



## 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.

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

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