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	M080 Debt Collection Assistance Officer Program Collection Report		NSP

4. AUTHORITY *(Data Acquisition Document No.)*	5. CONTRACT REFERENCE	6. REQUIRING OFFICE	18. ESTIMATED TOTAL PRICE
N/A	TOM Chapter 11 Section 10	TMA-CO/TRO	0.00

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

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

16. REMARKS

Block 12 - 45th calendar day following the start of the contract.
Block 13 - 15th calendar day of each month following the month reported.

The contractor shall furnish reports of all completed collection cases in an Excel spreadsheet format. Reports shall include:

Name of sponsor
Service of sponsor
Status of sponsor
Name of patient
Relationship to sponsor
Health care option involved in collection (Prime, Extra, or Standard)
Date(s) of service at issue
Date of claim(s) submission
Provider participation status on claim
Claim development history
-Was claim developed, and when
-Reason for development
-Was requested information received, and when
Claim adjudication and payment history
-Amount billed
-Amount allowed
-Reason(s) for difference
-Cost-share amount(s)
-Amount applied to deductible
-Amount paid
--To provider
--To beneficiary
--Payment date
--Payee
-Remaining beneficiary liability and reason
Any other information pertinent to understanding the resolution of the case (e.g., letter to provider, provider assent to contact MCSC prior to any future collection actions, etc.).

14. DISTRIBUTION			
a. ADDRESSEE	b. COPIES		
	Draft	Final	
		Reg	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	

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