U.S. General Services Administration
Federal Supply Service
Authorized Federal Supply Schedule Price List

PROFESSIONAL SERVICES SCHEDULE (PSS)

100-03, 100-3RC Ancillary Supplies and/or Services
874-1, 874-1RC Integrated Consulting Services

Contract Number: GS-10F-0241R
Contract Period: March 17, 2015-March 16, 2020

Business Size: Other than Small Business
Based on past performance, National Perinatal Information Center (NPIC) 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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CUSTOMER INFORMATION
Applicable to All Special Item Numbers

1a. Special Item Numbers (SINs)
   SINs 874-1, 874-1RC Integrated Consulting Services
   SINs 100-03, 100-03RC Ancillary Supplies and/or Services

1b. Award Prices
   Awarded Price List is the “net” price to the Government
   based on a unit of one. NPIC will accept Firm Fixed Price
   (FFP) task orders.

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.

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
   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  
    225 Chapman Street, Suite 200  
    Providence, RI 02905  
    PH: 401-274-0650  
    E-mail: 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).

14. **Payment Address**
    National Perinatal Information Center  
    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 (NPIC) is registered with CCR.
COMPANY OVERVIEW

Mission Statement

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

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

NPIC 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 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, 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.

Principal(s): Janet H. Muri, MBA – President

Janet H. Muri 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. Ms. Muri is the principal on many of the NPIC contracts. She serves as NPIC’s representative on the AHA Maternal and Child Health Governing Council, of which NPIC has a permanent guest seat, 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.
AREAS OF EXPERTISE

SIN 874-1, SIN 874-1 RC INTEGRATED CONSULTING SERVICES

NPIC 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. For more than 30 years 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. We have 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.

- Comparative Analysis and Benchmarking Reporting
- Patient Safety/Quality Improvement Analysis and Reporting
- Market/Competitor Analysis
- Program and Policy Development
- Data Entry, Validation and Analysis
- Stakeholder Briefings

Comparative Analysis and Benchmarking Reporting Services

Annual Membership - Quarterly Comparative Reporting

NPIC membership and enhanced reporting services provide hospitals with comprehensive and cost effective methods to focus on quality improvement and patient safety of their perinatal services. NPIC has the distinctive capability to generate clinical and financial comparisons and benchmarks to our robust Perinatal Center Data Base (PCDB). Annually, member hospitals across the country submit quarterly discharge and supplemental data to the Perinatal Center Data Base (PCDB).

Annual Membership includes the Quarterly Report, four comparative reports containing financial, clinical and quality indicators.

Multiple levels of comparison are provided for every metric displayed. Hospital specific data is compared to a peer subgroup, the Perinatal Center Data Base (PCDB) as a whole, our trend data base and other national benchmarks. NPIC enhances the value of the comparative data by case mix adjusting variables whenever possible.

The Quarterly Report covers a full one-year period, updated with the most recent quarter available. Each report profiles:

- Obstetrical Services
- All Neonatal Services
- Neonatal Special Care Services
- Linked Mother/Baby Analyses
- Perinatal Quality Indicators
- Five Year Trend
**Perinatal Service Line (PSL) Reports (Available only with NPIC Annual Membership Reporting)**

The Perinatal Service Line (PSL) Report is designed to help “C” suite executives and the perinatal leadership to identify vulnerabilities across all delivery hospitals in their system. The PSL Report, a set of four dashboard style reports, compares each hospital (up to 10 hospitals per report) to other system hospitals and the NPIC Data Base as a whole. The PSL report can be customized to meet each systems targeted reporting needs.

The PSL Report allows executives to:
- Quickly assess each perinatal service in the system
- Monitor volume and utilization by level of perinatal care
- View quality and outcome metrics to determine areas of concern or risk exposure
- Insure the risk profile of the hospital’s population matches its clinical capabilities
- Insure transfer patterns are appropriate and timely
- Determine, over time, whether system-wide initiatives are having an impact at the local level

**Current Performance**

**Defense Health Agency Perinatal Performance Information Program**

NPIC 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 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 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 member hospitals with very large maternity services that provide additional staffing, financial and resource use information to NPIC so they may share more detailed comparative information. CWISH contracts with NPIC 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 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 has been involved with the distribution of these high risk perinatal funds since 1991.

