

CMS-588 Revisions Spreadsheet

Contractor	Section of CMS-588
CGS	General Form
CGS	Instructions
WPS	Instructions Part II: Account Holder Information, 1st bullet
WPS	Instructions Part II: Account Holder Information, 2nd bullet.
Noridian	Instructions Part II: Account Holder Information, 3rd bullet
Alisha	Instructions Part II: Account Holder Information, 2nd to last b
CGS	Instructions Part III: Financial Institution Information, 1st bull
Novitas/FCS	Instructions Part III: Financial Institution Information, 1st bulle
Noridian	Instructions Part III: Financial Institution Information, 2nd bull

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Contractor	Section of CMS-588
CGS	Instructions Part III:Financial Institution Information, last bull
WPS	Instructions Part V:Authorization, 3rd paragraph
WPS	Part I: Reason for Submission
Novitas/FCS	Part I: Reason for Submission
Joe	Part II: Account Holder Information
Noridian	Part II: Account Holder Information
Noridian	Section III:Financial Institution Information
Novitas/FCS	Part III: Financial Institution Information
Novitas/FCS	Part III: Financial Institution Information

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Contractor	Section of CMS-588
CGS	Part III: Financial Institution Information
WPS	Part V: Authorization
WPS	Part V: Authorization

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Revision Suggestion

The pages numbers are 1, 1, 2. Should it be 1, 2, 3?

Change timeframe of 15-day pre-note period as PECOS is setup for 10 days PECOS was set up for a 10-day pre-note period when part A transitioned to auto-update FISS.

Change instructions to state the difference between Individual and group PTAN information. Possibly, in the Part II section for account holder information before the bullets a statement regarding entering GROUP information could be added.

Request to have verbiage related to chain home office fields simplified to reduce incorrect information entered by providers.

For the Account Holder's Street Address and Financial Institutions Street Address, we would like to request addition of guidance that "no PO Boxes are allowed" for these sections.

Add new bullet before last bullet:

A provider/supplier may only have one EFT account per enrollment in order to keep this consistent with PECOS 2.0 policy.

We recommend bolding the above paragraph and moving it to the top of Part III. Also, copy the following note from Part III instructions and add it the above paragraph. NOTE: Supporting bank documents must be in the provider's/supplier's/entity's legal business name only.

To reduce development for joint accounts and accounts that do not match the legal name, could clarification be added that the name on the account must be the legal business name, such as "When submitting the documentation, it should contain the Provider's/Supplier's Legal Business Name on the account, electronic routing transit number, account number and type."

For the Account Holder's Street Address and Financial Institutions Street Address, we would like to request addition of guidance that "no PO Boxes are allowed" for these sections.

Revision Suggestion

Last bullet may need to be removed because CGS states that they develop for missing items.

"Changes that were due to Fraud prevention fax/email new CMS 588 forms, that is how past fraud EFT changes were received. We think they should go revert to mailing. OR we think CMS should start strongly recommending providers to only use PECOS for EFT changes. This will reduce the possibility of paper fraud CMS 588 forms being received."

Request to have verbiage related to chain home office fields simplified to reduce incorrect information entered by providers.

We would like to recommend the Revalidation option be removed since the EFT is not required for revalidation if the provider already has an EFT on file and is not making a change to their EFT information.

A CHO number is needed as confirmation that they are actually associated with an approved CHO

For the Account Holder's Street Address and Financial Institutions Street Address, we would like to request addition of guidance that "no PO Boxes are allowed" for these sections.

For the Account Holder's Street Address and Financial Institutions Street Address, we would like to request addition of guidance that "no PO Boxes are allowed" for these sections.

To align with PECOS, could verbiage be updated for Financial Institution Routing Number to Financial Institution Routing Transit Number

To align with PECOS, could verbiage be updated for Provider's/Supplier's Account Number with Financial Institution to Provider's/Supplier's Depositor Account Number with Financial Institution

Revision Suggestion

Removed "Please include a confirmation of account information on bank letterhead or a voided check. When submitting the documentation, it should contain the name on the account, electronic routing transit number, account number and type. If submitting bank letterhead, the bank officer's name and signature is also required. This information will be used to verify your account number." and moved to Instructions section above to clarify information.

Can Authorized/Delegated official title form field be removed? Anyone filling this section out should be listed as an AO/DO in PECOS.

MAC should mail out a verification letter. MAC requested the email form field, under the signature line, be removed or made Optional.



Revision Suggestion

Form pages changed to 1,2,3

Removed time frame.

Added: Physicians and individual practitioners who have granted a Medicare-enrolled provider or supplier the right to receive payments for all of their services, is not required to provide a Medicare Identification Number, Authorized/Delegated Official signature)

Removed: "Enter the chain organization's name or the home office legal business name if different from the chain organization name."
Added: "Enter the Chain Home Office (CHO) legal business name. A CHO is an entity that provides centralized management and administrative services to the providers or suppliers, and control, and other similar services. "

Added: NOTE: Do Not Include PO Boxes.

Add bullet:
A provider/supplier may only have one EFT account per enrollment.

Moved verbiage from Section III(under the form fields) to instructions for Section III, 1st bullet and bolded: **Please include a confirmation of account information on bank letterhead, number, account number and type. If submitting bank letterhead, the bank officer's name and signature is also required. This information will be used to verify your account information.**

Added:
NOTE: The Financial Institution's name must be the Legal Business Name on the account, electronic routing transit number and type.

Added: NOTE: Do Not Include PO Boxes.

Removed last bullet in Instructions under Part III.

Removed: "Mail, Upload"

Remove: ", or email."

Added: "Upload this form to PECOS only or mail"

Remove: the Home Office of the Chain Organization

Add: the Chain Home Office

Removed: "Revalidation" Option

Split the 2nd field line into two so that there is a field to add "Chain Home Office number"

Added after "Account Holder's Street Address" : (Do Not Include PO Boxes.)

Added after "Financial Institution's Street Address": (Do Not Include PO Boxes.)

"Financial Institution Routing Number" changed to "Financial Institution Routing Transit Number"

"Provider's/Supplier's Account Number with Financial Institution" changed to "Provider's/Supplier's Depositor Account Number with Financial Institution"

Removed: "Please include a confirmation of account information on bank letterhead or a voided check. When submitting the documentation, it should contain the name on the account. A copy of the account statement is also required. This information will be used to verify your account number."

Remove: "Authorized/Delegated Official Title" form field.

After "email address" add: "(optional)"

