



# Medicare Shared Savings Program **ACO BANKING FORM**

## Instructions

March 2024

Version 9

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MEDICARE  
SHARED SAVINGS  
PROGRAM

## Revision History—Version 9

Title of Section & Revisions/Changes Description (since last version)	Link to Affected Area
Background	<a href="#">Background</a>
Requirements: Updated language	<a href="#">Section 2.2</a>
Completing and Submitting Form CMS-588: Updated language	<a href="#">Section 2.1</a>
Appendix A, Form CMS-588 Checklist	<a href="#">Appendix A</a>
Appendix B, Sample Form CMS-588 Cover Sheet: Removed language	<a href="#">Appendix B</a>
Appendix C, Sample Form CMS-588: Updated Language	<a href="#">Appendix C</a>
Appendix D, Samples Financial Institution Letter and Voided Pre-printed Check: Updated Language	<a href="#">Appendix D</a>
Appendix E, Sample Chain Home Office Letter: Added new sample	<a href="#">Appendix E</a>

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# 1 Background

Each Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organization (ACO) must have an active bank account and must submit a completed Electronic Funds Transfer (EFT) Authorization Agreement ([Form CMS-588](#)) to the Centers for Medicare & Medicaid Services (CMS) per [42 CFR 424.510\(d\)\(2\)\(iv\)](#). CMS uses the banking information, business address, and taxpayer identification number (TIN) provided on this form to establish vendor accounts for ACOs in the Healthcare Integrated General Ledger Accounting System (HIGLAS). HIGLAS is a payment system that works with the U.S. Department of the Treasury and deposits funds through EFTs to ACO vendor accounts. CMS deposits any shared savings payments, if earned, and advance investment payments (AIP), if applicable, to the banking account designated on Form CMS-588.

You must submit Form CMS-588, the accompanying Form CMS-588 cover sheet, and the required supporting financial documentation to participate in the Shared Savings Program, even if you already receive EFT payments from Medicare. Payments for the Shared Savings Program are made through a different payment system than that used for other Medicare payments and have no effect on EFTs set up for other Medicare payments.

# 2 Requirements

Each Shared Savings Program ACO must have an active bank account and submit [Form CMS-588](#), regardless of the ACO's track.

1. Prior to completing Form CMS-588, an ACO must establish a bank account using either the ACO's legal business name (LBN) or legal entity name (LEN) and the TIN the ACO established with the Internal Revenue Service (IRS) and used to establish the ACO with the Shared Savings Program. The ACO must have an active bank account that CMS has successfully validated to receive any advance investment payments and earned shared savings payments. CMS validates the banking information before it makes EFT deposits into the bank account listed on Form CMS-588. In addition, for ACOs that receive shared savings payments or advance investment payments, CMS sends an IRS Form 1099 to the address provided on Form CMS-588.
2. Form CMS-588 is required for all ACOs participating in the Shared Savings Program. Additionally, ACOs must submit the [Form CMS-588 cover sheet](#) with the Form CMS-588 as well as supporting financial documentation (e.g., a voided, pre-printed check or a bank letterhead from the financial institution) that validates the bank account included on the form. CMS considers submissions that do not include all three required documents (Form CMS-588, a Form CMS-588 cover sheet, and supporting financial documentation) to be incomplete; these submissions will not be processed.
3. An ACO must update its banking information on file with CMS whenever any ACO information submitted on Form CMS-588 changes (refer to [Section 2.2](#)). An update to the Form CMS-588 is not required if the financial institution's physical address has changed.



### TIP FOR SUCCESS: AIP ACOs

The verified bank account for CMS to pay shared savings is the same account for ACOs eligible for AIP, if applicable. An ACO eligible for AIP must certify that all advance investment payments are segregated from all other revenues by establishing and maintaining a separate account into which all advance investment payments will be deposited immediately and from which all disbursements of such funds are made only for allowable uses.

