



July 23, 2010

**IMMEDIATE ACTION REQUIRED TO AVOID PAYMENT DISRUPTION**

**Wisconsin Physicians Service Insurance Corporation (WPS) Legacy Providers  
Transitioning to Jurisdiction 4 (J4) Medicare Administrative Contractor (MAC)**

**RE: Electronic Funds Transfer**

Dear WPS Legacy Providers:

Effective October 18, 2010, some providers formerly serviced by Mutual of Omaha, now serviced by Wisconsin Physicians Service Insurance Corporation (WPS), will transition to the J4 A/B Medicare Administrative Contractor (MAC), administered by TrailBlazer Health Enterprises® (TrailBlazer<sup>SM</sup>). Most providers affected by this transition are located in Colorado, New Mexico, Oklahoma and Texas. This change is being made at the direction of the Centers for Medicare & Medicaid Services (CMS) and is consistent with a regulation that requires that most providers be assigned to a MAC based on their geographic location. You are receiving this letter because you have been identified as one of the providers that will transition to the J4 A/B MAC, TrailBlazer, and you have been identified by WPS as currently receiving your Medicare payments via Electronic Funds Transfer (EFT).

In accordance with CMS and U.S. Treasury Department rules for electronic transfer of funds (31 Code of Federal Regulations (CFR), Part 210.6), Medicare Part A providers involved in this transition with existing EFT agreements with the current fee-for-service contractor are required to submit an updated CMS-588 authorization agreement form for EFT to TrailBlazer. Providers who fail to submit an EFT agreement to TrailBlazer by October 1, 2010, may experience possible payment delays and/or disruption in their electronic claim payments. In the event the EFT agreement is not received by TrailBlazer, the provider's Medicare claim reimbursements may be put on hold. Also, due to the nature of the agreement, we can only accept hard-copy forms. No faxed copies will be accepted, and we cannot accept changes to banking information prior to the planned implementation date.

**CMS-588 Instructions**

Complete Form **CMS-588 Electronic Funds Transfer (EFT) Authorization Agreement**. The **CMS-588** can be downloaded from the CMS Web site at:

<http://www.cms.gov/cmsforms/downloads/cms588.pdf>

The "Instructions for Completing the EFT Authorization Agreement," page 3 of the CMS-588, provides specific instructions for completion of the CMS-588. Submission of an incomplete CMS-588 may result in disruption in the provider's electronic claim payments. Following are additional tips for completing the CMS-588:

- **CMS-588 Part I** – Check the **New EFT Authorization** box as the reason for submission.
- **CMS-588 Part V** – Ensure your organization's authorized or delegated official, currently on file with your legacy Medicare contractor, signs Form CMS-588.

- An **authorized official** means an appointed official (e.g., chief executive officer, chief financial officer, general partner, chairman of the board or direct owner) to whom the organization has granted the legal authority to enroll it in the Medicare program, make changes or updates to the organization's status in the Medicare program, and commit the organization to fully abide by the statutes, regulations and program instructions of the Medicare program.
- A **delegated official** means an individual who is delegated by an authorized official the authority to report changes and updates to the provider's enrollment record. A delegated official must be an individual with an "ownership or control interest" in (as that term is defined in Section 1124(a)(3) of the Social Security Act) or be a W-2 managing employee of the provider. Delegated officials may not delegate their authority to any other individuals.
- The CMS-588 must have an **original** signature and date.
- Include a voided check or copy of a letter of verification from your financial institution. This letter must verify the account and Automated Clearing House (ACH) transit number provided on the CMS-588 and be signed by an employee of the bank. The legal business name listed on the voided check or letter must be an exact match to the legal business name listed on the CMS-588.

Submit the completed CMS-588 and the voided check or bank letter of verification to the address below:

**TrailBlazer Health Enterprises, LLC**  
**J4 WPS Transition**  
**8330 LBJ Freeway**  
**Executive Center III**  
**Attn: Donda McDaniel/Cassandra Tutt**  
**Dallas, TX 75243-1213**

The requested CMS-588 form is for the continuation of existing EFT agreements. TrailBlazer cannot accept EFT changes (i.e., changes in bank routing information or authorized representative changes) prior to the planned implementation date. If you wish to change your existing information, please submit those changes to WPS prior to conversion.

Should you have questions or need assistance, please contact us at (469) 372-0446 or (469) 372-1441. Please be sure to identify yourself as a J4 WPS provider to expedite our handling of your call.

Sincerely,

TrailBlazer Health Enterprises  
Part A Technical Services