

Comparing Data  
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## PROFESSIONAL SERVICES SCHEDULE (PSS)

Price List: SIN C100-03  
SIN 874-1, Sin 874-1RC

*Contract Number: GS-10F-0241R*

*Period Covered by Contract: March 17, 2015-March 16, 2020*

**General Services Administration  
Federal Supply Service Authorized Federal Supply Schedule Price List  
Professional Services Schedule (PSS)**

**Federal Supply Group:** 00CORP  
**Federal Supply Class:** R498  
**Contract Number:** GS-10F-0241R  
**Contract Period:** Base: March 17, 2005 – March 16, 2010  
 Option Period 1: March 17, 2010 – March 16, 2015  
 Option Period 2: March 17, 2015 – March 16, 2020

**Contractor:** **National Perinatal Information Center/Quality Analytic Services**  
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 Providence, Rhode Island 02905  
 Phone: (401) 274-0650 Fax: (401) 455-0377  
 Website: [www.npic.org](http://www.npic.org) E-mail: [gsa@npic.org](mailto:gsa@npic.org)

**Point of Contact:** **Janet H. Muri, President**  
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 Providence, Rhode Island 02905  
 Phone: (401) 274-0650 Ext. 105  
 E-mail: [jmuri@npic.org](mailto:jmuri@npic.org)

Based on past performance, National Perinatal Information Center/Quality Analytic Services (NPIC/QAS) is able to offer competitive prices and is able to provide superior services to all vendors using the GSA Schedule.

“Prices Shown Herein are Net (discount deducted)”

*On-line access to contract ordering information, terms and conditions, up-to-date pricing, and the option to create an electronic delivery order is available through GSA Advantage!™, a menu-driven database system. The INTERNET address for GSA Advantage!™ is: <http://www.GSAAdvantage.gov>.*

*For more information on ordering from Federal Supply Schedules click on the FSS Schedules button at: <http://www.fss.gsa.gov>.*

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## MISSION STATEMENT

*The National Perinatal Information Center/Quality Analytic Services (NPIC/QAS) is dedicated to the improvement of perinatal health through comparative data analysis, program evaluation, health services research and professional continuing education.*

## COMPANY OVERVIEW AND EXPERTISE

The National Perinatal Information Center/Quality Analytic Services (NPIC/QAS) is a non-profit organization located in Providence, Rhode Island. NPIC/QAS's Board of Directors includes prominent clinicians, administrators, researchers and representatives from nationally recognized hospitals and organizations.

NPIC/QAS staff are experts in the management and analysis of large perinatal data sets and the development of quality improvement reports. Our professional research and information team is capable of responding to a variety of analytic, research, policy, and strategic planning projects.

Since 1985, NPIC/QAS has become nationally recognized as a valuable information and research resource to the health care community, state and federal agencies and private foundations. The [Perinatal Center Data Base](#) (PCDB) currently contains over 16 million discharges (through 2011), making it one of the largest repositories for hospital based perinatal clinical and financial discharge data in the country.

- Conducted one of the first definitive surveys of perinatal centers across the country resulting in the Perinatal Center Directory which became the baseline against which future growth of regional centers would be measured.
- Performs analyses on the cost, management and outcome of perinatal services, evaluates health services programs, analyzes major policy issues in reproductive and family health care, and provides comparative benchmarking reports to member hospitals.
- Ability to partner with other companies or individuals to round out our professional team if necessary.
- Company reputation of being highly reliable and cost efficient on project work.

**CUSTOMER INFORMATION**

*Applicable to All Special Item Numbers*

**1a. Special Item Numbers (SINs)**

SIN 874-1 Integrated Consulting Services  
 SIN 874-1RC Integrated Consulting Services  
 SIN C100-03 Ancillary Supplies and/or Services  
*See pgs 8-12 for SINs offered*

**1b. Award Prices**

Awarded Price List is the “net” price to the Government based on a unit of one. NPIC/QAS will accept Firm Fixed Price (FFP) task orders.  
*See pg 15 for Price List.*

**1c. Position Description for All SINs**

Descriptions of all corresponding commercial job titles, experience, functional responsibility and education for related types of employees or subcontractors performing services are provided.  
*See pgs 13-14 for labor category descriptions.*

**2. Maximum Order**

\$1,000,000.00

**3. Minimum Order**

\$100.00

**4. Graphic Coverage**

Domestic and overseas delivery

**5. Point(s) of Production**

National Perinatal Information Center/  
 Quality Analytic Services  
 225 Chapman Street, Suite 200  
 Providence, RI 02905

**6. Discount from Price Lists or Statement of Net Price**

All prices herein are net

**7. Quantity Discounts**

None offered.