Note, an ACO may need to notify the bank that maintains the account identified on its Form CMS-588 of a pending deposit expected in January of its first performance year. AIP ACOs should ensure that all accounts (including the account listed on the Form CMS-588 and designated AIP account) are active and up-to-date in order to receive the first and subsequent advance investment payment.

Complete information for ACOs eligible to receive advance investment payments can be found in the [Advance Investment Payments Guidance](#) document.

## 2.1 Completing And Submitting Form CMS-588

ACOs must complete and submit their Form CMS-588 as described below. The ACO's LBN/LEN and ACO TIN on Form CMS-588 must match the ACO's information in the [ACO Management System \(ACO-MS\)](#). For example, please be certain to include business credentials, such as "LLC" or "Incorporated," when completing the form, if applicable. Please make certain all required information is provided on Form CMS-588. CMS does not accept incomplete forms.



### TIP FOR SUCCESS

**FOR RENEWAL APPLICANTS ONLY:** The ACO is not required to submit a new Form CMS-588 package if the ACO legal entity name, ACO TIN, address, financial institution information, contact person, or authorized/delegated official **has not changed**.

*Step 1: Download [Form CMS-588](#)*

*Step 2: Download [Form CMS-588 Cover Sheet](#)*

*Step 3: Complete or Check the Following Entries:*

#### Part I: Reason for Submission

- Initial applicants:
  - On the Form CMS-588, check "New EFT Enrollment" and check "Individual" or "Group."
  - On the [Form CMS-588 cover sheet](#), check "New EFT Enrollment."

- Currently participating ACOs and renewal applicants:
  - On the Form CMS-588, check “Change to Current EFT Enrollment.”
  - On the Form CMS-588 cover sheet, check “Change to Current EFT Enrollment.”
- Chain Home Organization (CHO): CMS will accept a Form CMS-588 listed under an ACO participant’s TIN or parent/chain organization’s name.
  - A Chain Home Office (CHO) is an entity that provides centralized management and administrative services to the providers or suppliers under common ownership and common control, such as centralized accounting, purchasing, personnel services, management direction and control, and other similar services. If an ACO authorizes EFT payments to the CHO of which the ACO is a member, a letter authorizing the contractor to make payments to the provider of service maintained by the CHO must be submitted with the other required documents. The letter must be signed by an authorized official of the provider of service and an authorized official of the CHO.
  - On the Form CMS-588, check “If payment is being made to CHO.”
    - Note: Authorization Letter must be attached. See [Appendix E](#) for example of CHO.

## Part II: Account Holder Information

- Provide entries for all items. All account holder information must match ACO-MS.
  - ACO LBN/LEN name
    - The LBN/LEN must be the name provided on the IRS CP-575 form.
  - ACO address
    - Note: Do not include PO Boxes.
  - City
  - State
  - Zip code
  - ACO TIN (nine digits only) as reported to the IRS
  - Designate TIN type:
    - Social Security Number (SSN): Enrolling as an individual.
    - Federal Employer Identification Number (EIN): Enrolling as a group/organization corporation.
      - Note: A provider/supplier may only have one EFT account per enrollment.
    - National Provider Identifier (NPI) is not required if an ACO is not Medicare-enrolled. Please note that the ACO TIN is not required to be Medicare-enrolled. However, if the ACO TIN is Medicare-enrolled, enter the MIN assigned by a Medicare Administrative Contractor (MAC). If more than one Medicare MIN is attached to the NPI, include the MINs on the Form CMS-588.

