

CSSC OPERATIONS SUBMITTER AUTHORIZATION FORM

Instructions: The following information must be completed by an authorized representative from the plan. **This form should be not completed by a PBM or Third Party submitter.** The completed form may be printed and faxed to 1-803-935-0171 or scanned and sent via email to csscoperations@palmettogba.com for processing. Please note that all required forms (*i.e. EDI Agreement and Submitter Application*) must be received by all entities involved in order to complete setup.

This form authorizes the following entities to submit data and receive reports on behalf of _____ for the following contract(s) effective _____:

(Organization name)

(Date)

Please provide the PBM/Third Party Submitter information authorized to submit for each Submission Type.

Submission Type	Third Party or PBM Name	Third Party or PBM Submitter ID (if available)	Receive Reports
Encounter Data (Medicare A, B, DME)			<i>Submitter Only</i>
Prescription Drug Event			
Risk Adjustment			<i>Submitter Only</i>
Medicare-Medicaid			
Medicaid (A, B, DME, Dental)			<i>Submitter Only</i>
National Council Prescription Drug (NCPDP)			<i>Submitter Only</i>
Encounter Data			<i>Submitter Only</i>
Prescription Drug Event			
Risk Adjustment			<i>Submitter Only</i>

I am authorized to complete the Submitter Authorization Form on behalf of the indicated party and agree to the instructions as outlined above.

Name

Date

Title

Email Address

(____) _____
Phone

Submitter Authorization Form
CSSC Operations – AG-570
2300 Springdale Drive – Bldg. One
Camden, SC 29020-1728
Phone: (877) 534-2772