**8. Prompt Payment Terms**

Net 30 days

**9a. Government Purchase Cards accepted at or below the micro-purchase threshold**

Government purchase cards are not accepted at this time.

**9b. Government Purchase Cards accepted above the micro-purchase threshold**

Government purchase cards are not accepted at this time.

**10. Foreign Items**

None

**11a. Time of Delivery**

The exact delivery time to be specified on individual Delivery/Task Order.

**11b. Expedited Delivery**

“Items available for expedited delivery are noted in this price list.” No expedited delivery.

**11c. Overnight and 2-Day Delivery**

No overnight or 2-day delivery.

**11d. Urgent Requirements**

Contact contractor to affect a faster delivery for “Urgent Requirements”.

**12. F.O.B. Point(s)**

Destination

**13a. Ordering Address(es)**

National Perinatal Information Center/  
 Quality Analytic Services  
 225 Chapman Street, Suite 200  
 Providence, RI 02905  
 Ph: 401-274-0650  
 E-mail: [gsa@npic.org](mailto:gsa@npic.org)

**13b. Ordering Procedures**

For supplies and services, the ordering procedures, information on Blanket Purchase Agreements (BPAs), and a sample EPA can be found at the GSA/FSS Schedule homepage ([fss.gsa.gov/schedules](http://fss.gsa.gov/schedules)).

**14. Payment Address**

National Perinatal Information Center/  
Quality Analytic Services  
225 Chapman Street, Suite 200  
Providence, RI 02905

**15. Warranty Provision**

Services will be performed by personnel who meet or exceed the minimum qualifications stated in the Government Labor Categories descriptions.

**16. Export Packing Charges**

N/A

**17. Terms and Conditions of Government Purchase Card Acceptance**

Contact Contractor

**18. Terms and Conditions of Rental, Maintenance, and Repair**

N/A

**19. Terms and Conditions of Installation**

N/A

**20. Terms and Conditions of Repair Parts**

N/A

**20a. Terms and Conditions for Any Other Services**

N/A

**21. List of Service and Distribution Points**

N/A

**22. List of Participating Dealers**

N/A

**23. Preventive Maintenance**

N/A

**24a. Special Attributes Such as Environmental Attributes**

N/A

**24b. Section 508 Compliance Information available on Electronic and Information Technology (EIT) supplies and services.**

N/A

**25. Data Universal Numbering System (Duns) Number**

18-6348512

**26. Notification Regarding Registration in Central Contractor Registration (CCR) Database**

National Perinatal Information Center/  
Quality Analytic Services (NPIC/QAS) is registered with CCR.

## COMPANY PRINCIPALS

### **Janet H. Muri, MBA – President**

Janet H. Muri assumed the role of President of NPIC/QAS on October 1, 2007. She joined the organization in 1988, serving initially as a consultant, then Data Coordinator, Director of Information Services, and Vice President prior to her current position. Ms. Muri is responsible for the overall operational and strategic management of the organization. She also oversees all collection, processing and analysis of clinical and financial data submitted by NPIC/QAS member hospitals and other state, federal and private data sources related to contract work conducted by NPIC/QAS.

Ms. Muri is the principal on many of the NPIC/QAS contracts including the Department of Defense Perinatal Performance Information Project, the Premier Perinatal Patient Safety Initiative, the Harvard Risk Management Strategies Foundation Team Training contract, the Georgia Regional Perinatal Care Network project, the American Board of Pediatrics Maintenance of Certification Part 4 and The Joint Commission Core Measure Services activities. Ms. Muri represents NPIC/QAS on the AHA Maternal and Child Health Governing Council of which NPIC/QAS has a permanent guest seat, is a member of the Technical Advisory Panel for the Joint Commission Perinatal Care Core Measure set and the ACOG OB Data Definitions conference Delivery workgroup. Ms. Muri received a Master in Business Administration with a concentration in Health Care Management from Boston University in 1986.

