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	W060 Purchased Care Active Duty Inpatient Census 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., MGT.13.	TMA-OCMO/TRO-Prog Ops	0.00

7. DD 250 REQ	9. DIST STATEMENT REQUIRED	10. FREQUENCY	12. DATE OF FIRST SUBMISSION
NO	B	WEKLY	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: Data retrieved from contractor database as of 2400 hours every Monday beginning after start of services
Block 13: Before 1200 hours every Tuesday.

Managed Care Support Contractors will provide a weekly report of all active duty personnel who are inpatients in a network or non-network facility as of 2400 every Monday. The report data fields will be as furnished below and formatted in an Excel spreadsheet.

Required Data Items:

Region
Authorization Number
Enrollment DMIS ID
Enrollment DMIS Name
Ordering DMIS ID
Admission Date
Facility ID
Network or Non-Network
Facility Type
Facility Name
Facility State
EDIPN
Last Name
First Name
Branch of Service
Diagnosis 1 Code
Diagnosis 1 Description
Diagnosis 2 Code
Diagnosis 2 Description
Diagnosis 3 Code
Diagnosis 3 Description
Patient Enrolled in Contractor Case Management - Yes or No

14. DISTRIBUTION

a. ADDRESSEE	b. COPIES Draft	Final Reg	Final Repro
Submit through the TMA E-commerce Extranet and submit directly to the TRO and TMA OCMO			
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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