PART I - THE SCHEDULE **Request for Proposal No. AHRQ-09-10006**
SECTION A - SOLICITATION FORM

Date Issued: **January 21, 2009**
Date Questions Due: **February 4, 2009 12:00 PM ET**
Date PI Form Due: **February 9, 2009 12:00 PM ET**
Date Proposals Due: **March 10, 2009 12:00 PM ET**

You are invited to submit a proposal to the Agency for Healthcare Research and Quality (AHRQ) for Request for Proposal (RFP) No. AHRQ-09-10006, entitled "Data Management and Computer Programming Support". Your proposal must be developed and submitted in accordance with the requirements and instructions of this RFP.

The Government anticipates awarding one (1) contract from this one solicitation. A cost reimbursement performance-based contract is contemplated for a period of one year with 4 one-year option periods. Please see Section L.10 Technical Proposal Instructions for further information. The North American Industry Classification System (NAICS) code that best describes the requirement is 541511.

Offerors shall submit the following:
A.   Technical Proposal (See Section L.10) (Original, 9 copies, 1 electronic copy)
B.   Past Performance Information (See Section L.11) (Original and 3 copies)
C.   Small Disadvantaged Business Participation Plan (See Section L.12) (Original and 2 copies)
D.   Business Proposal (See Section L.13) (Original and 3 copies, 1 electronic copy)

Your **technical proposal** must be concisely written and should be **limited to 100 typewritten pages** (double-spaced, single sided), exclusive of personnel qualifications (i.e., resume, etc., see Section L.10 for additional details). Your **appendices are limited to 100 pages** (single sided) including all resumes, bibliographies, exhibits and attachments. This limitation is for administrative purposes only and exceeding the limitation shall not, of itself, be considered a basis for rejection of your proposal.

For this particular acquisition, the 2009 AHRQ recommended goal (as a percentage of total contract value for the base period) is 19% for Small Businesses, which shall include at least 5.5% (as a percentage of total planned subcontract dollars for the base period) for Small Disadvantaged Businesses, at least 5% (as a percentage of total planned subcontract dollars total planned subcontract dollars for the base period) for Women-Owned Small Businesses, and at least 3% (as a percentage of total planned subcontract dollars for the base period) for HUBZone Small Businesses and at least 3% (as a percentage of total planned subcontract dollars for the base period) for Service Disabled Veteran-Owned Small Businesses. These goals represent AHRQ's expectations of the minimum level for subcontracting with small business at the prime contract level. Any goal stated less than the AHRQ recommended goal shall be justified and is subject to negotiation.

Your proposal must provide the full name of your company, the address, including county, Tax Identification Number (TIN), DUN and Bradstreet No., and if different, the address to which payment should be mailed.

YOUR ATTENTION IS CALLED TO THE LATE PROPOSAL PROVISIONS PROVIDED IN SECTION L.3 OF THIS RFP. YOUR ATTENTION IS ALSO DIRECTED TO THE TECHNICAL PROPOSAL INSTRUCTIONS PROVIDED IN SECTION L.10 OF THE SOLICITATION.

If you intend to submit a proposal in response to this solicitation, please inform the Contracting Officer of your intent by completing the Proposal Intent Response Form (attached) and submit the form no later than February 9, 2009. Please fax it to 301-427-1740, Attention: Jessica Alderton, Contracting Officer or email to jessica.alderton@ahrq.hhs.gov.

Questions regarding this solicitation shall be received in this office no later than February 4, 2009. (See Section L.7). All questions shall be submitted electronically by e-mail to Jessica Alderton, Contracting Officer at the following email address: jessica.alderton @ahrq.hhs.gov . The subject line should be marked "Proposal Questions RFP No. AHRQ-09-10006**."**

Answers to questions will be provided in the form of an Amendment to this solicitation and will be posted on AHRQ's web page: www.ahrq.gov under "Funding Opportunities," "Contracts" and the Federal Business Opportunities web page: www.fedbizopps.gov. It is your responsibility to monitor the web sites where the RFP will be posted to learn about any amendments to the solicitation.

Discussions with any other individual outside the Division of Contracts Management, may result in rejection of the potential offeror's proposal.

The proposal shall be signed by an authorized official to bind your organization and must be received in our Contracts Office no later than **12 noon**, **ET**, on **March 10, 2009**. Your proposal must be mailed to the following address:

> Agency for Healthcare Research and Quality
> Division of Contracts Management
> 540 Gaither Road
> Rockville, Maryland 20850

Hand carried proposals may be dropped off at the above location. However, please allow ample time as proposals cannot be accepted until they have gone through security. We will not be held responsible for any delays that may be incurred getting your proposal through security. NOTE: The U.S. Postal Service's "Express Mail" does not deliver to our Rockville, Maryland address. Packages delivered via this service will be held at a local post office for pick-up. The Government will not be responsible for picking up any mail at a local post office. If a proposal is not received at the place, date, and time specified herein, it will be considered a "late proposal."

The RFP does not commit the Government to pay any cost for the preparation and submission of a proposal. It is also brought to your attention that the Contracting Officer is the only individual who can legally commit the Government to the expenditure of public funds in connection with the proposed acquisition.

In accordance with Federal Acquisition Circular (FAC) 2001-16, all contractors must be registered in the central contractor registration (CCR) database in order to conduct business with the government [See Section I - FAR clause 52.204-7 Central Contractor Registration (OCT 2003), Alternate 1 (Oct 2003)] . As stated in paragraph (h) of this clause, additional information can be obtained at http://www.ccr.gov or by calling 1-888-227-2423.

TABLE OF CONTENTS

SECTION B-SUPPLIES OR SERVICES AND PRICES/COSTS

B.1   BRIEF DESCRIPTION OF SUPPLIES OR SERVICES

"Data Management and Computer Programming Support". See Section C for a complete description.

B.2.   ESTIMATED COST AND FIXED FEE

a.   The estimated cost of this one year contract is $ (TO BE COMPLETED UPON AWARD)

b.   The fixed fee for this contract is $ (TO BE COMPLETED UPON AWARD). The fixed fee shall be paid in installments based on the percentage of completion of work, as determined by the Contracting Officer, and subject to the withholding provisions of the Clauses ALLOWABLE COST AND PAYMENT and FIXED FEE incorporated herein.

c.   The Government's obligation, represented by the sum of the estimated cost plus fixed fee, is $ (TO BE COMPLETED UPON AWARD). The following is the total estimated cost plus fixed fee broken down by year:

<table>
<tr><td></td><td>Cost</td><td>Fixed Fee</td><td>Total</td></tr>
<tr><td>Year 1 (6/1/09-5/31/10)</td><td colspan="3">(TO BE COMPLETED UPON AWARD)</td></tr>
</table>

d.   Total funds currently available for payment and allotted to this contract are $(TO BE COMPLETED UPON AWARD), of which $(TO BE COMPLETED UPON AWARD) represents the estimated costs, and $(TO BE COMPLETED UPON AWARD) represents the fixed fee.

e.   It is estimated that the amount currently allotted will cover performance of the contract through (TO BE COMPLETED UPON AWARD).

f.   The Contracting Officer may allot additional funds to the contract without the concurrence of the Contractor. For further provisions on funding, see the Limitation of Funds and the Allowable Cost and Payment (and Fixed Fee) clauses incorporated into the contract.

B.3   OPTION PERIODS

In the event that the option period is exercised, the total estimated cost, fixed fee and award fee will be increased by the following amounts: (TO BE NEGOTIATED)

Period of Performance	Estimated Cost	Fixed Fee	Maximum Award Fee	Total Estimated Cost Plus All Fees

Option Year 1 06/1/10 – 05/31/11				
Option Year 2 06/1/11 – 05/31/12				
Option Year 3 06/1/12 – 05/31/13				
Option Year 4 06/1/13 – 05/31/14				

B.4   PROVISIONS APPLICABLE TO DIRECT COSTS

a.   Items Unallowable Unless Otherwise Provided Notwithstanding the clauses, ALLOWABLE COST AND PAYMENT, and FIXED FEE, incorporated into this contract, unless authorized in writing by the Contracting Officer, the costs of the following items or activities shall be unallowable as direct costs:

(1)   Acquisition, by purchase or lease, of any interest in real property;

(2)   Rearrangement or alteration of facilities;

(3)   Purchase or lease of any item of general purpose-office furniture or office equipment regardless of dollar value. (General purpose equipment is defined as any items of personal property which are usable for purposes other than research, such as office equipment and furnishings, pocket calculators, etc.);

(4)   Accountable Government property (defined as both real and personal property with an acquisition cost of $1,000 or more, with a life expectancy of more than two years) and "sensitive items" (defined and listed in the Contractor's Guide for Control of Government Property, 1990, regardless of acquisition value;

(5)   Travel to attend general scientific meetings;

(6)   Foreign Travel;

(7)   Any costs incurred prior to the contract's effective date;

(8)   Rental of meeting rooms not otherwise expressly paid for by the contract;

(9)   Any formal subcontract arrangements not otherwise

expressly provided for in the contract

    (10)   Consultant fees in excess of $1000/day

    (11)   Information Technology hardware or software; and

    (12)   Food and Beverages.

b. This contract is subject to the provisions of Public Law (P.L.) 99-234 which amends the Office of Federal Procurement Policy Act to provide that contractor costs for travel, including lodging, other subsistence, and incidental expenses, shall be allowable only to the extent that they do not exceed the amount allowed for Federal employees. The Contractor, therefore, shall invoice and be reimbursed for all travel costs in accordance with Federal Acquisition Regulations (FAR) 31.205-46.

SECTION C - DESCRIPTION/ SPECIFICATION/ WORK STATEMENT

Independently and not as an agent of the Government, the Contractor shall furnish all the necessary services, qualified personnel, material, equipment, and facilities, not otherwise provided by the Government as needed to perform the Statement of Work below:

A.1   Background Information

A.1.1   The Agency for Healthcare Research and Quality (AHRQ) conducts research and provides information on a number of critical issues related to national healthcare research and quality which are of particular interest to government agencies, legislative bodies, health policy makers and other health professionals concerned with health care utilization, patient outcomes, quality, patient safety, expenditures, insurance coverage and components of primary care. The research is primarily based on the annual Medical Expenditure Panel Survey (MEPS), its predecessor decennial surveys, and the Healthcare Cost and Utilization Project (HCUP). Other research topics include health care quality and patient-based outcomes. Data for these analyses are based on a variety of survey data, administrative and medical records, clinical trials data, pharmaceuticals and prescription drug data, as well as patient-based outcomes and health-related quality-of-life (HRQL) assessment data sets including, but not limited to, the Consumer Assessment of Health Plans Survey (CAHPS), the Medicare and Medicaid administrative, assessment and survey data (e.g., Health Outcomes Survey, Nursing Home Minimum Data Set (MDS), Medicare QIO (formerly known as PRO) data, and the Medicare Current Beneficiary Survey (MCBS)), other federal and state government health system and related data (e.g., VA, DoD and HRSA health system data, CDC surveys such as NHIS, NHANES, BRFSS, SLAITS), and commercially available health data (e.g., MEDSTAT Marketscan and NCQA Quality Compass).

AHRQ also has a congressional mandate to produce annual reports to the nation on health care quality and disparities in health care. The first reports were released in fall of 2003. Both of these reports use many of the same databases above to produce their analyses but may utilize other databases (e.g., the Commonwealth Fund Health Care Quality Survey) in an effort to provide as comprehensive a picture as possible on these issues to policymakers.

Additionally, AHRQ is responsible for implementing the Patient Safety and Quality Improvement Act. In this role, AHRQ has operational responsibilities for implementing and maintaining the PSO program, and for developing the Network of Patient Safety Databases (NPSD). The NPSD will produce analysis reports for the NHQR and NHDR as well a report to Congress on effective strategies for reducing medical errors and increasing patient safety.

A.1.2   MEPS

The MEPS project, which is housed in the Center for Financing, Access, and Cost Trends (CFACT), provides the Executive Branch, the Department of

Health and Human Services, and the Congress with up-to-date national estimates of use and expenditures for health care services and health insurance coverage. MEPS data have also been used extensively to estimate the costs of various health care reform proposals and as the basis for numerous peer-reviewed articles in the fields of health economics, sociology, demography, and health services research.