**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 ≥ 2500 Grams and ≥ 37 Weeks Gestation
- Uterine Rupture During Labor
- Maternal Intensive Care
- Birth Trauma
- Unanticipated Operative Procedure
- Admission of Inborn Neonate ≥ 2500 Grams and ≥ 37 Weeks to NICU
- APGAR 5 < 7
- Maternal Blood Transfusion
- 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’s partnership with the developers of the AOI allows for continued refinement of the algorithm (currently version 4.0) used to identify the number of adverse events. The AOI report is an efficient and cost-effective way to monitor quality improvement.

**Past Performance**

**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 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 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, which includes aggregate data from a new comparison group of 8 NPIC member hospitals, recruited by NPIC.

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 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 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 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’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 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, and individual QI science knowledge. Summary data reports were submitted.

**SINs 100-3, 100-3RC ANCILLARY SUPPLIES AND/OR SERVICES**

- Program Analysis and Policy Development
- Research Studies
- Survey Planning, Design, and Development
- New program/service recommendations
- Advisory and Assistance Services in Accordance with FAR 37.203

**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 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 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.

Program Assessment

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

- **Toward Improving the Outcome of Pregnancy (TIOP III)**, Chapter 2: *Evolution of Quality Improvement in Perinatal Care*, December 2010

Survey Services

**National Survey of High Risk Obstetric and Newborn Services**: NPIC 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’s proprietary survey was also used as a supplemental survey by the American Hospital Association in 1993.

**Statewide Hospital Survey**: NPIC 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 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.

Advisory and Assistance Services in Accordance With FAR 37.203

NPIC 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 has a permanent guest seat
- The Joint Commission Technical Advisory Board for the Perinatal Care Core Measures; member
- March of Dimes
- The American College of Obstetricians and Gynecologists (ACOG)/reVitalize Obstetric Data Dictionary; Delivery Workgroup Participant
- Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)
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 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 bachelor’s degree or equivalent in health care related field and a minimum of 7 years of experience in the health care industry. 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 or equivalent 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 or equivalent 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 bachelor’s degree or equivalent 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, 100-3

SINs 874-1, 874-1RC, 100-03, 100-03RC

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<tbody>
<tr>
<td>Senior Program Manager I</td>
<td>$311.96</td>
<td>$318.51</td>
<td>$325.20</td>
<td>$332.03</td>
<td>$339.00</td>
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<tr>
<td>Senior Program Manager II</td>
<td>$192.35</td>
<td>$196.39</td>
<td>$200.51</td>
<td>$204.72</td>
<td>$209.02</td>
</tr>
<tr>
<td>Senior Program Manager III</td>
<td>$111.14</td>
<td>$113.47</td>
<td>$115.85</td>
<td>$118.29</td>
<td>$120.77</td>
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<td>Senior Statistician</td>
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<td>$132.30</td>
<td>$135.07</td>
<td>$137.91</td>
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<td>Senior Analyst</td>
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<td>Analyst I</td>
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<td>Senior Programmer</td>
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<td>Programmer*</td>
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<td>$54.38</td>
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<td>Administrative Assistant*</td>
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<tr>
<td>Data Entry Clerk*</td>
<td>$34.67</td>
<td>$35.40</td>
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<td>$37.68</td>
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SINs 100-03, 100-03RC

<table>
<thead>
<tr>
<th>Commercial Services</th>
<th>Year 11 Price</th>
<th>Year 12 Price</th>
<th>Year 13 Price</th>
<th>Year 14 Price</th>
<th>Year 15 Price</th>
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<tbody>
<tr>
<td>Annual Membership-Quarterly Reports</td>
<td>$6,762.50</td>
<td>$6,904.51</td>
<td>$7,049.51</td>
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<td>Perinatal Service Line Reports</td>
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<tr>
<td><em>(multi-hospital/system)</em></td>
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</table>

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

<table>
<thead>
<tr>
<th>Commercial Services</th>
<th>SCA Equivalent Code - Title</th>
<th>WD Number</th>
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</thead>
<tbody>
<tr>
<td>Programmer</td>
<td>14071-Computer Programmer I</td>
<td>2005-2467</td>
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<tr>
<td>Administrative Assistant</td>
<td>01020-Administrative Assistant</td>
<td>2005-2253</td>
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<tr>
<td>Data Clerk</td>
<td>01151-Data Entry Operator I</td>
<td>2005-2467</td>
</tr>
</tbody>
</table>

“*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.*”