### **Donna L. Caldwell, Ph.D. – Vice President**

Donna L. Caldwell is Vice President and Director of Research and Evaluation at NPIC/QAS. She is a psychologist with an expertise in quality improvement projects/program evaluation. Dr. Caldwell has worked for over 30 years in the area of behavioral health services (with a special focus on women and children) both as a direct services provider (she was the Assistant Director of an outpatient substance abuse treatment facility, then Director of a program for pregnant and parenting teenagers) and as a researcher.

Dr. Caldwell currently serves as Principal Investigator for NPIC/QAS for a study investigating the use of laborists, and for a quality improvement project at several perinatal centers. She is the lead of the NPIC/QAS evaluation team for a number of federally funded and foundation funded projects, including a project focusing on the integration of behavioral health with primary health care services. She has served as lead evaluator for many projects including a specialty court for child welfare involved post-partum mothers with substance abuse issues, a substance use screening and brief intervention project located at a community college, and two projects designed to integrate substance abuse treatment with HIV prevention services. Dr. Caldwell has a Ph.D. in Psychology from the University of Rhode Island.

## **SIN 874-1 INTEGRATED CONSULTING SERVICES**

### **SIN 874-1RC INTEGRATED CONSULTING SERVICES**

- Comparative Analysis and Benchmarking Reporting
- Patient Safety/Quality Improvement Analysis and Reporting
- Market/Competitor Analysis
- Program Evaluation
- Program and Policy Development
- Project Management
- Financial Impact
- Business Plan Development
- Board/ Staff Development and Facilitation
- Research Studies
- Initial Mailing and Mail/Telephone Follow-up
- Survey Planning, Design, and Development
- Survey Administration
- Data Entry, Validation and Analysis
- Stakeholder Briefings
- Advisory and Assistance Services in Accordance with FAR 37.203

NPIC/QAS staff are experts in the management and analysis of large perinatal data sets and the development of quality improvement reports. Our professional research and information team is capable of responding to a variety of analytic, research, policy, and strategic planning projects. Over our 28 year history, we have led or partnered with many organizations on the execution of multi-year, multi-site projects based on the needs of the client/contractor. NPIC/QAS has gained a strong, national reputation as a company able to meet project deliverables in a high quality, efficient manner and as strong members of the project team. Examples of specific project work are listed below.

### ***PATIENT SAFETY/QUALITY IMPROVEMENT SERVICES***

#### **Adverse Outcome Index (AOI) Analysis and Reporting**

Developed by a panel of experts, the Adverse Outcome Index (AOI) Analysis is designed to measure the volume and magnitude of adverse events that occur during or around the delivery process and may expose an obstetrical team to malpractice liability. Ten definable events, potentially modifiable through improved teamwork, are included in the analysis.

The 10 types of adverse events are:

- In-Hospital Maternal Death
- In-Hospital Death of a Neonate  $\geq$  2500 Grams and  $\geq$  37 Weeks Gestation
- Uterine Rupture During Labor
- Unplanned Maternal Admission to ICU
- Birth Trauma

- Unanticipated Operative Procedure
- Admission of Inborn Neonate  $\geq 2500$  Grams and  $\geq 37$  Weeks to NICU
- APGAR 5 < 7
- Maternal Blood Transfusion
- 3rd or 4th Degree Perineal Laceration

There are three indices calculated from the count and weight of the events occurring at each hospital: the Adverse Outcome Index (AOI), the Weighted Adverse Outcome Score (WAOS), and the Severity Index (SI).

NPIC/QAS's partnership with the developers of the AOI allows for continued refinement of the algorithm (currently version 2.2) used to identify the number of adverse events. The AOI report is an efficient and cost-effective way to monitor quality improvement.

### **Premier Perinatal Safety Initiative**

American Excess Insurance Exchange, RRG (AEIX) is a hospital owned and controlled excess professional liability company managed by the **Premier Insurance Management Services, Inc. (PIMS)** a subsidiary of Premier, Inc. In 2008, AEIX began a Perinatal Safety Initiative (PSI) with a subset of 16 of its managed hospitals with the goal of improving patient safety and reducing risk exposure of the perinatal services at the participating hospitals.