MEPS comprises three component surveys: the Household Component (HC), the Medical Provider Component (MPC), and the Insurance Component (IC). The HC is the core survey. It is an overlapping panel survey of households. The goal of the HC is to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. The MPC is a follow-back survey of providers seen by HC families. The IC is a survey of employment establishments. A small portion of the IC comprises jobs held by HC families. This portion was collected in 1996 through 1999 and again in 2001. It has not been collected since 2001. The largest portion of the IC is an annual independent survey of private-sector employers and state/local governments that provides national, state, and MSA-level estimates of employer-based health insurance coverage and costs. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and can be used to assess health care policy implications.

MEPS is the third in a series of national probability surveys conducted by AHRQ and its predecessor agency the Agency for Health Care Policy and Research (AHCPR). The National Medical Care Expenditure Survey (NMCES) was conducted in 1977; the National Medical Expenditure Survey (NMES) in 1987. Beginning in 1996, the MEPS survey has been collected annually with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

The MEPS-HC design features include linkage with the National Health Interview Survey (NHIS), from which the sampling frame for the MEPS HC is drawn, and longitudinal data collection for core survey components. The MEPS-HC selects a sample of NHIS respondents and collects five rounds of data on their health care utilization, charges, payments, health insurance coverage, health status, access to care, health conditions, demographic characteristics, income and employment.

All MEPS data are collected under the authority of the Public Health Service Act. The MEPS HC and MPC data are edited and published in accordance with the confidentiality provisions of this act and the Privacy Act. NCHS provides consultation and technical assistance. The MEPS IC data are edited and published in accordance with the confidentiality provisions of Section 9 of Title 13, U.S.C. (the Census Bureau statute). For additional information about MEPS including sample design, sample size, and questionnaires see the MEPS Web site at: http://www.meps.ahrq.gov/.

A.1.3   MEPS Data Files

Since 1996, the annual MEPS HC operational database consists of approximately 200 files organized in a hierarchical structure, and comprises files at many different levels of observation (e.g., medical event, health condition, job) containing information related to the demographic characteristics, health and medical care utilization and expenditures of sampled individuals. Currently, data from 1996-2006 on MEPS is being analyzed. In addition, the database contains files for each round or phase of data collection, and final composite yearly files. Approximately 20 to 25 new files are created each year by the data collection contractor. There are also parallel household survey databases with similar sets of files for the 1987 National Medical Expenditure Survey (NMES) and the 1977 National Medical Care Expenditure Survey (NMCES). These data are often used in conjunction with MEPS data for studies of changes in health insurance coverage and health care utilization and spending over time, as well as other types of comparisons as the need arises. Finally, there are secondary and other additional data to supplement the main MEPS data, including Medicare claims and eligibility files, and the Area Resource File (ARF).

The 1996 MEPS Nursing Home Component (NHC) contains 70 different files containing data for a sample of nursing homes and residents within those nursing homes. There are files for the sampled nursing home, files for the transfer nursing homes, and files with information specific to each unit within the nursing home. For each person there are files covering location throughout the survey year; institutional use and expenditure files for each bill, for each NH, for each round of data collection; files for other medical provider use (e.g. physician use); files of monthly prescribed medicine use; files containing information on potential and actual care givers; and numerous person level files. Similar data are utilized from the 1987 National Medical Expenditure Survey, Institutional Population Component (another 90 files). The MEPS NHC was last conducted for 1996; no future collections are planned.

The Medical Provider Component (MPC) files consist of several files containing data from hospitals (including hospital inpatient, hospital outpatient and emergency room data), separately billing doctors (doctors whose fees are not included in the hospital facility bill), office-based physicians, home healthcare agencies, institutional care providers, and pharmacies. Health maintenance organizations (HMOs) are also included in the MPC files and can be hospital or office-based providers. Home healthcare files include data for care received from medical and non-medical care providers. Each MPC file contains several data elements for each medical event for each person-provider pair, and can include such information as dates of visits or purchases, diagnoses and procedure codes, charges for each type of service, and sources and amounts of payment. Unique data elements, however, can be specific to a certain file. The years of MPC data currently span from 1996-2006. The 2006 MPC database contains information from approximately 5,100 hospitals, 10,500 office-based physicians, 200 HMOs, 500 home health agencies, 63 institutional care providers, and 6000 pharmacies.

The household component of the IC database consists of an establishment level, a plan level and a person-level file. Each record in these three files has a

17-character control number which can link the individual records to each other. Variables from the person-level data for linkage to the MEPS HC are included. Additionally, there are files containing remarks from all questionnaires, information on out-of-scope, out-of-business, and complete nonresponse cases, household person cases not included in the MEPS IC sample and Federal Government data keyed from abstracted booklets. The household portion of the MEPS IC database contains information for establishments identified by persons responding to the MEPS HC. The last year that the household portion of the MEPS IC survey was conducted for was 2001.

Additional MEPS files include sampling weights for each component of the survey, geographic identifiers, and secondary data files, such as the Area Resource File, along with the linkages that allow these files to be linked to the core MEPS files. Secondary databases are often used as a source for benchmarking national estimates made with the MEPS data. Benchmarking tasks have involved, for example, use of the Current Population Survey (CPS), the National Health Interview Survey (NHIS), the National Nursing Home Survey (NNHS), The National Ambulatory Medical Care Survey (NAMCS), the Medicare Current Beneficiary Survey (MCBS), and the Survey of Income and Program Participation (SIPP).

Finally, because of the 2 year overlapping panel design of the MEPS, the data can be used in a longitudinal manner to track individual respondents over 2 years, or pooled to increase sample size. The MEPS has been operational in every year since 1996, and the contractor will be responsible for working with all MEPS data from all years, including all data from MEPS predecessor surveys (NMES and NMCES) and associated secondary data files.

A.1.4   HCUP

The Healthcare Cost and Utilization Project (HCUP) is a Federal-State-industry partnership in health care data, which is housed in the Center for Delivery, Organization and Markets (CDOM). HCUP's objectives are to (1) obtain inpatient and outpatient data from statewide information sources, (2) design and develop multi-state, longitudinal health care databases for health services research and health policy analysis, and (3) make these data available to a broad set of public and private users. These uniform data make possible studies of health care delivery and outcomes at the national, regional, state and local community levels across time. Studies include comparisons of health care delivery across communities, the effects of markets on hospitals and the care they provide, variations in medical practice, the effectiveness of medical technology and treatments, and the use of services by special populations.

HCUP includes numerous databases for health services research, and currently includes 20 years of data for 1988-2007. Data collection continues, and forward years of data are expected. HCUP databases contain patient-level information for inpatient and outpatient encounters in a uniform format which protect patient and physician privacy. The Nationwide Inpatient Sample (NIS) includes inpatient data on approximately 8 million discharges per year from a national sample of about 1,000 hospitals. The NIS contains clinical and

resource use variables typically found on discharge abstracts, with safeguards to protect the privacy of individual patients, physicians and hospitals. The NIS includes weights to produce national and regional estimates for participating states. The NIS also includes hospital identifiers which link to the American Hospital Association's Survey of Hospitals, and county identifiers which link to the Area Resource File. The NIS excludes data elements that could directly or indirectly identify individuals.

The State Inpatient Database (SID) covers inpatient care in community hospitals in nearly 40 states that represent ~90% of all U.S. hospital discharges. SID data include all inpatient stays in all community hospitals for all payers. The SID contains patient-level clinical and resource use information included in a typical discharge abstract and can be linked to the American Hospital Association Annual Survey, to the Area Resource File, and to the Medicare Cost Reports. These data are useful for analyses that can only be conducted with a complete census of hospitals and their discharges, such as studies of hospital market area, access to care, small area variations, and the effects of competition on hospital outcomes and behavior.

The State Outpatient Data currently includes ambulatory surgery data from 27 states, and Emergency Department data from 26 states. These data sources are also expected to continue to grow. Ambulatory surgery data include all ambulatory surgery stays from hospital-based and free-standing surgery centers in the participating states. The patient-level data is similar to that in the SID database, and similarly can be linked to the American Hospital Association Annual Survey, and to the Area Resource File. These data provide for studies that focus on the ambulatory surgery, and the effects of clinical, demographic, physician, facility, and payer characteristics on same-day surgery practice patterns. Emergency department data include all encounters in the emergency rooms for all community hospitals in the participating states. The patient-level data is similar to that of the SID, and can be linked to the AHA and ARF. These data provide for studies that focus on the deliver of care in hospitals' emergency departments.

All of the HCUP data are available in ASCII or SAS format. They are maintained on the secure server at AHRQ and contractor sites.

A.1.5   HCUP Data Files

The physical format of the HCUP data files has changed across the multiple years of data. Prior to the 1998 data year, the NIS was contained on a 6 CD set in ASCII format. A number of files were arranged across the 6 CDs. Three Core files include all clinical and demographic data elements for each observation. Diagnoses and procedures are organized as two normalized files. There are also two, non-overlapping 10% subsample core files, a hospital weights files for producing national and regional estimates, and electronic documentation. Beginning with the 1998 data year and forward, the NIS is organized onto two CDs. The first CD contains the full inpatient core file for 100% of the observations, two 10% non-overlapping subsamples and the hospital weights file. The second CD includes complete electronic documentation. In the most current years of the NIS, all detailed documentation

is maintained on-line at HCUP-US, and the 10% subsamples are no longer included.

The SID and outpatient databases' file structure has also changed over the life of the project. Prior to the 1998 data year, each data year was split into multiple files: 1) a core file which contained the more common data elements; 2) the state-specific or supplemental files, which included data elements more unique to a given state; 3) the AHA linkage files; and 4) the data development files, which include the most sensitive data elements, such as full dates and zip codes. Beginning with the 1998 data year, the files are arranged in to Core data elements, which include all data elements for all observations, a charges file, which includes all data related to charges, and an AHA crosswalk and linkage file. The Data Development Files are maintained on separate, pass-word protected CDs, and contain the most sensitive information such as unencrypted dates of birth, dates of admission, discharge and procedure dates, and patient and physician identifiers.

A.1.6   Web Support

AHRQ has developed and maintains a Web site for the MEPS at http://www.meps.ahrq.gov/. The Web site is used to provide researchers and consumers access to information about MEPS and to disseminate MEPS micro data, tabular data, and descriptive methods and findings reports in a timely manner. The MEPS Web site consists of several static as well as dynamic sections which are continuous updated by the contractor.

AHRQ has also developed and maintains a Web site which provides access to health statistics and information on hospital inpatient and emergency department utilization at http://www.hcupnet.ahrq.gov/. The Web site allows users to query HCUP data tables and produce statistics in real time on utilization and costs of care in the hospital and emergency department at the state, regional and national level. Output can be generated into tables or graphs. This Web site is anticipated to continue to add data base tables and years of data.

All MEPS publications are posted on the Web site in PDF and/or HTML formats with at least one published format being fully compliant with Section 508 of the Rehabilitation Act. Similarly, publications using HCUP data are posted in both PDF and HTML format on the AHRQ Web site at http://www.ahrq.gov/data/hcup/.

AHRQ has plans to index, categorize, store and Web-enable all agency reports, publications, data and other content in its Web sites (including the MEPS and HCUP Web sites) using an Oracle data base system. The Oracle Web-enabled data base system will facilitate interactive and dynamic data search and reporting, non-redundant data storage and help ensure secure operations and maintenance. Also, XML tagging of AHRQ's Web site content is planned in the future to facilitate efficient data search and retrieval.

AHRQ has developed and maintains an online statistical computing system (MEPSnet/HC) which allows users to generate estimates in real time and

MEPSnet/IC which allows users to search for table data and displays the data in a graph for all available years. In addition, many of the MEPS HC tables can be customized online by the data user. These systems require routine maintenance and updates by the contractor. Enhancements to these systems which would facilitate easier access and usability and bring them in compliance with Section 508 of the Rehabilitation Act are desired.

