MEDICARE CONTRACTOR DATA

DATE: ORGANIZATION NAME:

ORGANIZATION CONTACTS:

PRESIDENT or CEO: CHIEF FINANCIAL OFFICER: INFORMATION SYSTEMS CONTACT:

DATA EXCHANGE:

1. Method/Medium organization will use to send membership records (select one):

ACXIOM, Inc
MDCN (Medicare Data Communications Network)
AT&T Global Network Services Dial-Up
Connect-Direct (Network Data Mover – NDM)
Other 3 rd Party Vendor

2. Does organization want the Transaction Reply Information in (select one):

_____ Electronic Data Format _____ Electronic Report Format

3. Does organization want the Monthly Membership Information in (select one):

Electronic Data Format

Note: All other monthly reports are available only in Electronic Report Format.

CMS has a contract with ACXIOM for access to the Enrollment Database and the Group Health Plan Master file. You may purchase minimum services only. Your organization can contact them at:

ACXIOM, Inc. 9171 Oso Avenue Chatsworth, CA 91311

Charles Johnson 1-818-715-5735

www.acxiom-med.com

If you elect to access the CMS Data Center, you must complete the forms in this section and send them to the address given in the instructions at the same time that you submit the application. Be sure to include the signature page.