



CSSC OPERATION SUBMITTER APPLICATION

Directions: Please complete each section of the application. By completing the application, you are requesting the assignment of a Submitter ID Number for the submission of data to CMS.

Entity Type	<input type="checkbox"/> Contract <input type="checkbox"/> Third Party Submitter
Data Submission Type	<input type="checkbox"/> Encounter Data <input type="checkbox"/> Medicare-Medicaid Data (MMP) <input type="checkbox"/> Prescription Drug Event (PDE) <input type="checkbox"/> Risk Adjustment Data
Organization Name	
Contract Number	
Address	
Address 2	
City, State, Zip	
Fax Number	
Operations Contact Representative Name	
Contact Number	
Email	
Technical Contact Representative Name	
Contact Number	
Email	
Connection Type	<input type="checkbox"/> FTP – Lease Line; Dial-up Modem <input type="checkbox"/> NDM/Connect:Direct <input type="checkbox"/> Gentran/TIBCO (MFT) – (used by Contract Submitters Only)

For Contract Submitters Only: Please list additional contracts to be linked to the assigned Submitter ID.