AHRQ provides data from the HC and IC in tabular format on the Web site. Currently there are 3,500 IC tables, the data for which are provided by the Census Bureau in SAS format. Approximately 400 new IC tables are produced each year. Conversion from SAS files to tables in HTML and pdf formats is required prior to posting on the Web site. Currently there are 600 HC tables on the Web site, many of them are customizable by the data user. These tables are required to be produced using data from MEPS data files. Approximately 80 new HC tables are produced each year.

Quality control activities are a required and critical component in maintaining the MEPS Web site. Individual pages, links and databases must be carefully reviewed in an ongoing fashion. Errors found must be corrected within four hours of discovery, unless directed otherwise by the AHRQ MEPS Web manager. AHRQ uses IBM Rational Policy Tester to certify that all Web content is free of misspellings, broken links, and broken anchors. In addition, all content is required to be compliant with Section 508 of the Rehabilitation Act.

All supported AHRQ Web sites are required to be monitored from 7am to 12 midnight every day - both weekdays and weekends. In the event that a Web site goes down during this time frame but outside of normal business hours, on-call staff will be available to address the issue.

A.1.7   Public Use Data File Production

A critical element of work performed under this contract will involve tasks related to the production of public use files. Under this task there will be two distinct types of work: (1) Finalizing files received from data collection contractors for public use and (2) Preparing supplemental data files for public release.

MEPS core public use data files are primarily prepared and constructed by the MEPS data collection contractor. Following the file construction, the contractor will be required to perform general quality control work on the data files, and be responsible for completing the necessary paperwork to send MEPS products to NTIS and the Archives. There will be numerous web site data releases with code books and documentation. Also, the contractor will be responsible for maintaining the MEPS files in a common, secure data base network environment to ensure efficient, cost-effective operations of the AHRQ Data Center and secure access of MEPS data by staff and remote users.

HCUP core public use data files are primarily prepared and constructed by the HCUP data contractor. Following the file construction from the HCUP database, the contractor will be required to perform general QC work on the

data files. The contractor will also need to have the capability to perform file manipulations on large administrative files for the purpose of supporting analytic tasks by AHRQ staff. The contractor will be responsible for maintaining the HCUP files in a common, secure database to support efficient, cost-effective storage, search, access and secure reporting of HCUP data by AHRQ staff.

For the MEPS, supplemental data files designed to be used in concert with the core data files will be constructed by the contractor. This will involve editing and imputation of missing data. Selected data from operational databases will need to be reformatted, edited and/or imputed to make data suitable for analysis. Each editing task involves a related set of variables and results in the production of internal files, variables which can be released for public use and documentation for all internal and external versions of files and variables.

A.1.8   Analytic File Construction

Another essential element of the work to be performed concerns the creation of analytic files, and other tasks related to data analysis and dissemination. Typically, each analytic task results in at least one publication, either by the agency or in a professional journal, or both. Many analytic tasks are also used to prepare presentations for professional meetings, such as the annual meetings of Academy Health or the American Public Health Association.

While much of the data processing resources are utilized by CFACT and CDOM, other Agency centers require analytic programming support as well, particularly for the two congressionally mandated annual reports on health care quality and health care disparities. The Agency supports research activities on issues related to patient outcomes, health care quality, health care disparities and primary care as well as expenditures and utilization. Data sources for research on patient outcomes, health care quality, patient safety, and primary care may include administrative data, such as claims or encounter data, medical records, prescription drugs data, patient assessments or survey data, as well as data gathered under clinical trials. Examples of potential data sets include the Health Outcomes Survey, Consumer Assessment of Health Plans Survey (CAHPS), NCQA Quality Compass with Health Employer Data Information Set (HEDIS) data, Nursing Home Minimum Data Set (MDS), Medicare Home Health Outcome and Assessment Information Set (OASIS), Medicare and Medicaid administrative records from either fee-for-service or managed care, Medicare QIO (formerly know as PRO) data, the Medicare Current Beneficiary Survey (MCBS), Medicare PMED data, and other commercially available data sets such as MEDSTAT Marketscan, Blue Cross and Blue Shield, and the Clinical Conditions Data set and others which may become available in the future. Other federal and state government health system and related data (e.g., VA, DoD and HRSA health system data, Census Bureau data, CDC surveys such as NHIS, NHANES, BRFSS, SLAITS) are also expected to be used for analyses. While CAHPS datasets may come directly from grantees who are conducting the research, the National CAHPS Benchmarking Database (NCBD) is also assembling CAHPS data sets in a standard format from all CAHPS users who wish to participate.

One data set for which the contractor will provide analytical programming support is the MEPS Insurance Component (IC) data. MEPS-IC data are only available at the Census Bureau's Center for Economic Studies located at the Census Bureau headquarters in Suitland, Maryland. These data are Census Bureau and IRS confidential which will require the programmer to obtain Special Sworn Status at the Census Bureau and perform the programming tasks on site at the Census Bureau. Analytical tasks using these data are primarily in response to requests from federal and state government agencies so they often require a quick turnaround.

Most analytic tasks generally last from 3-12 months duration. Data processing support for these tasks typically includes the creation of new files and variables designed for a specific analytic purpose, and often involve the use of in-house and secondary data, as well as MEPS and HCUP data. In addition to the production of specific analytic files, which are often used in subsequent analysis, analytic tasks based on most of these data always involve the use of sophisticated statistical and/or econometric techniques and require careful documentation of each step in the process. The contractor will be responsible for developing and maintaining a set of internal master variable files to allow analyst easy access to all previously constructed analytic variables. All analytic file construction activities need to be documented.

A.1.9   Processing Environment

At present, much of the computer work for AHRQ data processing activities is performed on personal computers (PCs). AHRQ has migrated all data that pose a risk to the confidentiality of respondents (e.g. names, addresses, etc.) to a secure, network server-based Data Center processing environment. Consequently, most AHRQ researchers have two PCs: one dedicated to processing tasks on the secure LAN that involve sensitive data, and another for processing tasks on the non-secure LAN that typically involve public use data. The standard hardware for research staff consists of two Pentium-based computers in a WINDOWS XP environment. Analysis of data is typically done with SAS or STATA, but processing may also be conducted using a variety of statistical software packages including SUDAAN and LIMDEP. The researchers also require expertise in handling relational databases such as ACCESS, spreadsheets and presentation software (e.g. EXCEL, Power Point). The contractor will assist in analytic work performed on PCs and network Data Center servers by constructing analytic files, and provide consultation services on PC-based data management, econometric, and statistical software.

Additionally, the contractor shall provide mainframe support for AHRQ research activities upon request. Over the last 5 year, we have had data processing tasks done at the NIH Center for Information Technology (CIT) and the CMS Data Center (HDC). CIT and HDC offer a variety of data processing services and a number of different software packages, language compilers, terminal emulation and file transfer facilities for PCs, online services, custom printing, and data security protection. Also, the contractor shall provide data processing support to interface and transfer data files from CIT and HDC mainframes to the AHRQ network Data Center server environment. Further, the contractor shall perform all processing and activities needed to maintain data security,

integrity and easy accessibility of data files to support user's local and remote data processing and statistical analysis needs.

A.1.10   Customized Software

Another element of data processing for AHRQ has involved the development of customized software designed to facilitate the execution of complex tasks for which no standardized or "canned" programming exists. These tasks have included weighted sequential hot-decks for missing value imputations, including a variety of customized statistical checks on the imputed data, and generating public use file code books from the internal data sets used as sources for such files. The current contractor has created a set of SAS macros to automate these tasks, which will be made available to the new contractor. Development of new SAS macros may be required.

The contractor shall perform all software and data file needs assessment, programming, quality assurance, system documentation and associated data processing tasks using high-quality standards and methods. The contractor is highly encouraged to adhere to the highest levels of software life cycle development and engineering as possible as defined by the industry standard Carnegie Mellon Software Engineering Institute (SEI) Capability Maturity Model (CMM). The contractor shall indicate what SEI/CMM certification level, if any, it has obtained.

A.1.11   Data Center Support

The contractor will be required to provide on site support for the AHRQ Data Center, including: the development of policy and procedure manuals, inventory control systems, training, technical support, data migration, data security, and other related functions pertaining to the support and operations of the data center and secure LAN environment. The contractor's on site staff should be familiar with the data sets and applications used by AHRQ staff and be able to interface with AHRQ systems administrators to trouble shoot problems which may arise with application software.

A.1.12   Quality Assurance

It is critical to ensure that all AHRQ data products including all data files, publications, online data tools and Web sites are of high technical quality through a systematic and thorough quality control review process. The contractor will be required to document and implement a quality control process for each data processing activity performed under this contract. These quality control procedures must be approved by AHRQ.

The contractor will be required to propose any software workflow, document management, and other collaboration tools and products to support efficient operations of functions, processes and tasks performed under this contract. Also, the contractor shall propose any system administration and other Web server and database monitoring, tuning and administration software to support efficient and high quality operations of the data processing, Web site and Data Center tasks under this contract. In addition, the contractor shall propose the

specifications for any other software, hardware and network components needed to support efficient data processing for this contract. These proposals should ensure the highest reasonable level of quality data processing operations, service and minimum downtime.

A.2   Contract Purpose

The purpose of this contract is to provide for timely and efficient database management, computer programming–including statistical and econometric analysis, nationally representative sample selections, microsimulation modeling, and complex survey design estimates and analytical statistics from large administrative databases–computer-related consulting and technical assistance, Web support, public use file production, and analysis activities for the Agency. The contractor will primarily assist AHRQ research activities by installing, editing, documenting, and maintaining data bases for staff and, where appropriate, outside researchers; developing analytic files from those databases, and maintaining and updating documentation of those files; developing, executing and documenting computer programs based on staff specifications; design, install, and maintain AHRQ Web sites as directed; providing consultation services to staff on security arrangements for confidential data; and informing staff of economic and statistical programs available for the analysis of national survey data and large multi-user health care databases.

Much of the data management and computer programming support services to be provided by this contract will be based on the Medical Expenditure Panel Survey (MEPS) and the Healthcare Cost and Utilization Project (HCUP). The services may also be based on a variety of survey data, administrative and medical records, clinical trials data, pharmaceuticals and prescription drug data, as well as patient-based outcomes and health-related quality-of-life (HRQL) assessment data sets including, but not limited to, the Consumer Assessment of Health Plans Survey (CAHPS), the Medicare and Medicaid administrative, assessment and survey data (e.g., Medicare Current Beneficiary Survey (MCBS), Home Health Compare, Nursing Home Compare, and Hospital Cost data, other federal and state government health system and related data (e.g., Census Bureau Current Population Survey (CPS), NIH and HRSA health system data (SEER, ARF), CDC surveys such as NHIS, NHANES), and commercially available health data (e.g., Medi-span Master Drug Data Base (MDDB), MarketScan Database and HMO InterStudy Database), and new Medicare PMED files when they become available.

The contractor shall also support the annual production of the National Healthcare Quality and Disparities Reports. This work will include analysis of MEPS, MCBS, and CMS data each year; management of all the summary tables that are used to produce the Reports; annual updating of Report appendices and web tools; and other activities to support the Reports as needed.

A.3   Work Statement – Base and Option Years 1-4

A.3.1   The contractor shall furnish the necessary personnel, materials, services, and facilities, and otherwise do everything necessary for or incident to the performance of the work described below.

The contractor shall perform the following tasks for each Center designated:

A.3.2   Center for Financing, Access, and Cost Trends

A.3.2.1   Design, institute and maintain a comprehensive and efficient system of database management, file development, system security and documentation.

A.3.2.1.1   Install MEPS, NMES, NMCES and secondary data files. This includes being able to manage data in a variety of formats, comparing data received with its documentation to check for obvious inconsistencies, and performing logical and other edits designed by the contractor to verify the integrity of the data on installed files. This task will also include creating SAS files from data in other formats, creating and documenting links between MEPS, NMES, NMCES and secondary files, and creating and maintaining a secure environment for processing SAS and other related files and software on the AHRQ network Data Center servers.

