



**CSSC Risk Adjustment Data Submitter Application**

New Submitter ID:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please provide your existing submitter number:	
If yes, please indicate who will submit your data:	<input type="checkbox"/> Self <input type="checkbox"/> Third Party Submitter
If Third Party Submitter is selected, please provide the Third Party's name:	
Plan Number:	
Plan Name:	
Address:	
Fax Number :	
Operations Contact Person:	
E-Mail address:	
Phone Number:	
Technical Contact Person:	
E-Mail address:	



Phone Number:	
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Please list any additional Plan numbers your organization will submit data for:

Plan Number: _____	Plan Number: _____
Plan Number: _____	Plan Number: _____
Plan Number: _____	Plan Number: _____
Plan Number: _____	Plan Number: _____
Plan Number: _____	Plan Number: _____

\*\*If more space is needed to list additional Plan numbers, please make a copy of this page, list the Plan numbers, and attach with the application.

What Connection Type is established via the Medicare Data Communications Network (MDCN)?

Lease Line	_____
Connect:Direct	_____
Dial up / Modem	_____
GENTRAN	_____

Please return the completed submitter application, EDI Agreement and CONNECT:DIRECT dataset specifications, if applicable, to CSSC Operations at the address below.