### Part III: Financial Institution Information

- Provide entries for all items:
  - All fields in this section are required except the financial institution's contact person field. While this field is optional, CMS recommends including a point of contact at the financial institution that CMS can contact in the event of issues with payments.
    - **Note:** Do not include PO Boxes.
- Provide supporting financial documentation that confirms the bank account information provided on [Form CMS-588](#).
  - The supporting financial documentation can be either a voided, pre-printed check or a bank letterhead from the financial institution. Form CMS-588 cannot be processed without the supporting financial documentation, so make sure to include it whenever you submit Form CMS-588 to CMS. The ACO's LBN/LEN on the supporting financial documentation must match [ACO-MS](#) and Form CMS-588.
    - Note: The account name to which the EFT payments will be paid is to the name submitted on Part II of the Form CMS-588.
  - If you are submitting a voided, pre-printed check, please note that CMS does not accept starter checks. The ACO's LBN/LEN must be printed on the check and must match ACO-MS. When submitting the pre-printed check, the following must be included:
    - LBN/LEN on the account
    - Electronic Routing Number
    - Account Number and type (checking or savings)
    - The word "VOID"
  - If you are submitting a bank letterhead from your financial institution, it must include the following information and be consistent with the entries on Form CMS-588:
    - ACO LBN/LEN as the account holder
    - ACO TIN (nine digits only)
    - Bank official's name and signature
    - Bank account number
    - Electronic routing transit number

**Note:** Supporting financial bank documents must be in the name of the ACO's legal business/entity, home office, or chain organization of which the ACO is a member.

## Part IV: Contact Person

Enter the name of a contact person who can discuss the form if CMS has questions.

## Part V: Authorization

[Form CMS-588](#) must be signed by a person with the authority to legally bind the ACO. Only one authorized person can sign the form. CMS encourages you to have one of the following ACO-MS authorized contacts sign the form:

- ACO Executive
- Financial Contact
- Authorized to Sign (primary or secondary)

An ACO must submit [Form CMS-588](#) documentation in the form of a scanned PDF that is manually signed or by way of a digital signature. The signature line must contain the authorized/delegated official's name, title, phone number, and email address.

### *Top Right Corner of Form CMS-588 and Each Page of Supporting Documentation*

The CMS Office of Financial Management (OFM) processes the Form CMS-588 and makes payments to ACOs that earn shared savings payments and ACOs that are eligible to receive AIP. To assist OFM with the processing of Form CMS-588, please indicate the ACO's ACO ID number (Axxxx) and the ACO's tax status (Profit – "P" or Non-Profit – "NP") in the blank area on the top right corner of the first page of Form CMS-588. CMS provided the ACO with an ACO ID (Axxxx) during the application process.

### *Step 4: Fill out the Form CMS-588 Cover Sheet*

The Form CMS-588 cover sheet must be included with the ACO's Form CMS-588.

**Note:** If the ACO does not submit a [Form CMS-588 cover sheet](#) with its submission, your documents will receive a request for information (RFI) from CMS. Complete information for ACOs who receive an RFI can be found in the [Application Reference Manual](#).

If the ACO is an Initial Applicant, select "New EFT Enrollment."

Complete the "Reason for Change to Existing Form CMS-588" section **only** if you are changing an existing Form CMS-588 that CMS has on file. This field is relevant to Early Renewal, Renewal, and Currently Participating ACOs.

**Note:** If the ACO selects CHO, the ACO must also select if they are an Initial Applicant or are making changes to an existing Form CMS-588.

### *Step 5: Upload the Form CMS-588, Cover Sheet, and supporting financial documentation to ACO-MS*

Initial and Renewal applicants will submit their documents via Initial and Renewal task during the application cycle. Currently participating ACOs submit via the Documents tab in [ACO-MS](#).



#### TIP FOR SUCCESS

CMS recommends the contact person be identified as an ACO contact in ACO-MS.



 **TIP FOR SUCCESS**

Form CMS-588 contains extra spaces in fields for responses such as TIN, account number, and/or routing number. Remember to write out the appropriate nine-digit TIN, account number, and/or routing number, excluding hyphens. Leave any unnecessary additional spaces blank.

## 2.2 Form CMS-588 Updates

If a currently participating ACO needs to update its existing Form CMS-588, it must complete and upload a new [Form CMS-588](#) as well as provide a Form CMS-588 cover sheet and supporting financial documentation to [ACO-MS](#).

All changes must appear in ACO-MS before the ACO can revise its Form CMS-588. If an ACO requests a change to its ACO LBN/LEN and/or ACO TIN, CMS must notify the ACO once the change is effective and provide instructions on how and when to update the banking form.