NPIC/QAS served as the data partner on the two and half year Perinatal Safety Initiative (PSI). The project provided participating hospitals with comparative outcome data for the period prior to the initiation of the PSI (baseline period), and quarterly for the post-training period. Participating hospitals received data for their own hospital as well as aggregate comparative data for a group of participating and non-participating hospitals.

The AEIX Perinatal Safety Initiative encompassed a number of components including the identification of structural differences across the hospitals; analysis and initiation of process improvement activities using care bundles, team simulation, and common language training; surveys of safety culture and patient satisfaction, along with internal and external benchmarking of outcome measures to demonstrate improvements in patient safety.

In December 2012, Premier published a white paper "*Reducing Preventable Birth Injuries and Liability Claims through Evidence-Based Care, Enhanced Teamwork*", that summarizes Phase I of the Premier Perinatal Safety Initiative (PPSI).

In 2010, Premier principals, collaborating with the University of Minnesota School of Public Health and Fairview Health Services were awarded an Agency for Healthcare Research and Quality (AHRQ) Grant (3 years) with NPIC/QAS as a subcontractor. The project was able to continue through this funding with additional quality improvements (in particular, simulation drills) and data analysis components. Fourteen of the original 16 hospitals continue to receive reports from NPIC/QAS, which includes aggregate data from a new comparison group of 8 NPIC/QAS member hospitals, recruited by NPIC/QAS.

### **Maryland Patient Safety Center (MPSC) Perinatal Collaborative**

The **Maryland Patient Safety Center (MPSC) Perinatal Collaborative** began an initiative in 2007 to test, adopt, and implement evidence-based improvement strategies to improve patient safety in the labor

and delivery units of 33 hospitals in Maryland and the District of Columbia. The statewide program was managed by the Delmarva Foundation in partnership with DHMH. The Perinatal Collaborative worked with the participating hospitals to develop multidisciplinary teams to improve team communication, staff competency, the orientation and training process, and adequate fetal monitoring.

NPIC/QAS was a data partner on this project, providing participating hospitals with comparative outcome data for the baseline period prior to the initiation of the perinatal initiative, and quarterly for the post implementation period. The project received additional funding, analyzing data through Q1 2011. In addition to hospital specific reports, aggregate data reports were provided to the project's Planning Committee, and NPIC/QAS staff participated in writing a report summarizing the success of the teams' efforts and the project as a whole.

#### **Quality Improvement Project: American Board of Pediatrics, Maintenance of Certification (MOC) Part 4**

In late 2010, NPIC/QAS was awarded an American Board of Pediatrics (ABP) certification to provide a program for diplomats to receive credit for Part 4 MOC. Members of NPIC/QAS's Board and staff developed the approved program: *Reducing Readmission of the Late Preterm Birth Infant (LPB) Within 7 Days of Discharge through Implementation of Late Preterm Birth Discharge Criteria, a Quality Improvement (QI) project.*

The first LPB Spring Collaborative started in 2011. Seven NPIC/QAS member hospitals and a total of 71 physicians participated. The second LPB Winter Collaborative began in 2012; there were 6 hospitals participating and 45 physicians. Each hospital's physician leader and participating physicians demonstrated commitment to the collaborative goal of reducing readmissions of the LPB infant through attendance at educational meetings, collaborative webinars hosted by NPIC/QAS, and individual QI science knowledge. Summary data reports were submitted.

### ***PROGRAM ANALYSIS AND POLICY DEVELOPMENT***

"The Impact of the Changing Health Care Environment on Perinatal Regionalization" was a policy and consensus project, **funded by the Robert Wood Johnson Foundation**. The project involved a national meeting of perinatal experts and publication of the monograph – "Perinatal Regionalization Revisited".

Consultation and data analysis on the status of perinatal regional care for **New Jersey, Virginia, Florida, and Pennsylvania** involving analysis of state data sets, consultation with state and regional perinatal providers and expert panels and the development and presentation of interim and final project reports.

### ***RESEARCH STUDIES***

#### **Evaluating Maternal & Neonatal Outcomes: A Comparison of Two Models of Obstetric Care Delivery**

NPIC/QAS partnered with the University of Pennsylvania to study the impact of the laborist model of care on maternal and neonatal outcomes through a **Health Resources and Service Administration (HRSA) R-40 Grant**. The laborist model is gaining greater momentum with increasing numbers of hospitals adopting this method of care delivery. Based on the premise of the laborist model of care

providing more continuous clinical coverage and oversight, it is plausible and probable that this will result in improved patient outcomes. However, the impact of this model of care has never been studied.

