

## CSSC OPERATIONS AUTHORIZATION FORM

OMB No. 0938-1152  
Expires: April 30, 2021

The Authorization Form is used to notify CSSC Operations when a Plan is designating a Third Party submitter to submit and receive data on their behalf. The following information must be completed by an authorized representative of the Plan. The completed form may be mailed or sent via email to [csscoperations@palmettogba.com](mailto:csscoperations@palmettogba.com).

In the section below, list the Plan Name, Effective Date and all plan numbers applicable to this authorization.

*Plan Name* \_\_\_\_\_ *Effective Date* \_\_\_\_\_


Complete the table(s) below for the submission and receipt of **Medicare Part C and/or Part D** data for the above plan(s). **For Prescription Drug Event (PDE) both the submitter and receiver information tables are required to be completed.**

Data Type	Submitter Name	Submitter ID
Encounter		
Risk Adjustment		
Prescription Drug Event		

Report Type	Receiver Name	Receiver ID
PDE Monthly		
PDE Monthly		

Complete the table(s) below for the submission and receipt of **Medicare-Medicaid (FAI) Program** data for the above plan(s). **For Prescription Drug Event (PDE) both the submitter and receiver information tables are required to be completed.**

Data Type	Submitter Name	Submitter ID
Encounter		
Medicaid		
National Council Prescription Drug		
Risk Adjustment		
Prescription Drug Event		

Report Type	Receiver Name	Receiver ID
PDE Monthly		
PDE Monthly		

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

<b>Name</b>	<b>Date</b>
<b>Title</b>	<b>Email Address</b>
<b>Phone</b>	

**Submitter Authorization Form CSSC  
Operations – AG-570  
2300 Springdale Drive – Bldg. One  
Camden, SC 29020-1728  
Phone: (877) 534-2772, Option 2**

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 0938-1152. The time required to complete this information collection is estimated to average 15 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 accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.