*Complete the following steps to update your Form CMS-588:*

- Under “Part I: Reason for Submission,” check “Change to Current EFT Enrollment.”
- Complete the entries on the form and provide the supporting documentation following the instructions in [Section 2.1](#) of this document.
- On the [Form CMS-588 cover sheet](#) check “Change to Current EFT Enrollment.”
- Submit the Form CMS-588, the Form CMS-588 cover sheet, and the supporting financial documentation by uploading to the Documents tab under the Form CMS-588 field within [ACO-MS](#).

## 3 Form CMS-588 Review Process

During the application or change request cycle, an ACO must electronically upload the [Form CMS-588](#), the [Form CMS-588 cover sheet](#), and supporting financial documentation to start the review process in [ACO-MS](#). CMS reviews the documentation to confirm that it matches the information on file in ACO-MS. For example, CMS ensures that the ACO LBN/LEN and ACO TIN submitted on Form CMS-588 are the same as those in ACO-MS. CMS will identify mismatched information or any discrepancies during the review process and contact you for corrections. The ACO must correct any mismatched information and address any discrepancies. CMS processes Form CMS-588 only after all discrepancies are resolved.

Prior to making any payments, CMS conducts a prenote authorization on the ACO accounts. A prenote is a test transaction a banking institution uses to ensure that an account is open and that the provided account number information is valid before setting up an automated clearing house (ACH) transfer. CMS will contact you if the prenote fails to validate your account.

 **TIP FOR SUCCESS**

ACOs unsure if their banking information with CMS is correct should validate their banking information prior to the release of the performance year financial reconciliation results.

There are several reasons for a prenote failure, including:

1. A discrepancy with an ACO LBN/LEN and/or ACO TIN
2. Inaccurate account information
3. A closed account

Please note that financial institutions may require a deposit to the bank account to maintain active account status. CMS encourages ACOs to communicate with financial institutions to ensure the bank account utilized within the Form CMS-588 remains active.

**Note: CMS strongly recommends that if an ACO terminates its participation agreement, it maintains at least one authorized signature contact to keep active within ACO-MS after termination. This is important for any future financial reconciliation of an earned shared savings payments.**

## Appendix A: Form CMS-588 Checklist

### Form CMS-588 Cover Sheet

- The ACO downloaded the correct [Form CMS-588 cover sheet](#).
- The ACO understands that if the Form CMS-588 cover sheet is not included with the package (Form CMS-588, Form CMS-588 cover sheet, and supporting financial documentation), CMS will issue an RFI.
- Request Type for the ACO meet the following requirements (only select one):
  - New EFT Enrollment (Initial ACOs only)
  - Change to Current EFT Enrollment (Early Renewal, Renewal, or Currently Participating ACOs if there is a change to ACO LEN, TIN, address, financial institution information, contact person, or authorized/delegated official).
  - If the ACO uses the CHO, the Authorization Letter is attached and the letter is signed by an authorized official of the provider of service AND an authorized official of the CHO.
- The LBN/LEN information for the ACO meets the following requirements:
  - Identification Number (A+4 digits)
  - ACO LBN/LEN matches legal documentation and ACO-MS.
  - ACO TIN is correct.
  - ACO Address matches ACO-MS.
  - ACO Tax Status (For-Profit or Nonprofit) matches ACO-MS.
- The ACO has uploaded Form CMS-588 into ACO-MS.

