone and e-mail here instead of just a telephone number under the signature? The telephone number addition to the signature field are usually CEOs or owners and very hard to reach.	Accepted: CMS will add e-mail address identification under the Delegated Official signature.
National Government Services, Inc.	Somewhere on the form could CMS state that it should be TYPED and not handwritten except for the signature part? Some writing is very hard to read and worse once scanned.	Rejected: The form (paper and web-based) will not be revised to include this change.
CIGNA Government Services, Inc.	We would suggest the verbiage at the bottom of the instruction page to be modified to say “Mail this form with the original signature (no facsimile signatures can be accepted) to the Medicare contractors that services your geographic areas.” There are many DME suppliers who provide services across multiple geographical areas and they will need to submit an application to each contractor.	Accepted: CMS will add this verbiage.