



Submitter/Receiver ID Application

OMB No. 0938-1152
Expires 03/31/2025

* Required fields

* Organization Name

* Address

Address 2

* City

* State

* Zip Code

* Technical Contact Name

* Phone Number

* Email Address

Operations Contact Name

Phone Number

Email Address

* Are you a: Medicare Advantage Organization Third Party Submitter Both

* Medicare Advantage Organization Contract Number(s):

Up to 7 comma delimited numbers may be entered.
Additional numbers can be provided on page 2.

Data exchange with CMS can be accomplished using different tools and is dependent on a contracts capabilities and the volume of data to be exchanged. Data exchange mechanisms available are found on the following page.

CMS SFTP and Managed File Transfer (MFT) are available to contracts with <100,000 enrollees and are supported by the Medicare Advantage Prescription Drug (MAPD) Help Desk. Connectivity to CMS Systems must be established prior to completing this form.

MAPDHelp@cms.hhs.gov
1-800-927-8069

Other available options are Connect:Direct and SFTP and are supported by The Customer Service and Support Center (CSSC). Connectivity with a CMS-approved Network Service Vendor must be established prior to completing this form. CSSCOperations@palmettogba.com
1-877-534-2772

Medicare Advantage Organization Data Type

Encounter Data Exchange Mechanism	Risk Adjustment Data Exchange Mechanism
Prescription Drug Event Data Exchange Mechanism	

Medicare Medicaid Data Type

Encounter Data Exchange Mechanism	Medicaid Data Exchange Mechanism
Risk Adjustment Data Exchange Mechanism	Prescription Drug Event Data Exchange Mechanism
NCPDP Data Exchange Mechanism	

Receiver ID

Medicare Advantage Organizations wishing to receive Prescription Drug Event reports only will be issued a Receiver ID by choosing one or both of the following:

Prescription Drug Event
Data Exchange Mechanism

MMP Prescription Drug Event
Data Exchange Mechanism

Additional Medicare Advantage Contract Numbers

Up to 50 additional comma delimited numbers may be entered.

For assistance, contact CSSC Operations at 1-877-534-2772, Option 2, or by Email at csscooperations@palmettogba.com.

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 8 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.