### EFT (Form CMS-588)

- The ACO downloaded the most recent [Form CMS-588](#).
- The ACO selected only one reason for submission:
  - New EFT Enrollment
    - Note: Select only one “Individual” or “Group”
  - Change to Current EFT Enrollment
  - EFT payment is being made to the CHO
    - Note: A letter authorizing EFT payment must be attached
  - LBN/LEN matches ACO-MS.
  - If using the CHO Name—or Home Office LBN/LEN, my authorized letter is attached with signatures from the authorized official AND an authorized official of the CHO.
  - CHO telephone number
  - Address (P.O. Boxes are not acceptable)
  - City
  - State

- ZIP code
- TIN
- SSN (enrolling as an individual) or EIN (enrolling as a group/organization/corporation)
- The ACO's Financial Institution information is correct:
  - Name
  - Address (P.O. Boxes are not acceptable)
  - City
  - State
  - ZIP code
  - Routing number
  - Account number
- Selected the correct type of bank account (checking or savings) and understands that CMS will not accept starter checks.
- Designated a contact person if CMS has any questions related to my documents submitted.
- The ACO understands that the Form CMS-588 can only be signed and dated by the authorized individuals (executive, financial contact, primary/secondary).
- The ACO Form CMS-588 is signed manually or by way of digital signature.

*(Select all revisions that apply)*

- Name
- Contact Person
- TIN
- Authorization – Signature
- Financial Institution
- Other Information

## UPLOAD BANKING INFORMATION TO ACO-MS

Initial and Renewal Applicants submit their documents via the Initial and Renewal task during the application cycle. Currently participating ACOs submit via the Documents tab in [ACO-MS](#).

### MATERIALS

- Signed Form CMS-588
- Form CMS-588 cover sheet
- Supporting financial documentation in the form of a bank letterhead or voided, pre-printed check

## Appendix B: Sample Form CMS-588 Cover Sheet

### Form CMS-588 Request Type (Select Only One Request Type)

- New EFT Enrollment       Change to Current EFT Enrollment       EFT payment is being made to the Chain Home Office (CHO) (Attach letter authorizing EFT payment to CHO).

### ACO LEGAL BUSINESS/ENTITY INFORMATION

**ACO ID # (A+4 digits):** A1234

**ACO Legal Business/Entity Name:** 5 Star ACO, LLC

**ACO Taxpayer Identification Number (TIN):** 123456789

**ACO Tax Status:**     For-profit                       Nonprofit

### REASON FOR CHANGE TO CURRENT FORM CMS-588

Complete only if you are revising an existing [Form CMS-588](#).

(Select all revisions that apply)

- Name                                       Contact Person  
 TIN                                          Authorization - Signature  
 Financial Institution                  Other Information

### UPLOAD BANKING INFORMATION TO ACO-MS

Initial and Renewal Applicants submit their documents via the Initial and Renewal task during the application cycle. Currently participating ACOs submit via the Documents tab in ([ACO-MS](#)).

#### MATERIALS

- Signed Form CMS-588
- Form CMS-588 cover sheet
- Supporting financial documentation in the form of a bank letterhead or voided, pre-printed check

## Appendix C: Sample Form CMS-588

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### INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT

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All EFT requests are subject to a pre-certification period in which all accounts are verified by the qualifying financial institution before any Medicare direct deposits are made.

#### PART I: REASON FOR SUBMISSION

Indicate your reason for completing this form by checking the appropriate box: New EFT enrollment or change to your EFT enrollment account information. If you are authorizing EFT payments to the home office of a chain organization of which you are a member, you must attach a letter authorizing the contractor to make payment due the provider of service to the account maintained by the home office of the chain organization. The letter must be signed by an authorized official of the provider of service and an authorized official of the chain home office.

**NOTE:** If you have had either a change of ownership or change of practice location, you must submit a change of information (using the Medicare enrollment application) to the Medicare contractor that services your geographical area(s) prior to or accompanying this EFT authorization agreement submission.