A.3.2.1.2   Provide continuous onsite technical support and serve as the contact point and interface to the AHRQ LAN administrator for the Data Center. This task requires that an experienced technical support individual work with the AHRQ designated LAN administrator and be provided for the Data Center. This person will maintain the Data Center systems in accordance with AHRQ policy and procedures and will serve as the gatekeeper for confidential data maintained onsite.

A.3.2.1.3   Execute transfers of data to and from the AHRQ network Data Center servers, the contractor secure PC-based environment, and other locations for AHRQ researchers, and where appropriate for outside users, including transfers between AHRQ network Data Center servers, other mainframes and CD-ROMs or personal computers.

A.3.2.1.4   Provide programming support required to identify and select the annual nationally representative sample for the MEPS from the previous years' National Health Interview Survey (NHIS). A key feature of the MEPS sample design is that each year's sample is a subsample of households who participated in the previous year's NHIS conducted by the National Center for Health Statistics of the Centers for Disease Control and Prevention. In most years, the MEPS annual sample is selected from among responding households in two of the four eligible NHIS panels fielded during calendar quarters 1-3 of the previous year. The sample selection is generally carried out in two waves – 1) from NHIS Quarters 1 and 2 and then 2) from Quarter 3. This task shall include strict adherence to AHRQ's data confidentiality requirements and consultations with CFACT staff on programming approaches consistent with specified MEPS sampling specifications. Tasks will include: 1) Formatting of NHIS data files for use in the MEPS sample selection, 2) Quality control of files to ensure complete NHIS half sample, 3) Quality control review of variables necessary for sample selection, 4) Identification of sample

domains, 5) Implementation of MEPS sampling specifications, and 6) Preparation of data file to be transmitted to the data collection contractor.

A.3.2.1.5   Maintain, edit, update, and document files in the MEPS database in accordance with the system delineated in 1.3. This task will include designing, testing, and running programs to edit raw data including resolving logical inconsistencies and performing imputations using weighted sequential hot-decks and other available methods to account for missing data; developing a programming approach that can be used for creating appropriate sample weights and variance estimates in an efficient manner; and performing quality control checks on final versions of the files. These checks will entail at a minimum producing population weighted frequencies of selected variables, and benchmarking the results against other sources of similar information. The contractor shall provide sufficient backup staff for mission critical highly complex data editing tasks.

A.3.2.1.6   Create and document new variables and edited versions of existing variables, including updating files when appropriate and documenting updates, maintaining histories of variables created or edited, and keeping track of the latest and best versions of variables that have been revised.

A.3.2.1.7   Provide detailed documentation of all data files and work performed related to data editing and analysis and other data processing and programming efforts. This task shall include cataloguing data files and software, complete with descriptions of their contents and histories, and maintaining a back-up system for all data base files with appropriate documentation of file contents and histories. The contractor shall use a software configuration management system and data base and file documentation library system, approved by AHRQ. The contractor shall maintain software configuration and version control, maintain software and data file check in/out procedures, and perform complete and timely documentation of all data processing, software and Web development, statistical modeling, software testing, maintenance and other data processing tasks performed under the contract.

A.3.2.2   Provide support for data analysis and dissemination.

A.3.2.2.1   Provide programming and related support for staff research projects. This task shall include consulting with CFACT staff on programming approaches consistent with analytic goals and data processing efficiency. The task will involve extensive data work to construct variables from MEPS, NMES, and NMCES to support analysis. Tasks will include sophisticated hot decking and related imputation techniques, longitudinal, time dependent analysis along with the development of often complex algorithms for combining information across family members, across years, across rounds, across provider encounters, across jobs, across insurance sources, and across the complex structure of MEPS, NMES, and NMCES data files. Most of the programming work for this task shall be done using SAS and/or STATA.

The contractor shall provide programming support to facilitate analyses that use confidential datasets which are maintained offsite. The contractor shall provide qualified programming staffs that are able to travel to other data

facilities within the Washington D.C. metro area. Examples include but are not limited to CMS, Census Bureau, Bureau of Labor Statistics, etc. Access to the Census Bureau's Research Data Center will require the contractor's programming staff to apply for and receive a security clearance from the Census Bureau.

In addition to providing expert programming assistance to support CFACT analysts, this task, in some instances, will also require the contractor to display knowledge and experience with econometric and statistical techniques used with large national surveys and the software used to execute such techniques. This may include designing, testing and running statistical analyses using programs such as SAS, STATA, SUDAAN, and LIMDEP, as well as creating custom programs according to the specifications of CFACT staff; providing CFACT staff with specified results in tabular formats, both unweighted and weighted for the appropriate reference population; and providing full documentation of files created and work performed on all analytic tasks upon their completion.

A.3.2.2.2   Provide programming support for microsimulation modeling projects. CFACT staff often undertake both rapid-turnaround and longer-term projects involving microsimulation estimation of health care policies. Microsimulation results generated by the modeling group may be used by top levels of government, or they may be targeted at academic journals. In the past, simulation analyses of the following proposals have been undertaken: (i) parity in mental health insurance coverage, (ii) capping the tax preference for employment-related health insurance, (iii) estimating the number of children eligible for public programs but who are uninsured, (iV) Medical Savings Accounts, (v) increasing the health insurance deduction for the self-employed, (vi) Medicaid reforms, and (vii) Medicare reforms.

The CFACT microsimulation project is the Medical Expenditure Microsimulation Model (MEDSIM), which includes a collection of complex programs written in SAS. Each program must typically be adapted or enhanced to meet specific project objectives. The contractor will not only work with CFACT staff on the development of new microsimulation capabilities, but also work with the existing components of the MEDSIM model and to maintain consistency of models and programming techniques in future iterations.

Examples of existing MEDSIM components produced by CFACT analysts in the past include (i) programs to project the economic, demographic, and health-related variables in the NMES and MEPS to future years; (ii) the MEDTAX model to provide simulations of income tax burdens for the MEPS data; (iii) programs simulating eligibility and enrollment in public programs, such as Medicaid; and (iv) the BENSIM model using detailed insurance coverage information to "process" total expenditures into those paid by the patient and those paid by the insurer. The task requires the contractor to combine elements from these modules and to develop new modules as needed to simulate often highly-complex reform proposals. There must be a demonstrated ability not only to provide programming support for such microsimulation tasks, but also to do so in a manner that is timely and consistent with efficiency and cost considerations.

Subtasks for each modeling project will include creating a separate simulation data base, writing the code for simulations according to specifications provided by CFACT staff, and fully documenting all of the programming work and files created for each microsimulation analysis performed.

Specific microsimulation analytic and developmental tasks will include at least the following tasks:

a)   Providing programming support to CFACT analysts projecting economic, demographic, and health-related data from the MEPS to current and future years at the national level, using data from MEPS, NHIS, CPS, MCBS, and possibly additional datasets; providing support for application of demographic aging/reweighting techniques for microsimulation efforts.

b)   Updating tax parameters in the MEDTAX module for simulating federal income taxes. The MEDTAX module of MEDSIM simulates baseline federal individual income and payroll taxes, as well as state and local income taxes. MEDTAX uses details from the tax code in conjunction with tax benchmarks released in the Internal Revenue Service Statistics of Income (SOI) as inputs to a complex algorithm for simulated federal payroll and income taxes for each person in MEPS based on their vector of income by type. In addition to providing the data processing to support MEDTAX, the contractor shall provide SOI benchmark tables and tabulations of simulated marginal tax rates, and individual MEDTAX records as needed, to validate the revised and updated MEDTAX baseline simulations.

c)   Work with detailed insurance coverage information to produce an updated claims processing program (BENSIM) to determine how much of a given expenditure vector, by detailed type of service, a given insurance plan would pay. This task requires editing the detailed plan information and using these data in complex algorithms to process claims. .

d)   Work with state-by-state public program eligibility parameters to produce simulated program eligibility. This task entails editing wage data, merging in data from NHIS, categorizing often complex family relationships, editing immigration status using data from NHIS and CPS, and applying complex eligibility algorithms.

e)   Combine elements from all of the above according to analyst specifications to support MEDSIM evaluations of the socioeconomic impacts of health care reforms. These MEDSIM model components will be used in conjunction with a database containing annual health expenditures, details of private health insurance policy coverage, and other socioeconomic and demographic data about the civilian, noninstitutionalized household population.

f)   Update projected expenditure data products on AHRQ's home page

A.3.2.2.3   The contractor will be required to provide data processing assistance in updating the various data products currently available on AHRQ's home page which are accessed through the MEPS Web site.

A.3.2.2.4   Create public use files from MEPS data in such a way as to preserve the confidentiality of the data. Data sources include the original and final versions of selected variables, and produce appropriate documentation for public distribution in a consistent and timely manner. This task will involve producing code books and relevant documentation describing variables and any editing or imputation procedures, producing formatted frequencies of all variables, writing "read-me" files, and in some cases producing a CD-ROM.

A.3.2.2.5   Provide on-site technical expertise to support the AHRQ Data Center per direction from AHRQ LAN administrators and AHRQ staff. Prepare monthly reports, maintain log of data files, and assist in the daily support and operations of the data center, in accordance with procedures approved by AHRQ. The contractor will also assist AHRQ staff and outside researchers by providing on-site technical assistance and consultation with computer programming at the data center or with the AHRQ LAN administration, when required. Specifically, the contractor will assist in the development of analytic files, and maintaining and updating documentation of those files; assist with the development, execution, and documentation of computer programs; provide consultation services to staff on security arrangements for the use of confidential data within the data center; consult with external users regarding the development, execution, and documentation of computer programs. The contractor must be knowledgeable of SAS, SUDAAN, SPSS, STATA, and LIMDEP.

The contractor shall develop appropriate arrangements to charge the outside organization or user making the request the cost associated with such special estimates or merged data file, and report on those arrangements within 90 days of the effective date of this contract. This cost shall be consistent with charges for similar activities billed to the Government under this contract and be accounted for on the monthly contract vouchers submitted to the Government.

The contractor shall ensure that the arrangements made with third parties to produce special MEPS estimates or merge MEPS and other data specifies that the estimates or merged data will be made available to the Government and that all necessary confidentiality protections will be taken before the special estimate or merged data file is turned over to the outside user. The contractor shall also provide complete documentation on all special estimates and merged data tapes, and be able to create appropriate analytic files from the merged data for the Project Officer.

AHRQ may elect to arrange for direct charging of outside organizations for any special data processing requests.

A.3.2.2.6   Provide on-site analytical programming support accessing the MEPS Insurance Component (IC) data. MEPS-IC data are only available at the Census Bureau's Center for Economic Studies located at the Census Bureau headquarters in Suitland, Maryland. These data are Census Bureau and IRS confidential which will require the programmer to obtain Special Sworn Status at the Census Bureau and perform the programming tasks on site at the Census Bureau

A.3.2.2.7   Produce Online Publications

AHRQ produces and disseminates online publications based on MEPS data. Statistical Briefs, Methodology Reports and Findings Reports are descriptive reports that are developed and posted on the MEPS Web site. These are Web-only products. An essential task under this contract is to manage and facilitate the development and release of these reports. The contractor shall provide technical programming, technical editing, graphical services and quality control services to facilitate a timely and accurate data product.

A.3.2.2.8   Manage and Coordinate MEPS Data Products and Web Site

AHRQ produces both MEPS data files and publications. Both data products are disseminated through the MEPS Web site. The contractor shall provide a dedicated team of qualified individuals for each MEPS activity: Public Use Data Files, MEPS Online Publications and Tables, and the MEPS Web Site. Each team is responsible for the development and quality control of each data product. Coordination amongst these three teams is essential to facilitate the timely release of a high quality data product.

The contractor shall implement modifications to the MEPS web site at the request of the MEPS web manager.

