Secure FTP Information Form

1	**Company Name**	
2	**Company Address 1**	
3	**Company Address 2**	
4	**City**	
5	**State**	
6	**Zip Code**	
7	**Type of Agreement (COBA, VDSA, SPAP, PBM, SDP)**	
8	**Identifier (COBA ID(s), VDSA ID, SPAP ID, PBM ID, SDP ID)**	
9	**Number of Covered Individuals in your Benefit Population**	
10	**Administrative Contact Name**	
11	**Administrative Contact Email**	
12	**Administrative Contact Phone**	
13	**Technical Contact Name**	
14	**Technical Contact Email**	
15	**Technical Contact Phone**	
16	**SFTP Contact Name (If different from Technical Contact)**	
17	**SFTP Contact Email**	
18	**SFTP Contact Phone**	
19	**Mailbox Access 1 Name**	
20	**Mailbox Access 1 Email**	
21	**Mailbox Access 1 Phone**	
22	**Mailbox Access 2 Name**	
23	**Mailbox Access 2 Email**	
24	**Mailbox Access 2 Phone**	
25	**Mailbox Access 3 Name**	
26	**Mailbox Access 3 Email**	
27	**Mailbox Access 3 Phone**	
28	**Mailbox Access 4 Name**	
29	**Mailbox Access 4 Email**	
30	**Mailbox Access 4 Phone**	

Instructions for Secure FTP Information Form

7. Type of Agreement (COBA, VDSA, PBM DSA, SPAP DSA, SDP DSA) definitions:

   - COBA: Coordination of Benefits Agreement
   - VDSA: Voluntary Data Sharing Agreement
   - PBM DSA: Pharmacy Benefit Management Data Sharing Agreement
   - SPAP DSA: State Pharmacy Assistance Program Data Sharing Agreement
   - SDP DSA: Supplemental Drug Program Data Sharing Agreement

8. Identifier:

   For all agreement types, the "identifier" we are requesting is a code number assigned to our data sharing partner by the Coordination of Benefits Contractor (COBC), which is GHI, Inc.

   - COBA ID(s): COBA Plan Identification Number(s). Supply all numbers associated with the Trading Partner. Assigned by the COBC, this is the code number can be found at the top of your Trading Partner Profile Report.

   - VDSA ID: Supply the VDSA ID number assigned to the VDSA partner by the COBC. This is the code number entered in Field 2 of the MSP Input File Header Record.

   - PBM ID: Supply the PBM ID assigned by the COBC. This is the code number entered in Field 2 of the PBM Input File Layout Header Record.

   - SPAP ID: Supply the SPAP ID assigned by the COBC. This is the code number entered in Field 2 of the SPAP Input File Header Record.

   - SDP ID: Supply the SDP ID assigned by the COBC. This is the code number entered in Field 2 of the SDP Input File Header Record.

9. Number of Covered Individuals in your Benefit Population:

   Approximate number of Covered Individuals (including covered spouses and dependents) enrolled in your health care benefit that you will be coordinating with Medicare via your data sharing agreement with CMS. This can be an estimate and is only being used for planning purposes when setting up the file exchanges between your organization and CMS.

10. Administrative Contact:

   Enter the name, email address and direct line phone number of the Administrative Contact you are designating to manage the general administration of your Secure FTP data transfer agreement with CMS.

13. Technical Contact:

   Enter the name, email address and direct line phone number of the Technical Contact you are designating to manage the technical administration of your Secure FTP data transfer agreement with CMS.

16. SFTP Contact:

   Enter the name, email address and direct line phone number of the SFTP Contact you are designating to manage your Secure FTP data transfer agreement with CMS. Supply this information only if this individual is not the Administrative or Technical Contact already named above.

19. Mailbox Access:

   Each individual who will have access to your SFTP mailbox will be required to have a personal access code. These codes are not to be shared. Using this form you may designate up to four different individuals who are to be issued a personal access code. Enter the name, email address and direct line phone number of each individual to whom you wish CMS to issue an access code.