#### PART II: ACCOUNT HOLDER INFORMATION

- Enter the provider's/supplier's legal business name or the name of the physician or individual practitioner, as reported to the Internal Revenue Service (IRS). The account to which EFT payments made must bear the name of the physician or individual practitioner, or the legal business name of the person or entity enrolled with Medicare. **NOTE: Providers/suppliers must report the legal business name provided on the IRS CP-575 form.** 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 complete this form. The account holder information should be of the person or entity receiving the reassigned benefits (e.g., Medicare Identification Number, Authorized/Delegated Official signature).
- 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 under common ownership and common control, such as centralized accounting, purchasing, personnel services, management direction and control, and other similar services. **NOTE: Providers/suppliers must report the legal business name provided on the IRS CP-575 form.**
- Enter the account holder's street address. **NOTE: Do Not Include PO Boxes.**
- Enter the account holder's city, state, and zip code.
- Enter the tax identification number as reported to the IRS. If the business is a group, organization or corporation, provide the Federal employer identification number. If enrolling as an individual provide your Social Security Number.
- Enter the 10 digit NPI number. The NPI is required to process this form.
- A provider/supplier may only have one EFT account per enrollment.
- If issued, enter the Medicare identification number assigned by a Medicare Administrative Contractor (MAC). If you are not enrolled in Medicare, leave this field blank. If more than one Medicare identification number is attached to this NPI, include the Medicare identification numbers on this form. **NOTE: Institutional providers enter only ONE Medicare Identification Number (if issued).**

### **PART III: FINANCIAL INSTITUTION INFORMATION**

- 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.

**NOTE:** Supporting bank documents must be in the provider's/supplier's/entity's legal business name only.

- Enter your Financial Institution's name (this is the name of the bank or qualifying depository that will receive the funds).

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

**NOTE:** The account name to which EFT payments will be paid is to the name submitted on Part II of this form.

- Enter the financial institution's street address.

**NOTE:** Do Not Include PO Boxes.

- Enter the financial institution's city or town, state or province, and zip/postal code.

- Enter the bank or financial institutional telephone number and contact person's name.

- Enter the bank or financial institutional nine-digit routing number, including applicable leading zeros.

- Enter the provider's/supplier's account number with the financial institution, including applicable leading zeros. Select the account type.

**NOTE:** Supporting bank documents must be in the provider's/supplier's/entity's legal business name only.

### **PART IV: CONTACT PERSON**

- Enter the name and title of a contact person who can answer questions about the information submitted on this CMS-588 form.

- Enter the contact person's telephone number. Enter the contact person's e-mail address.

### **PART V: AUTHORIZATION**

By your signature on this form you are certifying that the account is drawn in the Name of the Physician or Individual Practitioner, or the Legal Business Name of the person or entity. The person or entity has sole control of the account to which EFT deposits are made in accordance with all applicable Medicare regulations and instructions. All arrangements between the Financial Institution and the said person or entity are in accordance with all applicable Medicare regulations and instructions with the effective date of the EFT authorization. You must notify CMS regarding any changes in the account in sufficient time to allow the contractor and the Financial Institution to act on the changes.

The EFT authorization form must be signed and dated by the same Authorized Representative or a Delegated Official named on the CMS-855 Medicare enrollment application which the Medicare contractor has on file. Include a telephone number where the Authorized Representative or Delegated Official can be contacted.

Upload this form to PECOS or mail this form to the Medicare contractor that services your geographical area. An EFT authorization form must be submitted for each Medicare contractor to whom you submit claims for Medicare payment. To locate the mailing address for your Medicare Administrative Contractor fee-for-service contractor, go to: [CMS.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/).



## ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

### PART I: REASON FOR SUBMISSION

**Reason for Submission:**

New EFT Enrollment

Individual  Group

Change to Current EFT Enrollment  
(e.g. account or bank changes)

Check here if EFT payment is being made to  
the Chain Home Office  
(Attach letter Authorizing EFT payment to  
Chain Home Office)

### PART II: ACCOUNT HOLDER INFORMATION

Provider/Supplier Legal Business Name (If individual, please provide first name, middle initial, last name, and suffix)

5 STAR ACO, LLC

Chain Organization Name or Home Office Legal Business Name (if different from Chain Organization Name)

Chain Home Office number

Account Holder's Street Address (Do Not Include PO Boxes.)