A.3.2.2.9   Provide technical and logistical support in the conduct of MEPS workshops throughout the year. MEPS workshops provide both practical information about MEPS public use data files and an opportunity to construct analytic files with the assistance of AHRQ staff. The workshops are designed for health services researchers who have a background or interest in using national health surveys. Activities include: development of workshop materials including those that will be made available on the on the MEPS web site that must be compliant with DHHS regulations (e.g., 508 complaint), tracking and processing registrations and registration payments, determining and providing on site support for workshops, and determining computer requirements/needs of a workshop and acquiring the resources to fulfill those needs. The contractor will be responsible for logistical support including: arranging for delivery and returning of workshop materials to and from the workshop site, creating a check-in list and name badges for workshop participants and faculty, and staffing workshop check-in. The contractor will participate as faculty for MEPS workshops and will be responsible for developing slides, SAS exercises and discussion points for sections of the workshop including but not limited to SAS programming. The contractor will also update all SAS examples that are provided and discussed at the workshop, and will provide programming and data analysis support throughout the workshop.

A.3.2.2.10   Provide programming, statistical consultation and related support services on a periodic basis to support data development efforts for long-term care research activities and specialized statistical analyses. Activities may include literature reviews and synthesis, development of analysis plans, statistical analyses, developing and testing data collection methodologies, and developing survey

design plans. Instrument design work may include focus group and cognitive laboratory research efforts, designing computer assisted survey information collection (CASIC) modules and CASIC application programming. All work activities must be documented.

A.3.2.2.11   Produce special data runs and documentation, according to specifications of agency staff, on short notice when necessary, in response to requests from other government agencies and private organizations.

A.3.3   Center for Delivery, Organization and Markets (CDOM)

A.3.3.1   Design, institute and maintain a comprehensive and efficient system of data base management, analytic file development, system security and documentation.

A.3.3.1.1   Store, catalogue and maintain HCUP files, HCUP secondary data files, and other administrative data files as requested or provided by CDOM staff. All HCUP files are delivered on CD-ROM or DVD files. Data are loaded onto the secure server at ARHQ and at the contractor site. The original CD-ROM or DVD is then maintained as a back-up at the contractor site. Other data may be a variety of media. This task includes being able to manage HCUP data in a variety of data formats and file structures, comparing data received with its documentation to check for obvious inconsistencies, and performing logical and other edits designed by the contractor to verify the integrity of the data on CD-ROM. This task will also include creating SAS files from data in other formats, creating and documenting links between HCUP and secondary files and creating and maintaining a secure environment for processing SAS and other related files on secure PCs that are not networked.

A.3.3.1.2   Execute transfers of data to and from the contractor secure PC-based environment to CDOM and other AHRQ research staff located at AHRQ. This will include transfers of analytic extract files on pass-word protected CD-ROM via courier to AHRQ.

A.3.3.1.3   Maintain, edit, update, and document files in the HCUP database in accordance with the system delineated in 1.4. This task will include designing, testing, and running programs to support analytic needs of the research staff in CDOM; developing a programming and analytical approach that can be used for calculating appropriate variance estimates in an efficient manner; and performing quality control checks on final versions of the analytic files.

A.3.3.1.4   Create and document new variables and edited versions of existing variables, including updating files when appropriate and documenting updates, maintaining histories of variables created or edited, and keeping track of the latest and best versions of variables that have been revised.

A.3.3.1.5   Provide detailed documentation of all data files and work performed related to data editing and analysis and other data processing and programming efforts. This task shall include cataloguing data files and software, complete with descriptions of their contents and histories, and maintaining a back-up system

for all data base files with appropriate documentation of file contents and histories. The contractor shall use a software configuration management system and data base and file documentation library system, approved by AHRQ. The contractor shall maintain software configuration and version control, maintain software and data file check in/out procedures, and perform complete and timely documentation of all data processing, software and Web development, statistical modeling, software testing, maintenance and other data processing tasks performed under the contract.

A.3.3.2   Provide support for data analysis and dissemination.

A.3.3.2.1   Provide programming and related support for staff research projects. This task shall include consulting with CDOM staff on programming approaches consistent with analytic goals and data processing efficiency, which will require extensive knowledge and experience with econometric and statistical techniques used with large administrative databases and other smaller administrative and survey-based data, and the software used to execute such techniques. In addition, this task will involve at minimum constructing variables from HCUP and secondary data sources, such as the American Hospital Association and the Area Resource File; designing , testing and running statistical analyses using programs such as SAS, SUDAAN, and LIMDEP, as well as creating custom programs according to the specifications of CDOM staff; providing CDOM staff with specified results in tabular formats, both unweighted and weighted for the appropriate reference population; and providing full documentation of files created and work performed on all analytic tasks upon their completion.

A.3.3.2.2   Upon Project Officer approval, the contractor should demonstrate the ability to produce special estimates from HCUP data or merge HCUP public use data with data from other sources and produce special public use files containing merged data, in response to requests from outside researchers. The contractor shall develop appropriate arrangements to charge the outside organization or user making the request the cost associated with such special estimates or merged data tapes, and report on those arrangements within 90 days of the effective date of this contract. This cost shall be consistent with charges for similar activities billed to the Government under this contract and be accounted for on the monthly contract vouchers submitted to the Government.

The contractor shall ensure that the arrangements made with third parties to produce special HCUP estimates or merge HCUP and other data specifies that the estimates or merged data will be made available to the Government and that all necessary confidentiality protections will be taken before the special estimate or merged data tape is turned over to the outside user. The contractor shall also provide complete documentation on all special estimates and merged data tapes, and be able to create appropriate analytic files from the merged data for the Project Officer.

AHRQ may elect to arrange for direct charging of outside organizations for any special data processing requests.

A.3.3.2.3   Provide on-site Web support in accordance with procedure and standards approved by AHRQ. Develop and maintain the HCUP Web site content according to specifications of CDOM staff. Prepare monthly use reports, maintain archival records, update the site as requested, and investigate new technology that could be used to improve data dissemination.

The contractor will update Web sites using programming techniques, interactive database access procedures and other standards and methods approved by AHRQ.

A.3.3.2.4   Produce special data runs, according to specifications of agency staff, on short notice when necessary, in response to requests from other government agencies and private organizations.

A.3.4   Other AHRQ Offices/Centers

A.3.4.1   Design, institute and maintain a comprehensive and efficient system of data base management, file development, system security and documentation.

A.3.4.1.1   With proper authorization, execute transfers of data to and from the AHRQ network Data Center servers, the HDC or NIH computer systems to other locations for other Agency researchers, and where appropriate for outside users, including transfers between AHRQ networks Data Center servers, the NIH mainframe and CD-ROMs or personal computers. Examples of potential data sets include the Medicare and Medicaid administrative records, the Medicare Current Beneficiary Survey (MCBS), available Rx data sets, and others which may become available in the future.

A.3.4.1.2   Create and document new variables and edited versions of existing variables, including updating files when appropriate and documenting updates, maintaining histories of variables created or edited, and keeping track of the latest and otherwise specified versions of variables that have been revised.

A.3.4.1.3   Provide detailed documentation of all data files and work performed related to data editing and analysis and other data processing and programming efforts. This task shall include cataloguing data files and software, complete with descriptions of their contents and histories, and maintaining a back-up system for all data base files with appropriate security and documentation of file contents and histories. The contractor shall maintain software configuration and version control, maintain software and data file check in/out procedures, and perform complete and timely documentation of all data processing, software and Web development, micro-simulation modeling, software testing, maintenance and other data processing tasks performed under the contract.

A.3.4.2   Provide support for data analysis and dissemination.

A.3.4.2.1   Provide programming, statistical consultation, and related support for staff research projects. This task shall include consulting with Agency staff on programming approaches consistent with analytic goals and data processing efficiency, which will require extensive knowledge and experience with econometric and statistical techniques used with large national surveys, large

administrative and patient assessment databases and medical records, and the software used to execute such techniques. In addition, this task will involve at minimum constructing variables from in-house data and secondary data sources, such as Medicare administrative data, Medicare Current Beneficiary Survey data, NCHS national survey data, and other public and private sector data bases; designing , testing and running statistical analyses using programs such as SAS, STATA and SPSS, as well as creating custom programs according to the specifications of Center staff; proving staff with specified results in tabular formats and providing full documentation of files created and work performed on all analytic tasks upon their completion. Depending on the research projects, merging of several databases and special medical record abstracting programs may be required. For analytic tasks related to the CAHPS datasets, the Contractor will coordinate file construction with the National CAHPS Benchmarking Database (NCBD) which has assembled CAHPS datasets in a standard format. The contractor shall also institute a project management mechanism whereby the Agency researchers can directly communicate with the contractor's programming staff regarding the technical specifications of particular programming/analytical needs once the task assignments are made by the contractors' project managers.

A.3.4.2.2   National Health Care Quality Report (NHQR) and National Health Care Disparities Report (NHDR)

AHRQ's authorizing legislation requires that the Director prepare and annually submit to the Congress two reports on health care in America. The NHQR is a tool for understanding the level of performance of the health care system across a broad spectrum of quality measures. It is intended as a tool for Federal and State policymakers and therefore tracks quality at the national and, wherever possible, at the State level.

The NHDR report on prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations. The legislation specifies that priority populations include: Low income groups; minority groups; women; children; the elderly; and individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life care. This act further emphasizes the importance of the delivery of health care in inner-city and rural areas; hence, residents of such areas are considered as priority populations. The NHDR examines health care disparities for these groups compared to other Americans with respect to quality of and access to health care.

Under the direction of AHRQ task managers, the contractor shall provide data processing and support for these reports using a variety of public and potentially private databases, (e.g., MEPS, HCUP, the Medicare Current Beneficiary Survey, the Commonwealth Fund Health Care Quality Survey, US Renal Data System Data, SEER Data, Medicare and Medicaid claims and assessment data, and NCHS data such as SLAITS National Survey of Children with Special Needs).

Tasks to be performed include:

- Work with NHQR and NHDR teams to identify appropriate data sources and measures for the NHQR and NHDR. This includes private sector data sources, and the contractor will support ongoing evaluation and selection of appropriate private sector data sources for use in the NHQR. This work also includes possible use of Medicare and Medicaid claims and assessment data

- Work with NHQR and NHDR teams to develop appropriate measure specifications that can be used in the analysis phase for obtaining appropriate numerators and denominators for given measures and any appropriate exclusions.

- Work with NHQR and NHDR teams to develop appropriate table shells, which will include breakdowns by factors such as age, gender, race/ethnicity, urban/rural residence, state, and the like.

- Obtain necessary data files. The reports will track trends in the measures over time, so multiple years of data will be needed (as available).

- Create appropriate analytic files, including all necessary data preparation (e.g., data cleaning, imputation, weighting).

- Carry out data processing necessary to calculate the measures for the defined breakdowns. Typically this will entail generating rates or percentages (both observed and adjusted for relevant risk factors). The contractor will calculate standard errors of the estimates.

- Conduct related analyses as needed to validate observed results (e.g., compare to results from other data sources).

- Provide an overview/summary of results of measurement and analyses.

- Conduct analyses of trends in quality and disparities across measure sets specified by the NHQR and NHDR teams.
- Support incorporation of measurement and analyses into text of the NHQR and NHDR.

- Write up specifications that describe the methods and data used in the measurements.

- Together with the NHQR and NHDR teams and support from other contractors, produce Table Appendices for the NHQR and NHDR. These appendices will include detailed tables for the measures analyzed under this SOW as well as tables provided to the NHQR and NHDR teams by other data partners (e.g. NCHS) or contractors.

- Together with the NHQR and NHDR teams and support from other contractors, produce a Measure Specification Appendices for the NHQR and NHDR. These appendices will contain measure and data source

specifications for measures and data sources analyzed under this SOW as well as specifications for measures and data sources provided to the NHQR and NHDR teams by other data partners (e.g. NCHS) or contractors.

- Work with NHQR and NHDR teams and AHRQ editorial staff to create appropriate format and presentation styles for the Table and Measure Specification Appendices.

- Conduct quality control of Findings presented in the NHQR and NHDR and estimates tabulated in the Tables Appendices to ensure that they are consistent.

- Produce special data runs and documentation, according to specifications of agency staff, on short notice when necessary, in response to requests from other government agencies and private organizations, relating to the NHQR and NHDR.

- Support special web-based tools, according to specifications of agency staff, to help distribute NHQR and NHDR estimates and findings. These tools include the State Snapshots, NHQRnet, NHDRnet, and internal net products for AHRQ staff.