NPIC/QAS surveyed member hospitals regarding their practice patterns and management of high risk patients; the survey identified different care delivery models. Member hospitals that identified the use of laborists as well as those without laborists were invited to participate in the study. Using a matched sampling design, the study compared pregnancy outcomes of non laborist hospitals to laborist hospitals from among our member hospitals.

- ❖ Srinivas, S.K., Shocksnyder, J., Caldwell, D., Lorch, S. “[Laborist Model of Care: Who is Using it?](#)” The Journal of Maternal-Fetal & Neonatal Medicine. 04/2011; 25(3):257-60

### **PROGRAM EVALUATION**

NPIC/QAS conducted or partnered on numerous studies related to the evaluation of programs impacting women and children. These include the following publications:

- ❖ [Assessment of Perinatal Care in Pennsylvania](#). Muri JH, Gagnon DE. Final Report to Pennsylvania Department of Health 2002.
- ❖ “[Assessing Quality in Obstetrical Care: Development of Standardized Measures](#).” Mann S, Pratt S, Gluck P, Nielsen P, Risser D, Greenberg P, Marcus R, Goldman M, Shapiro D, Pearlman M, Sachs B. *Jt Comm J Qual Patient Saf.* 2006 Sep; 32(9):497-505.
- ❖ [Toward Improving the Outcome of Pregnancy \(TIOP III\)](#), Chapter 2: *Evolution of Quality Improvement in Perinatal Care*, December 2010

NPIC/QAS has a strong history of providing program evaluation services for behavioral and primary health programs across the region of southeastern New England. These contracts involve federal agencies (e.g., **Substance Abuse and Mental Health Services Administration**); state agencies (e.g., **RI Division of Behavioral Health Care**); and foundations (e.g., **Robert Wood Johnson RI Foundation**). These projects have drawn on the expertise of NPIC/QAS staff in the design and implementation of formative and summative evaluations, including the development of quantitative and qualitative data collection instruments, as well as data collection and analysis.

Through evaluation and research efforts, NPIC/QAS staff contributes to the identification of “promising practices” in the areas of behavioral health. NPIC/QAS worked for over fifteen years with two programs that came to be nationally recognized as model programs: Project Link, a comprehensive outpatient program for women with behavioral health issues; and SStarbirth, a residential treatment program for women with addiction issues and their children.

Previous work with the RI Family Court (the **Family Treatment Drug Court**) identified best practice models for collaboration between child welfare, family court, perinatal care and behavioral health treatment programs.

NPIC/QAS currently serves as the evaluator for projects which implement evidence-based and/or innovative programs to provide treatment and coordinated care, particularly to individuals with behavioral health issues. This includes promoting the development of integrated primary and behavioral health

services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings.

NPIC/QAS is also involved in short term program evaluation contracts with community partners. These short term contracts focus on vital components of overall health. Wellness is one of these focus areas as it incorporates an individual's healthy habits related to physical, spiritual, social, intellectual, emotional/mental, occupational, environmental, and financial health.

- ❖ Vulnerable Infants Program of Rhode Island: Promoting Permanency for Substance-Exposed Infants. *Child Welfare* 01/2010 89(3):121-42.
- ❖ *Services Used by Perinatal Substance-Users with Child Welfare Involvement: A Descriptive Study*. *Harm Reduction Journal* 01/2010 7:19.

### **National Across-Site Program Evaluation**

NPIC/QAS has considerable experience (over 20 projects) with cross-site national evaluation efforts, overseeing the collection and reporting of the data required to participate in such efforts. A principal objective of each evaluation is to monitor and measure program activities in a manner that optimizes the usefulness of the data for program staff and consumers; evaluation findings are integrated into program planning and management on an ongoing basis (a “self-correcting” model of evaluation) through written reports and presentations.