800 Your Street

Account Holder's City

Anytown

Account Holder's State

NJ

Account Holder's Zip Code

00000

Tax Identification Number (TIN)

1 2 3 4 5 6 7 8

Designate TIN:

SSN (enrolling as an individual) OR

EIN (enrolling as a group/organization/corporation)

National Provider Identifier Number (NPI)

Medicare Identification Number (if issued)

Medicare Identification Number (if issued)

Medicare Identification Number (if issued)

### PART III: FINANCIAL INSTITUTION INFORMATION

Financial Institution's Name

YourBanker Institution

Financial Institution's Street Address (Do Not Include PO Boxes.)

111 Bank Lane

Financial Institution's City/Town

Moneyville

Financial Institution's State/Province

NY

Financial Institution's Zip Postal Code

00000

Financial Institution's Telephone Number (optional)

222-2222

Financial Institution's Contact Person (optional)

John Doe Banker

Financial Institution Routing Transit Number (must be 9 digits)

0 0 0 0 0 0 0 0 0

Provider's/Supplier's Depositor Account Number with Financial Institution (include all zeroes)

1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1

Type of Account (check one)

Checking Account  Savings Account

**NOTE:** Starter checks are not acceptable for EFT confirmations.

**PLEASE NOTE:** In accordance with section 1104 of the Affordable Care Act, enrollment of electronic fund transfer (EFT) is for electronic fund transfer authorization only. EFT enrollment does not constitute enrollment as a provider or supplier in the Medicare program.



**PART IV: CONTACT PERSON**

This is the person we will contact for any questions regarding this EFT.

Contact Person's Name Your ACO Contact	Contact Person's Title Your ACO Contact's Title
Contact Person's Telephone Number 222-2222	Contact Person's E-mail Address account@jacksample.com

**PART V: AUTHORIZATION**

I hereby authorize the Centers for Medicare & Medicaid Services (CMS) to initiate credit entries, and in accordance with 31 CFR part 210.6(f) initiate adjustments for any duplicate or erroneous entries made in error to the account indicated above. I hereby authorize the financial institution/bank named above to credit and/or debit the same to such account. CMS may assign its rights and obligations under this agreement to CMS' designated Medicare Administrative Contractor (MAC). CMS may change its designated contractor at CMS' discretion.

If payment is being made to an account controlled by a Chain Home Office, the Provider of Services hereby acknowledges that payment to the Chain Office under these circumstances is still considered payment to the Provider, and the Provider authorizes the forwarding of Medicare payments to the Chain Home Office.

If the account is drawn in the Physician's or Individual Practitioner's Name, or the Legal Business Name of the Provider/Supplier, the said Provider/Supplier certifies that he/she has sole control of the account referenced above, and certifies that all arrangements between the Financial Institution and the said Provider/Supplier are in accordance with all applicable Medicare regulations and instructions.

This authorization agreement is effective as of the signature date below and is to remain in full force and effect until CMS has received written notification from me of its termination in such time and such manner as to afford CMS and the Financial Institution a reasonable opportunity to act on it. CMS will continue to send the direct deposit to the Financial Institution indicated above until notified by me that I wish to change the Financial Institution receiving the direct deposit. If my Financial Institution information changes, I agree to submit to CMS an updated EFT Authorization Agreement.

**SIGNATURE LINE**

Authorized/Delegated Official Name (Print) Jack Exec	Authorized/Delegated Official Telephone Number (222) 222-2222
Authorized/Delegated Official E-mail Address (optional) jackexec@jacksample.com	
Authorized/Delegated Official Signature (Note: Must be signed and dated to process.) Jack Exec	Date 1/18/2024

**PRIVACY ACT ADVISORY STATEMENT**

Sections 1842, 1862(b) and 1874 of title XVIII of the Social Security Act authorize the collection of this information. The purpose of collecting this information is to authorize electronic funds transfers.

Per 42 CFR 424.510(e)(1), providers and suppliers are required to receive electronic funds transfer (EFT) at the time of enrollment, revalidation, change of Medicare contractors or submission of an enrollment change request; and (2) submit the CMS-588 form to receive Medicare payment via electronic funds transfer.