- The NHDR has specific methodological needs that merit special attention by any contractor. First is the need to generate estimates whenever possible for all OMB-recognized racial categories including whites, blacks, Asians, Native Hawaiians and Other Pacific Islanders (NHOPIs), American Indians and Alaska Natives, and multiple races. Because NHOPIs make up 0.3% of the US population, small sample size problems are often encountered that require data aggregation or suppression. Second is the need for stratification for SES in all race and ethnicity tables and stratification by race/ethnicity in all SES tables.

- Support coordination of the many activities involved in generation of the NHQR and NHDR.

A.3.4.2.3   Patient Safety Organizations – Technical Assistance

AHRQ is responsible for implementing the Patient Safety and Quality Improvement Act of 2005. In this role, AHRQ has operational responsibilities for implementing and maintaining the PSO program, and for developing the Network of Patient Safety Databases (NPSD). The NPSD will produce analysis reports for the NHQR and NHDR as well as a report to Congress on effective strategies for reducing medical errors and increasing patient safety.

Under the direction of AHRQ task managers, the contractor shall provide technical assistance, as requested and/or needed, to the AHRQ PSO team for the following activities:

- Administration of PSO listing and evaluation activities.

- Assist with maintenance of the PSO database of PSO forms for tracking and compliance and the database of patient safety event reporting systems (MDIS).
- Assist with analysis of system technical requirements, complex specifications, quality control and technical approaches for PSO related IT databases and systems. If requested, this may include work with patient safety data and legal experts to address and assist with resolving issues of database integrity, security, confidentiality, and privacy related to the PSO team activities and Patient Safety Act.
- Assist with tracking and management of team tasks using Micrsoft Project.
- Assist with development, testing, and release of scheduled versions of the AHRQ Common Formats for patient safety event reporting.
- Assist with development of report elements, structure, and specifications for patient safety event data using the Common Formats.
- Assist with legal analysis of regulatory, contractual, and privacy issues related to implementation of the Patient Safety and Quality Improvement Act, evaluation of PSO applications/certifications, provision of technical assistance to PSOs, and submission of patient safety event data to PSOs, the PSO PPC, and the NPSD.
- Assist with other PSO related tasks as assigned by the Director of CQUIPS and/or the AHRQ Task Manager.

A.3.4.2.4   Produce special data runs, according to specifications of agency staff, on short notice when necessary, in response to requests from other government agencies and private organizations.

A.3.5   The contractor shall perform the following tasks for all the Centers:
Develop and implement a transition plan for transferring all applicable data and activities to this contractor from the current incumbent contractor within 60 days of the effective date of this contract.

A.3.5.1   Develop a draft plan for transferring applicable data and activities within 1 week of the effective date of this contract (EDOC), and a final plan, subject to Project Officer review and approval, within 2 weeks of EDOC that identifies all activities, data files, software, and documentation that must be transferred, and delineates a plan that ensures their complete transfer within 60 days of EDOC.

The plan shall provide for an inventory of all data files, software, and documentation; security arrangements for ensuring the confidentiality of data; and adequate staffing of ongoing tasks. It will also provide for ensuring the following:

- The assignment of specific staff to each task that is to be transferred,
- The physical transfer and storage of data files, data tapes, software, and all relevant documentation,
- The implementation of the cataloging and file maintenance system developed in 3.2.1.5, 3.3.1.4 and 3.4.1.2,
- The implementation of appropriate accounting and security systems.

A.3.6   Institute and maintain a comprehensive and efficient system of project
            management.

A.3.6.1   Prepare an annual project management plan which provides for the budgeting,
            monitoring, and documentation of all applicable contract activities and costs by
            task grouped within the following areas: 1) installation and verification of data
            files, 2) data editing and imputation, 3) public use files, 4) special requests, 5)
            analytic projects, 6) microsimulation modeling, 7) Web support, 8) on-site data
            center support and 9) database management. Each task will correspond to a
            closely related set of activities to accomplish a specified objective, such as the
            editing or installation of a particular set of variables or files, support for a
            particular publication, or routine maintenance and management of the
            database. The plan shall provide for the initiation of tasks only upon the
            approval of the Project Officer for the activity and its proposed budget.

            The plan shall include procedures for ensuring all of the following: adequate
            availability of staff, including methods for recruiting new personnel as needed;
            efficient use of computer and programmer resources on each task and using
            efficient methods of debugging programs; the performance of tasks in a timely
            manner; and the maintenance of consistency and comparability of data used
            across tasks--including use of the most current versions of variables and files
            by all programmers on all tasks.

            The plan shall also include the delineation of procedures for ensuring the data
            security and confidentiality.

A.3.6.2   The contractor shall work with project officer and other Agency representatives
            to develop an electronic project plan including deliverables, tasks, resources,
            and schedule using Microsoft Office Project (version 2003). The electronic
            project plan should include a work breakdown structure (WBS) and a Gantt
            chart that organizes all of the work to be done and provided to the Project
            Officer within 60 days after the contract has been awarded. The WBS and
            Gantt chart should be organized in 1 project file and in a task based
            hierarchical format. The project file will consist of task start and end dates,
            deliverables, activities, milestones, durations, activity dependencies and
            schedule. The WBS and Gantt chart will clearly define the work that needs to
            be done in order to produce the deliverable(s) on time. The activities should be
            decomposed to the lowest and most manageable level of sufficient detail. The
            WBS and Gantt chart may be iterative and will be used by the AHRQ Project
            Officer and/or designated AHRQ staff members to monitor and control the
            contract. The WBS and Gantt chart should be in MS Project 2003 and/or MS
            Project Server 2003 format. The contractor will be expected to update the
            WBS and Gantt chart monthly. The contractor staff member responsible for
            updating the WBS and Gantt chart should be experienced in MS Project and be
            knowledgeable of Project Management concepts and practices. The WBS and
            Gantt chart may, at the discretion of AHRQ, be housed on the AHRQ MS
            Project Server. AHRQ will provide access to the AHRQ network through the
            use of 1 Active Directory (AD) account and 1 remote access (VPN) account to
            a designated contract staff member. The AD and VPN accounts will be used
            by the designated contract staff member for the purpose of updating the MS
            Project file (WBS and Gantt chart), every 30 days at a minimum. The

contractor will be provided the proper documentation, including signature requirement pages, before the AD or VPN accounts are created.

A.3.6.3   Prepare monthly progress and summary cost reports for work performed during the prior month and prepare a final report for each Center by task, and deliver all reports and associated documentation in hard copy and electronic format to the AHRQ Contracts Office and Project Officers. All reports shall include subcontractor's activities in the same level of detail as those of the contractor. Each monthly progress report shall list, by task, project activities of the past month, the summary cost of those activities, the anticipated next month's activities, problems encountered and proposed solutions, and any other information which has a significant impact on ongoing or planned activities or costs. Also, each report shall note milestones, describe past problems (including a concise statement of success or lack thereof in solving the problems encountered), describe anticipated problems and proposed solutions, describe work planned for the next reporting period, compare progress and resource expenditures to the original schedule and budget and provide explanations for any variances, assess whether the current total estimated contract cost is sufficient to complete the contract, and describe significant changes in the contractor's operational personnel.

The format and delivery mechanism for all monthly, final and other progress reports and contract deliverables shall adhere to any AHRQ standards and procedures and automated systems and data bases established by the Agency for this purpose. Also, all systems documentation prepared and delivered in the support of this contract shall be maintained in an electronic document management and filing system, shall be maintained current throughout the contract life-cycle and shall be accessible to the government for review at any time during the life of the contract.

A.3.6.4   Meet with project officer and other Agency representatives on a monthly basis in the Washington, D.C. area to discuss plans, progress, problems, and any other topics which may arise during the course of individual tasks.

A.3.6.5   Make arrangements to transmit materials to and from the contractor, the AHRQ Data Center, the NIH computer system, and AHRQ staff as needed by whatever method is necessary to assure the shortest turnaround time possible consistent with cost effectiveness. This will include the use of courier services, local printing at AHRQ Data Center and mainframe jobs from remote sites, FAX transmissions, FTP, download from the AHRQ Extranet, electronic mail and other methods.

A.3.7   Quality Assurance

The contractor shall ensure that all data products including all data files, publications, online data tools and Web sites are of high technical quality through a systematic and thorough quality control review process. The contractor shall document and implement a quality control process for each data processing activity performed under this contract.

A.3 Work Statement Option Years 1-4

A.3.1   The contractor shall furnish the necessary personnel, materials, services, and facilities, and otherwise do everything necessary for or incident to the performance of the work described below.

The contractor shall perform the following tasks for each Center designated:

A.3.2   Center for Financing, Access, and Cost Trends

A.3.2.1   Design, institute and maintain a comprehensive and efficient system of database management, file development, system security and documentation.

A.3.2.1.1   Install MEPS, NMES, NMCES and secondary data files. This includes being able to manage data in a variety of formats, comparing data received with its documentation to check for obvious inconsistencies, and performing logical and other edits designed by the contractor to verify the integrity of the data on installed files. This task will also include creating SAS files from data in other formats, creating and documenting links between MEPS, NMES, NMCES and secondary files, and creating and maintaining a secure environment for processing SAS and other related files and software on the AHRQ network Data Center servers.

A.3.2.1.2   Provide continuous onsite technical support and serve as the contact point and interface to the AHRQ LAN administrator for the Data Center. This task requires that an experienced technical support individual work with the AHRQ designated LAN administrator and be provided for the Data Center. This person will maintain the Data Center systems in accordance with AHRQ policy and procedures and will serve as the gatekeeper for confidential data maintained onsite.

A.3.2.1.3   Execute transfers of data to and from the AHRQ network Data Center servers, the contractor secure PC-based environment, and other locations for AHRQ researchers, and where appropriate for outside users, including transfers between AHRQ network Data Center servers, other mainframes and CD-ROMs or personal computers.

A.3.2.1.4   Provide programming support required to identify and select the annual nationally representative sample for the MEPS from the previous years' National Health Interview Survey (NHIS). A key feature of the MEPS sample design is that each year's sample is a subsample of households who participated in the previous year's NHIS conducted by the National Center for Health Statistics of the Centers for Disease Control and Prevention. In most years, the MEPS annual sample is selected from among responding households in two of the four eligible NHIS panels fielded during calendar quarters 1-3 of the previous year. The sample selection is generally carried out in two waves – 1) from NHIS Quarters 1 and 2 and then 2) from Quarter 3. This task shall include strict adherence to AHRQ's data confidentiality requirements and consultations with CFACT staff on programming approaches

consistent with specified MEPS sampling specifications. Tasks will include: 1) Formatting of NHIS data files for use in the MEPS sample selection, 2) Quality control of files to ensure complete NHIS half sample, 3) Quality control review of variables necessary for sample selection, 4) Identification of sample domains, 5) Implementation of MEPS sampling specifications, and 6) Preparation of data file to be transmitted to the data collection contractor.

A.3.2.1.5   Maintain, edit, update, and document files in the MEPS database in accordance with the system delineated in 1.3. This task will include designing, testing, and running programs to edit raw data including resolving logical inconsistencies and performing imputations using weighted sequential hot-decks and other available methods to account for missing data; developing a programming approach that can be used for creating appropriate sample weights and variance estimates in an efficient manner; and performing quality control checks on final versions of the files. These checks will entail at a minimum producing population weighted frequencies of selected variables, and benchmarking the results against other sources of similar information. The contractor shall provide sufficient backup staff for mission critical highly complex data editing tasks.

A.3.2.1.6   Create and document new variables and edited versions of existing variables, including updating files when appropriate and documenting updates, maintaining histories of variables created or edited, and keeping track of the latest and best versions of variables that have been revised.

A.3.2.1.7   Provide detailed documentation of all data files and work performed related to data editing and analysis and other data processing and programming efforts. This task shall include cataloguing data files and software, complete with descriptions of their contents and histories, and maintaining a back-up system for all data base files with appropriate documentation of file contents and histories. The contractor shall use a software configuration management system and data base and file documentation library system, approved by AHRQ. The contractor shall maintain software configuration and version control, maintain software and data file check in/out procedures, and perform complete and timely documentation of all data processing, software and Web development, statistical modeling, software testing, maintenance and other data processing tasks performed under the contract.