## ***SURVEY SERVICES***

**National Survey of High Risk Obstetric and Newborn Services:** NPIC/QAS conducted a survey of all perinatal centers in the United States to determine the level and degree of sophistication of their services. These national surveys occurred in 1987 and 1997 and involved survey development, mail and follow-up with close to 1000 hospitals, data entry, tabulation, analysis of the data and descriptive reporting of results. NPIC/QAS's proprietary survey was also used as a supplemental survey by the **American Hospital Association** in 1993.

**Statewide Hospital Survey:** NPIC/QAS used the Survey of High Risk Obstetric and Newborn Services in statewide analyses of perinatal care in **New Jersey, Virginia, Florida, Ohio and Pennsylvania**.

**Maternal-Fetal Medicine Sub-Specialists Survey:** NPIC/QAS conducted a survey of all Maternal-Fetal Medicine Sub-Specialists in the US in 1999. The survey findings were published in the *OB/GYN Journal*.

**International Survey Projects:** As part of its international activity, NPIC/QAS designed and organized a before and after household survey in Armenia (2001 and 2004) to determine the impact of the Healthcare Partnership Program activities.

## ***ADVISORY AND ASSISTANCE SERVICES IN ACCORDANCE WITH FAR 37.203***

NPIC/QAS maintains relationships with key professionals and stakeholder organizations in the perinatal community. These connections ensure engagement in the most current issues facing women's health and the ability to cross-fertilize projects with leaders in the field.

- AHA Maternal and Child Health Governing Council; NPIC/QAS has a permanent guest seat
- The Joint Commission Technical Advisory Board for the Perinatal Care Core Measures; member
- March of Dimes
- ACOG/reVitalize Obstetric Data Dictionary; Delivery Workgroup Participant
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

### SIN C100-03 Ancillary Supplies and/or Services

- Comparative Analysis and Benchmarking Reporting
- Current Program Assessment
- Identification of Gaps
- Strategic Planning
- Board/staff interviewing and facilitation
- New program/service recommendations
- New program development and evaluation

## **COMPARATIVE ANALYSIS AND BENCHMARKING REPORTING SERVICES**

### **Comparative Quarterly Membership Reports**

Annually, NPIC/QAS has 75-85 perinatal centers across the country as member hospitals that submit quarterly discharge data to the **Perinatal Center Data Base (PCDB)**. Since 1985, the PCDB has captured over 16 million discharges and is now one of the largest repositories for hospital based data. [Quarterly Reports](#) to members include analyses directed toward senior management, clinical department directors, quality assurance directors and managed care contractors to assist with identifying and isolating key areas for management's focus.

Member hospitals receive a [Quarterly Special Reports](#) displaying data relating to a topic of current interest to providers of perinatal care. Recent topics included:

- Postpartum Hemorrhage
- NPIC/QAS Perinatal Quality Improvement Dashboard
- Clinical and Utilization Profile for Term Inborns by Gestational Age
- Standardizing OB Data Definitions: Report of the National reVITALize Conference

### **Defense Health Agency Perinatal Performance Information Program**

NPIC/QAS has a contract with TRICARE Management Activity of the **Department of Defense** to provide the **Defense Health Agency (DHA)**, Office of the Chief Medical Officer (OCMO) at the TRICARE Management Activity, and all Military Treatment Facilities (MTFs) providing perinatal care with quarterly benchmarking reports comparing each facility's volume, utilization, case mix, quality and outcomes to civilian hospitals in the NPIC/QAS proprietary Perinatal Center Data Base. In addition, we provide a series of specialty reports (on selected topics such as birth trauma, shoulder dystocia and

perinatal re-admissions) designed to monitor performance and demonstrate/improve quality of care within the MHS. This contract continues to support the objectives of the MHS OB Challenge Project. The key data sets used for this project are the **Standard Inpatient Data Record (SIDR)**, the **Standard Ambulatory Data Record (SADR)** and the **TRICARE Encounter Data-Institutional (TED-I)** data set of purchased care services and others in the **Military Data Repository (MDR)**. All data extracted from these data sets are covered by a Data Use Agreement (# 151) executed by NPIC/QAS and the TMA Privacy Office.

### **Council of Women and Infants' Specialty Hospitals Comparative Program and Financial Benchmarking Reporting**

The **Council of Women and Infants' Specialty Hospitals (CWISH)** is a unique subgroup of NPIC/QAS member hospitals with very large maternity services that provide additional staffing, financial and resource use information to NPIC/QAS so they may share more detailed comparative information. CWISH contracts with NPIC/QAS to provide specialized data collection, analysis and reporting required by their membership. There are currently 13 member hospitals in CWISH representing a total of more than 120,000 births annually.