The information collected will be entered into system No. 09-70-0501, titled "Carrier Medicare Claims Records," and No. 09-70-0503, titled "Intermediary Medicare Claims Records" published in the Federal Register Privacy Act Issuances, 1991 Comp. Vol. 1, pages 419 and 424, or as updated and republished. Disclosures of information from this system can be found in this notice.

You should be aware that P.L. 100-503, the Computer Matching and Privacy Protection Act of 1988, permits the government, under certain circumstances, to verify the information you provide by way of computer matches.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0626. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. **DO NOT MAIL THIS FORM TO THIS ADDRESS. MAILING YOUR APPLICATION TO THIS ADDRESS WILL SIGNIFICANTLY DELAY PROCESSING.**

## Appendix D: Sample Financial Institution Letter and Voided Pre-Printed Check



December 17, 2024

5 STAR ACO, LLC  
800 Your Street  
Anytown, NJ 00000

Ref: Bank Confirmation Letter

To Whom It May Concern:

5 STAR ACO, LLC is a customer of YourBanker Institution. We are verifying the Account Name, Account Number, SWIFT BIC and Domestic ABA Routing and Transit Number of the following account:

Account Name: 5 STAR ACO, LLC

Bank Account Number: 10000000000001

Domestic ABA Routing: 000000000

ACO Tax Identification Number: (123456789)

Institution Name: Your Banker Institution

Institution Address: 111 Bank Lane Moneyville, NY 00000

Please call me if you have any questions. Thank you for your business and the opportunity to serve you.

Sincerely,

Your Banker's signature

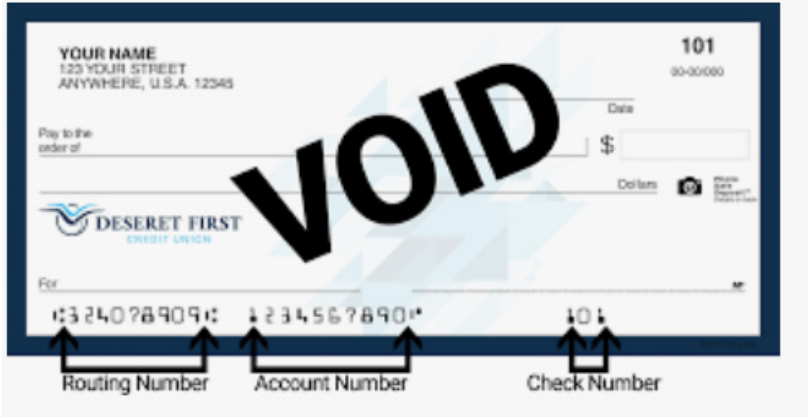
Your Banker's Name

Banker's Phone Number (222) 222-2222

Yourbanker@localbank.com

Client Service Sr. Associate

Your Bank  
111 Bank Lane  
Moneyville, NY 00000



## Appendix E: Sample Chain Home Office (CHO) Letter



December 17, 2024

5 STAR ACO, LLC (LEN must match ACO-MS)  
800 Your Street  
Anytown, NJ 00000

Ref: Chain Home Office Letter

To Whom It May Concern:

This letter authorizes the Centers for Medicare & Medicaid Services (CMS) to make payment due the provider of service to the account maintained by the Chain Home Office (CHO) 8 LAKERS WAY, LLC as identified on the Form CMS-588.

ACO Legal Business/Entity Name (LBN/LEN): 5 STAR ACO, LLC

ACO ID: A0824

ACO Tax Identification Number (TIN): (123456789)

Chain Home Office (CHO) Organization Name: 8 LAKERS WAY, LLC

CHO Tax Identification Number (TIN): (987654321)

If you have any questions, please reach out to “*authorized official*”.

Sincerely,

*Printed Name* of the Authorized Official of 5 STAR ACO, LLC (LEN)

*Signature* and Date of the Authorized Official of 5 STAR ACO, LLC

*Printed Name* of the Authorized Official of 8 LAKERS WAY, LLC

*Signature* and Date of 8 LAKERS WAY, LLC