A.3.2.2   Provide support for data analysis and dissemination.

A.3.2.2.1   Provide programming and related support for staff research projects. This task shall include consulting with CFACT staff on programming approaches consistent with analytic goals and data processing efficiency. The task will involve extensive data work to construct variables from MEPS, NMES, and NMCES to support analysis. Tasks will include sophisticated hot decking and related imputation techniques, longitudinal, time dependent analysis along with the development of often complex algorithms for combining information across family members, across years, across rounds, across provider encounters, across jobs, across insurance sources, and across the complex structure of MEPS, NMES, and NMCES data files. Most of the programming work for this task shall be done using SAS and/or STATA.

The contractor shall provide programming support to facilitate analyses that use confidential datasets which are maintained offsite. The contractor shall provide qualified programming staffs that are able to travel to other data facilities within the Washington D.C. metro area. Examples include but are not limited to CMS, Census Bureau, Bureau of Labor Statistics, etc. Access to the Census Bureau's Research Data Center will require the contractor's programming staff to apply for and receive a security clearance from the Census Bureau.

In addition to providing expert programming assistance to support CFACT analysts, this task, in some instances, will also require the contractor to display knowledge and experience with econometric and statistical techniques used with large national surveys and the software used to execute such techniques. This may include designing, testing and running statistical analyses using programs such as SAS, STATA, SUDAAN, and LIMDEP, as well as creating custom programs according to the specifications of CFACT staff; providing CFACT staff with specified results in tabular formats, both unweighted and weighted for the appropriate reference population; and providing full documentation of files created and work performed on all analytic tasks upon their completion.

A.3.2.2.2   Provide programming support for microsimulation modeling projects. CFACT staff often undertake both rapid-turnaround and longer-term projects involving microsimulation estimation of health care policies. Microsimulation results generated by the modeling group may be used by top levels of government, or they may be targeted at academic journals. In the past, simulation analyses of the following proposals have been undertaken: (i) parity in mental health insurance coverage, (ii) capping the tax preference for employment-related health insurance, (iii) estimating the number of children eligible for public programs but who are uninsured, (iV) Medical Savings Accounts, (v) increasing the health insurance deduction for the self-employed, (vi) Medicaid reforms, and (vii) Medicare reforms.

The CFACT microsimulation project is the Medical Expenditure Microsimulation Model (MEDSIM), which includes a collection of complex programs written in SAS. Each program must typically be adapted or enhanced to meet specific project objectives. The contractor will not only work with CFACT staff on the development of new microsimulation capabilities, but also work with the existing components of the MEDSIM model and to maintain consistency of models and programming techniques in future iterations.

Examples of existing MEDSIM components produced by CFACT analysts in the past include (i) programs to project the economic, demographic, and health-related variables in the NMES and MEPS to future years; (ii) the MEDTAX model to provide simulations of income tax burdens for the MEPS data; (iii) programs simulating eligibility and enrollment in public programs, such as Medicaid; and (iv) the BENSIM model using detailed insurance coverage information to "process" total expenditures into those paid by the patient and those paid by the insurer. The task requires the contractor to combine elements from these modules and to develop new modules as needed

to simulate often highly-complex reform proposals. There must be a demonstrated ability not only to provide programming support for such microsimulation tasks, but also to do so in a manner that is timely and consistent with efficiency and cost considerations.

Subtasks for each modeling project will include creating a separate simulation data base, writing the code for simulations according to specifications provided by CFACT staff, and fully documenting all of the programming work and files created for each microsimulation analysis performed.

Specific microsimulation analytic and developmental tasks will include at least the following tasks:

a)   Providing programming support to CFACT analysts projecting economic, demographic, and health-related data from the MEPS to current and future years at the national level, using data from MEPS, NHIS, CPS, MCBS, and possibly additional datasets; providing support for application of demographic aging/reweighting techniques for microsimulation efforts.

b)   Updating tax parameters in the MEDTAX module for simulating federal income taxes. The MEDTAX module of MEDSIM simulates baseline federal individual income and payroll taxes, as well as state and local income taxes. MEDTAX uses details from the tax code in conjunction with tax benchmarks released in the Internal Revenue Service Statistics of Income (SOI) as inputs to a complex algorithm for simulated federal payroll and income taxes for each person in MEPS based on their vector of income by type. In addition to providing the data processing to support MEDTAX, the contractor shall provide SOI benchmark tables and tabulations of simulated marginal tax rates, and individual MEDTAX records as needed, to validate the revised and updated MEDTAX baseline simulations.

c)   Work with detailed insurance coverage information to produce an updated claims processing program (BENSIM) to determine how much of a given expenditure vector, by detailed type of service, a given insurance plan would pay. This task requires editing the detailed plan information and using these data in complex algorithms to process claims. .

d)   Work with state-by-state public program eligibility parameters to produce simulated program eligibility. This task entails editing wage data, merging in data from NHIS, categorizing often complex family relationships, editing immigration status using data from NHIS and CPS, and applying complex eligibility algorithms.

e)   Combine elements from all of the above according to analyst specifications to support MEDSIM evaluations of the socioeconomic impacts of health care reforms. These MEDSIM model components will be used in conjunction with a database containing annual health expenditures, details of private health insurance policy coverage, and other socioeconomic and demographic data about the civilian, noninstitutionalized household population.

f)   Update projected expenditure data products on AHRQ's home page

A.3.2.2.3   The contractor will be required to provide data processing assistance in
             updating the various data products currently available on AHRQ's home page
             which are accessed through the MEPS Web site.

A.3.2.2.4   Create public use files from MEPS data in such a way as to preserve the
             confidentiality of the data. Data sources include the original and final versions
             of selected variables, and produce appropriate documentation for public
             distribution in a consistent and timely manner. This task will involve producing
             code books and relevant documentation describing variables and any editing or
             imputation procedures, producing formatted frequencies of all variables, writing
             "read-me" files, and in some cases producing a CD-ROM.

A.3.2.2.5   Provide on-site technical expertise to support the AHRQ Data Center per
             direction from AHRQ LAN administrators and AHRQ staff. Prepare monthly
             reports, maintain log of data files, and assist in the daily support and operations
             of the data center, in accordance with procedures approved by AHRQ. The
             contractor will also assist AHRQ staff and outside researchers by providing on-
             site technical assistance and consultation with computer programming at the
             data center or with the AHRQ LAN administration, when required. Specifically,
             the contractor will assist in the development of analytic files, and maintaining
             and updating documentation of those files; assist with the development,
             execution, and documentation of computer programs; provide consultation
             services to staff on security arrangements for the use of confidential data within
             the data center; consult with external users regarding the development,
             execution, and documentation of computer programs. The contractor must be
             knowledgeable of SAS, SUDAAN, SPSS, STATA, and LIMDEP.

             The contractor shall develop appropriate arrangements to charge the outside
             organization or user making the request the cost associated with such special
             estimates or merged data file, and report on those arrangements within 90
             days of the effective date of this contract. This cost shall be consistent with
             charges for similar activities billed to the Government under this contract and
             be accounted for on the monthly contract vouchers submitted to the
             Government.

             The contractor shall ensure that the arrangements made with third parties to
             produce special MEPS estimates or merge MEPS and other data specifies that
             the estimates or merged data will be made available to the Government and
             that all necessary confidentiality protections will be taken before the special
             estimate or merged data file is turned over to the outside user. The contractor
             shall also provide complete documentation on all special estimates and merged
             data tapes, and be able to create appropriate analytic files from the merged
             data for the Project Officer.

             AHRQ may elect to arrange for direct charging of outside organizations for any
             special data processing requests.

A.3.2.2.6   Provide on-site analytical programming support accessing the MEPS Insurance
             Component (IC) data. MEPS-IC data are only available at the Census Bureau's
             Center for Economic Studies located at the Census Bureau headquarters in

Suitland, Maryland. These data are Census Bureau and IRS confidential which will require the programmer to obtain Special Sworn Status at the Census Bureau and perform the programming tasks on site at the Census Bureau

A.3.2.2.7   Produce Online Publications

AHRQ produces and disseminates online publications based on MEPS data. Statistical Briefs, Methodology Reports and Findings Reports are descriptive reports that are developed and posted on the MEPS Web site. These are Web-only products. An essential task under this contract is to manage and facilitate the development and release of these reports. The contractor shall provide technical programming, technical editing, graphical services and quality control services to facilitate a timely and accurate data product.

A.3.2.2.8   Manage and Coordinate MEPS Data Products and Web Site

AHRQ produces both MEPS data files and publications. Both data products are disseminated through the MEPS Web site. The contractor shall provide a dedicated team of qualified individuals for each MEPS activity: Public Use Data Files, MEPS Online Publications and Tables, and the MEPS Web Site. Each team is responsible for the development and quality control of each data product. Coordination amongst these three teams is essential to facilitate the timely release of a high quality data product.

The contractor shall implement modifications to the MEPS web site at the request of the MEPS web manager.

A.3.2.2.9   Provide technical and logistical support in the conduct of MEPS workshops throughout the year. MEPS workshops provide both practical information about MEPS public use data files and an opportunity to construct analytic files with the assistance of AHRQ staff. The workshops are designed for health services researchers who have a background or interest in using national health surveys. Activities include: development of workshop materials including those that will be made available on the on the MEPS web site that must be compliant with DHHS regulations (e.g., 508 complaint), tracking and processing registrations and registration payments, determining and providing on site support for workshops, and determining computer requirements/needs of a workshop and acquiring the resources to fulfill those needs. The contractor will be responsible for logistical support including: arranging for delivery and returning of workshop materials to and from the workshop site, creating a check-in list and name badges for workshop participants and faculty, and staffing workshop check-in. The contractor will participate as faculty for MEPS workshops and will be responsible for developing slides, SAS exercises and discussion points for sections of the workshop including but not limited to SAS programming. The contractor will also update all SAS examples that are provided and discussed at the workshop, and will provide programming and data analysis support throughout the workshop.

A.3.2.2.10 Provide programming, statistical consultation and related support services on a periodic basis to support data development efforts for long-term care research activities and specialized statistical analyses. Activities may include literature reviews and synthesis, development of analysis plans, statistical analyses, developing and testing data collection methodologies, and developing survey design plans. Instrument design work may include focus group and cognitive laboratory research efforts, designing computer assisted survey information collection (CASIC) modules and CASIC application programming. All work activities must be documented.

A.3.2.2.11 Produce special data runs and documentation, according to specifications of agency staff, on short notice when necessary, in response to requests from other government agencies and private organizations.

A.3.3 Center for Delivery, Organization and Markets (CDOM)

A.3.3.1 Design, institute and maintain a comprehensive and efficient system of data base management, analytic file development, system security and documentation.

A.3.3.1.1 Store, catalogue and maintain HCUP files, HCUP secondary data files, and other administrative data files as requested or provided by CDOM staff. All HCUP files are delivered on CD-ROM or DVD files. Data are loaded onto the secure server at ARHQ and at the contractor site. The original CD-ROM or DVD is then maintained as a back-up at the contractor site. Other data may be a variety of media. This task includes being able to manage HCUP data in a variety of data formats and file structures, comparing data received with its documentation to check for obvious inconsistencies, and performing logical and other edits designed by the contractor to verify the integrity of the data on CD-ROM. This task will also include creating SAS files from data in other formats, creating and documenting links between HCUP and secondary files and creating and maintaining a secure environment for processing SAS and other related files on secure PCs that are not networked.

A.3.3.1.2 Execute transfers of data to and from the contractor secure PC-based environment to CDOM and other AHRQ research staff located at AHRQ. This will include transfers of analytic extract files on pass-word protected CD-ROM via courier to AHRQ.

A.3.3.1.3 Maintain, edit, update, and document files in the HCUP database in accordance with the system delineated in 1.4. This task will include designing, testing, and running programs to support analytic needs of the research staff in CDOM; developing a programming and analytical approach that can be used for calculating appropriate variance estimates in an efficient manner; and performing quality control checks on final versions of the analytic files.