### **Georgia Regional Perinatal Care Network Project**

The **Georgia Regional Perinatal Care Network (GRPCN) Project** is a state/Medicaid funded program charged with the annual distribution of approximately \$20 million to eight designated regional perinatal centers that share operational and financial information for the care of high risk mothers and infants eligible under the guidelines set forth by the Georgia Department of Public Health.

The GRPCN hospitals are contracted with NPIC/QAS annually to assist in the development of a funds distribution and reporting system that would be viewed as fair, consistent, and sensitive to the differences in patient populations across the six centers (one Perinatal Center encompasses three hospitals). NPIC/QAS has been involved with the distribution of these high risk perinatal funds since 1991.

## **GOVERNMENT LABOR CATEGORIES AND DESCRIPTIONS**

### **Senior Program Manager I:**

The Senior Program Manager I position is the most senior labor category reserved for executive personnel with a minimum of 20 years of experience in the health care industry. This position requires a minimum of a Master's level prepared specialists with expertise in project management, data analysis, project oversight and facilitation. The Senior Program Manager I will direct all aspects of the project including the formulation of the project proposal and tasks, supervision of all project activities and staff including subcontractors, manage all project deadlines and deliverables, actively participate in the production of all project reports and facilitate all project meetings.

### **Senior Program Manager II:**

The Senior Program Manager II position requires a minimum of 15 years of experience in the health care/consulting industry. At a minimum, this position requires a Master's degree, and strong history in managing complex projects requiring strong analytic, written and oral skills. The position requires a sophisticated skill set including statistical methodology, financial modeling, survey design, evaluation protocol and data base design and analysis. The position also requires the ability to manage project timelines, project budgets and supervise all junior staff assigned to the project.

The Senior Program Manager II is responsible for directing key project tasks in coordination with the senior Program Manager I and will assist in managing the project budget, directing project activities, preparing project reports and presenting project findings to all project stakeholders.

**Senior Program Manager III:**

The Senior Program Manager III position requires a minimum of a Bachelor's degree and minimum of 15 years of experience in the health care/consulting industry. The position requires a strong mix of skills that may include survey design, evaluation protocol or statistical analysis. The position will work under the direction of either the Senior Program Manager I or II and will participate in writing reports, presenting findings and supervising junior staff as appropriate.

**Senior Statistician:**

The Senior Statistician requires a minimum of a Doctoral level trained statistician with expertise in the analysis of biostatistical data. The senior statistician will have a minimum of 20 years of experience in the field and will develop the protocol for all the analyses of the data, will conduct the more complex analyses and supervise the programmers and analysts doing the simpler analytic tasks. The senior statistician will assist in the writing of all report documents and will participate in meetings as appropriate.

**Senior Analyst:**

The Senior Analyst position is a data analyst with a minimum of 7 years of experience in the health care industry and a minimum bachelor level prepared with a specialty in health care or related field. The Senior Analyst will have supervisory responsibilities for Analysts I and II and will assist in the direction of all the analyses on the project. The Senior Analyst is very familiar with the collection, processing and validation of health care data and works closely in reviewing the output of the data analyses.

**Analyst I:**

The Analyst I position requires a minimum bachelor level degree and a minimum of 5 years of experience in the processing, analyzing and reviewing health care data. The Analyst I will have the skill and experience to troubleshoot problem files, identifying needed corrections and working with the input files to make those corrections. He/she will work in conjunction with the senior staff on the project to meet required deadlines and identifying roadblocks to that end.

**Analyst II:**

The Analyst II position requires a minimum bachelor level degree and a minimum of 1 year experience in the processing, analyzing and reviewing health care data. The Analyst II position will have a skill set similar to the Analyst I position but will require greater supervision by the Senior Analyst in directing project activities and troubleshooting difficult analyses.

**Senior Programmer:**

The Senior Programmer position is a senior position with a minimum a bachelor's degree level and a minimum of 15 years of experience in the field. The position brings strong data base programming skills as well as the ability to train and supervise less experienced programmers. He/she is responsible for insuring the data are handled and managed in a confidential manner and that all output is reviewed for accuracy and quality. He/she will work with the senior project managers to develop the format of the output, review the output and will assist with the write up of all project related documents as necessary.

