# 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 | M180 Case Management/Disease Management Report | | NSP |

| 4. AUTHORITY *(Data Acquisition Document No.)* | 5. CONTRACT REFERENCE | 6. REQUIRING OFFICE | 18. ESTIMATED TOTAL PRICE |
|---|---|---|---|
| N/A | RFP C.6.MM.4.1. | TMA-OCMO/TRO-ClinOps | 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: 20th of 2nd month following start of health care delivery.

Block 16: 20th of month covering previous entire month

REPORT INCLUSIONS:.
1. Summary Report of CM/DM Activity provided per Branch of Service, DMIS, and Region Report will:
a. Identify total number of cases identified and/or referred, total number of cases opened, total number of cases closed, total number of cases MCSC coordinated for care and transfer of patients who required transfer from one location to another, as received or changed within reporting month.
b. These numbers will have Active Duty and Non-Active duty subtotals and a grand total per Service, DMIS, and Region
c. All Active Duty reports will have annotations and totals for all Wounded Warrior reporting requirements as well as source of CM identification.

2. Detailed Reports - By Branch of Service and DMIS
a. Identify by Name, EDIPN, beneficiary category, CPT, Diagnostic Code(s) for each individual with a case open (active and inactive), pending, or screened during the reporting month. Include all case notes, source of identification, and reason for not accepting CM/DM. This report will include all cases closed during that reporting month.
b. Identify by Name, EDIPN, bene cat, CPT, Diagnostic Code(s) a historical record of all cases previously closed. Include all case notes.
c. All Active Duty records will have annotations and totals for all Wounded Warrior reporting requirements as well as source of CM identification.
d. As a part of the detailed reports or as a separate report but with all required elements, list all CM activities resulting in cost savings or costs avoidance. This shall include specific CM activity conducted resulting in said savings.

3. List of all specific high cost conditions and specific disease conditions screened for referral to MCSC CM Programs and acceptance rates.

| 14. DISTRIBUTION | | | |
|---|---|---|---|
| a. ADDRESSEE | b. COPIES | | |
| | Draft | Final | |
| | | Reg | Repro |
| Submit through | | | |
| 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