CONTRACT DATA REQUIREMENTS LIST

(1 Data Item)

Form Approved
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **Please do not return your form to the above organization. Send completed form to the Government Issuing Contracting Officer for the Contract/PR No. listed in Block E.**

A. CONTRACT LINE ITEM NO.	B. EXHIBIT	C. CATEGORY: TDP _____ TM _____ OTHER _____

D. SYSTEM/ITEM	E. CONTRACT/PR NO.	F. CONTRACTOR
	HT9402-10-C-0002	

1. DATA ITEM NO.	2. TITLE OF DATA ITEM	3. SUBTITLE	17. PRICE GROUP
N/A	M020 Enrollment Plan Implementation Report		NSP

4. AUTHORITY *(Data Acquisition Document No.)*	5. CONTRACT REFERENCE	6. REQUIRING OFFICE	18. ESTIMATED TOTAL PRICE
N/A	TOM Chapter 1 Section 7	TMA/TRO Prog Ops	0.00

7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION
NO	B	See Block 16	See Block 16

8. APP CODE	11. AS OF DATE	13. DATE OF SUBSEQUENT SUBMISSION
N/A	O	See Block 16

16. REMARKS

Block 10: Monthly for the first 7 months after start of health care delivery.
Block 12: 30th calendar day after start of health care delivery.
Block 13: 10th of month covering previous month.

The report shall identify those areas in the contractor's approved start-up plan to be serviced by TRICARE Prime in which enrollment significantly exceeds or falls short of the targets established by the contractor in the approved enrollment plan, and outline corrective action plans for any deficiencies in the contractor's enrollment process which are significant deviations from the approved enrollment plan.

14. DISTRIBUTION

a. ADDRESSEE	b. COPIES Draft	Final Reg	Final Repro
Submit through the			
TMA E-commerce			
Extranet			
15. TOTAL →	0	0	0

G. PREPARED BY	H. DATE	I. APPROVED BY	J. DATE
Carol L. McCourt		Laura L. Sells	

Reset

Sample Enrollment Plan Implementation Report

ENROLLMENT PLAN PROGRESS REPORT/ENROLLMENT PLAN IMPLEMENTATION REPORT					
FOR REPORTING PERIOD ENDING _____					
PSA	**Name**	**Enrollment Data at Start - Used for Projections**	**Projection for End of Option Year 1**	**Current Enrollment**	**Percentage Achieved During Month**