**Programmer:**

The Programmer position has a minimum of a bachelor's degree and a minimum of 1 years of relevant programming experience. The programmer works under a senior programmer for supervision and direction. He/she will work on programming input and output data for accuracy and will assist senior managers in reviewing output and making necessary changes to the operation programs that process the data files.

**Administrative Assistant:**

The Administrative Assistant I position has a minimum of a high school diploma and minimum of 7 years of administrative experience with strong computer literacy skills including but not limited to word processing, creating power point presentations, spreadsheet set up and development, graphing, internet research and overall administrative management of project support activities. The administrative assistant position handles all aspects of day-to-day support to the project. These include, but are not limited to, correspondence, travel arrangements, document and report development, maintenance of contact information, meeting planning, etc.

**Data Entry Clerk:**

The Data Entry Clerk position has a minimum of a high school diploma and minimum of 1 year of experience. This position is a straight data entry position, transferring information from hard copy to a computer readable format in support of analysis of the data.

**GOVERNMENT AWARDED PRICES (NET PRICES)**

*Option Period 2: March 17, 2015 – March 16, 2020*

Professional fees and services are based upon the breadth of experience required to perform the services requested under SINs 874-1, 874-1RC, C100-03.

**SINs 874-1, 874-1RC**

<b>GSA Labor Category</b>	<b>Year 1 Hourly Rates</b>	<b>Year 2 Hourly Rates</b>	<b>Year 3 Hourly Rates</b>	<b>Year 4 Hourly Rates</b>	<b>Year 5 Hourly Rates</b>
Senior Program Manager I	\$ 311.96	\$ 318.51	\$ 325.20	\$ 332.03	\$ 339.00
Senior Program Manager II	\$ 192.35	\$ 196.39	\$ 200.51	\$ 204.72	\$ 209.02
Senior Program Manager III	\$ 111.14	\$ 113.47	\$ 115.85	\$ 118.29	\$ 120.77
Senior Statistician	\$ 129.58	\$ 132.30	\$ 135.07	\$ 137.91	\$ 140.81
Senior Analyst	\$ 67.17	\$ 68.58	\$ 70.02	\$ 71.49	\$ 72.99
Analyst I	\$ 54.23	\$ 55.36	\$ 56.53	\$ 57.71	\$ 58.93
Analyst II	\$ 37.93	\$ 38.73	\$ 39.54	\$ 40.37	\$ 41.22
Senior Programmer	\$ 83.32	\$ 85.07	\$ 86.86	\$ 88.68	\$ 90.55
Programmer*	\$ 51.09	\$ 52.16	\$ 53.26	\$ 54.38	\$ 55.52
Administrative Assistant*	\$ 40.00	\$ 40.84	\$ 41.70	\$ 42.58	\$ 43.47
Data Entry Clerk*	\$ 34.67	\$ 35.40	\$ 36.14	\$ 36.90	\$ 37.68

**SIN C100-03**

GSA Labor Category	Year 1 Price	Year 2 Price	Year 3 Price	Year 4 Price	Year 5 Price
Annual Membership-Quarterly Reports (multi-hospital/system)	\$ 6,762.50	\$ 6,904.51	\$ 7,049.51	\$ 7,197.55	\$ 7,348.70

\* Indicates Service Contract (SCA) eligible categories. See the SCA Matrix following the price list for additional information regarding these labor categories.

SCA MATRIX		
SCA Eligible Contract Labor Category	SCA Equivalent Code - Title	WD Number
Programmer	14071-Computer Programmer I	2005-2467
Administrative Assistant	01020-Administrative Assistant	2005-2253
Data Entry Clerk	01151-Data Entry Operator I	2005-2467

“The Service Contract Act (SCA) is applicable to this contract and it includes SCA applicable labor categories. The prices for the indicated SCA labor categories are based on the U.S. Department of Labor Wage Determination Number(s) identified in the matrix. The prices offered are based on the preponderance of where work is performed and should the contractor perform in an area with lower SCA rates, resulting in lower wages being paid, the task order prices will be discounted accordingly.”