A.3.3.1.4 Create and document new variables and edited versions of existing variables, including updating files when appropriate and documenting updates, maintaining histories of variables created or edited, and keeping track of the latest and best versions of variables that have been revised.

A.3.3.1.5   Provide detailed documentation of all data files and work performed related to data editing and analysis and other data processing and programming efforts. This task shall include cataloguing data files and software, complete with descriptions of their contents and histories, and maintaining a back-up system for all data base files with appropriate documentation of file contents and histories. The contractor shall use a software configuration management system and data base and file documentation library system, approved by AHRQ. The contractor shall maintain software configuration and version control, maintain software and data file check in/out procedures, and perform complete and timely documentation of all data processing, software and Web development, statistical modeling, software testing, maintenance and other data processing tasks performed under the contract.

A.3.3.2   Provide support for data analysis and dissemination.

A.3.3.2.1   Provide programming and related support for staff research projects. This task shall include consulting with CDOM staff on programming approaches consistent with analytic goals and data processing efficiency, which will require extensive knowledge and experience with econometric and statistical techniques used with large administrative databases and other smaller administrative and survey-based data, and the software used to execute such techniques. In addition, this task will involve at minimum constructing variables from HCUP and secondary data sources, such as the American Hospital Association and the Area Resource File; designing , testing and running statistical analyses using programs such as SAS, SUDAAN, and LIMDEP, as well as creating custom programs according to the specifications of CDOM staff; providing CDOM staff with specified results in tabular formats, both unweighted and weighted for the appropriate reference population; and providing full documentation of files created and work performed on all analytic tasks upon their completion.

A.3.3.2.2   Upon Project Officer approval, the contractor should demonstrate the ability to produce special estimates from HCUP data or merge HCUP public use data with data from other sources and produce special public use files containing merged data, in response to requests from outside researchers. The contractor shall develop appropriate arrangements to charge the outside organization or user making the request the cost associated with such special estimates or merged data tapes, and report on those arrangements within 90 days of the effective date of this contract. This cost shall be consistent with charges for similar activities billed to the Government under this contract and be accounted for on the monthly contract vouchers submitted to the Government.

The contractor shall ensure that the arrangements made with third parties to produce special HCUP estimates or merge HCUP and other data specifies that the estimates or merged data will be made available to the Government and that all necessary confidentiality protections will be taken before the special estimate or merged data tape is turned over to the outside user. The contractor shall also provide complete documentation on all special estimates

and merged data tapes, and be able to create appropriate analytic files from the merged data for the Project Officer.

AHRQ may elect to arrange for direct charging of outside organizations for any special data processing requests.

A.3.3.2.3   Provide on-site Web support in accordance with procedure and standards approved by AHRQ. Develop and maintain the HCUP Web site content according to specifications of CDOM staff. Prepare monthly use reports, maintain archival records, update the site as requested, and investigate new technology that could be used to improve data dissemination.

The contractor will update Web sites using programming techniques, interactive database access procedures and other standards and methods approved by AHRQ.

A.3.3.2.4   Produce special data runs, according to specifications of agency staff, on short notice when necessary, in response to requests from other government agencies and private organizations.

A.3.4   Other AHRQ Offices/Centers

A.3.4.1   Design, institute and maintain a comprehensive and efficient system of data base management, file development, system security and documentation.

A.3.4.1.1   With proper authorization, execute transfers of data to and from the AHRQ network Data Center servers, the HDC or NIH computer systems to other locations for other Agency researchers, and where appropriate for outside users, including transfers between AHRQ networks Data Center servers, the NIH mainframe and CD-ROMs or personal computers. Examples of potential data sets include the Medicare and Medicaid administrative records, the Medicare Current Beneficiary Survey (MCBS), available Rx data sets, and others which may become available in the future.

A.3.4.1.2   Create and document new variables and edited versions of existing variables, including updating files when appropriate and documenting updates, maintaining histories of variables created or edited, and keeping track of the latest and otherwise specified versions of variables that have been revised.

A.3.4.1.3   Provide detailed documentation of all data files and work performed related to data editing and analysis and other data processing and programming efforts. This task shall include cataloguing data files and software, complete with descriptions of their contents and histories, and maintaining a back-up system for all data base files with appropriate security and documentation of file contents and histories. The contractor shall maintain software configuration and version control, maintain software and data file check in/out procedures, and perform complete and timely documentation of all data processing, software and Web development, micro-simulation modeling, software testing, maintenance and other data processing tasks performed under the contract.

A.3.4.2   Provide support for data analysis and dissemination.

A.3.4.2.1   Provide programming, statistical consultation, and related support for staff research projects. This task shall include consulting with Agency staff on programming approaches consistent with analytic goals and data processing efficiency, which will require extensive knowledge and experience with econometric and statistical techniques used with large national surveys, large administrative and patient assessment databases and medical records, and the software used to execute such techniques. In addition, this task will involve at minimum constructing variables from in-house data and secondary data sources, such as Medicare administrative data, Medicare Current Beneficiary Survey data, NCHS national survey data, and other public and private sector data bases; designing , testing and running statistical analyses using programs such as SAS, STATA and SPSS, as well as creating custom programs according to the specifications of Center staff; proving staff with specified results in tabular formats and providing full documentation of files created and work performed on all analytic tasks upon their completion. Depending on the research projects, merging of several databases and special medical record abstracting programs may be required. For analytic tasks related to the CAHPS datasets, the Contractor will coordinate file construction with the National CAHPS Benchmarking Database (NCBD) which has assembled CAHPS datasets in a standard format. The contractor shall also institute a project management mechanism whereby the Agency researchers can directly communicate with the contractor's programming staff regarding the technical specifications of particular programming/analytical needs once the task assignments are made by the contractors' project managers.

A.3.4.2.2   National Health Care Quality Report (NHQR) and National Health Care Disparities Report (NHDR)

AHRQ's authorizing legislation requires that the Director prepare and annually submit to the Congress two reports on health care in America. The NHQR is a tool for understanding the level of performance of the health care system across a broad spectrum of quality measures. It is intended as a tool for Federal and State policymakers and therefore tracks quality at the national and, wherever possible, at the State level.

The NHDR report on prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations. The legislation specifies that priority populations include: Low income groups; minority groups; women; children; the elderly; and individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life care. This act further emphasizes the importance of the delivery of health care in inner-city and rural areas; hence, residents of such areas are considered as priority populations. The NHDR examines health care disparities for these groups compared to other Americans with respect to quality of and access to health care.

Under the direction of AHRQ task managers, the contractor shall provide data processing and support for these reports using a variety of public and potentially private databases, (e.g., MEPS, HCUP, the Medicare Current Beneficiary Survey, the Commonwealth Fund Health Care Quality Survey, US

Renal Data System Data, SEER Data, Medicare and Medicaid claims and assessment data, and NCHS data such as SLAITS National Survey of Children with Special Needs).

Tasks to be performed include:

- Work with NHQR and NHDR teams to identify appropriate data sources and measures for the NHQR and NHDR. This includes private sector data sources, and the contractor will support ongoing evaluation and selection of appropriate private sector data sources for use in the NHQR. This work also includes possible use of Medicare and Medicaid claims and assessment data

- Work with NHQR and NHDR teams to develop appropriate measure specifications that can be used in the analysis phase for obtaining appropriate numerators and denominators for given measures and any appropriate exclusions.

- Work with NHQR and NHDR teams to develop appropriate table shells, which will include breakdowns by factors such as age, gender, race/ethnicity, urban/rural residence, state, and the like.

- Obtain necessary data files. The reports will track trends in the measures over time, so multiple years of data will be needed (as available).

- Create appropriate analytic files, including all necessary data preparation (e.g., data cleaning, imputation, weighting).

- Carry out data processing necessary to calculate the measures for the defined breakdowns. Typically this will entail generating rates or percentages (both observed and adjusted for relevant risk factors). The contractor will calculate standard errors of the estimates.

- Conduct related analyses as needed to validate observed results (e.g., compare to results from other data sources).

- Provide an overview/summary of results of measurement and analyses.

- Conduct analyses of trends in quality and disparities across measure sets specified by the NHQR and NHDR teams.
- Support incorporation of measurement and analyses into text of the NHQR and NHDR.

- Write up specifications that describe the methods and data used in the measurements.

- Together with the NHQR and NHDR teams and support from other contractors, produce Table Appendices for the NHQR and NHDR. These appendices will include detailed tables for the measures

analyzed under this SOW as well as tables provided to the NHQR and NHDR teams by other data partners (e.g. NCHS) or contractors.

- Together with the NHQR and NHDR teams and support from other contractors, produce a Measure Specification Appendices for the NHQR and NHDR. These appendices will contain measure and data source specifications for measures and data sources analyzed under this SOW as well as specifications for measures and data sources provided to the NHQR and NHDR teams by other data partners (e.g. NCHS) or contractors.

- Work with NHQR and NHDR teams and AHRQ editorial staff to create appropriate format and presentation styles for the Table and Measure Specification Appendices.

- Conduct quality control of Findings presented in the NHQR and NHDR and estimates tabulated in the Tables Appendices to ensure that they are consistent.

- Produce special data runs and documentation, according to specifications of agency staff, on short notice when necessary, in response to requests from other government agencies and private organizations, relating to the NHQR and NHDR.

- Support special web-based tools, according to specifications of agency staff, to help distribute NHQR and NHDR estimates and findings. These tools include the State Snapshots, NHQRnet, NHDRnet, and internal net products for AHRQ staff.

- The NHDR has specific methodological needs that merit special attention by any contractor. First is the need to generate estimates whenever possible for all OMB-recognized racial categories including whites, blacks, Asians, Native Hawaiians and Other Pacific Islanders (NHOPIs), American Indians and Alaska Natives, and multiple races. Because NHOPIs make up 0.3% of the US population, small sample size problems are often encountered that require data aggregation or suppression. Second is the need for stratification for SES in all race and ethnicity tables and stratification by race/ethnicity in all SES tables.

- Support coordination of the many activities involved in generation of the NHQR and NHDR.

A.3.4.2.3   Patient Safety Organizations – Technical Assistance

AHRQ is responsible for implementing the Patient Safety and Quality Improvement Act of 2005. In this role, AHRQ has operational responsibilities for implementing and maintaining the PSO program, and for developing the Network of Patient Safety Databases (NPSD). The NPSD will produce analysis reports for the NHQR and NHDR as well as a report to Congress on effective strategies for reducing medical errors and increasing patient safety.

Under the direction of AHRQ task managers, the contractor shall provide technical assistance, as requested and/or needed, to the AHRQ PSO team for the following activities:

- Administration of PSO listing and evaluation activities.
- Assist with maintenance of the PSO database of PSO forms for tracking and compliance and the database of patient safety event reporting systems (MDIS).
- Assist with analysis of system technical requirements, complex specifications, quality control and technical approaches for PSO related IT databases and systems. If requested, this may include work with patient safety data and legal experts to address and assist with resolving issues of database integrity, security, confidentiality, and privacy related to the PSO team activities and Patient Safety Act.
- Assist with tracking and management of team tasks using Micrsoft Project.
- Assist with development, testing, and release of scheduled versions of the AHRQ Common Formats for patient safety event reporting.
- Assist with development of report elements, structure, and specifications for patient safety event data using the Common Formats.
- Assist with legal analysis of regulatory, contractual, and privacy issues related to implementation of the Patient Safety and Quality Improvement Act, evaluation of PSO applications/certifications, provision of technical assistance to PSOs, and submission of patient safety event data to PSOs, the PSO PPC, and the NPSD.
- Assist with other PSO related tasks as assigned by the Director of CQUIPS and/or the AHRQ Task Manager.

A.3.4.2.4   Produce special data runs, according to specifications of agency staff, on short notice when necessary, in response to requests from other government agencies and private organizations.

A.3.5   The contractor shall perform the following tasks for all the Centers:
Develop and implement a transition plan for transferring all applicable data and activities to this contractor from the current incumbent contractor within 60 days of the effective date of this contract.

A.3.5.1   Develop a draft plan for transferring applicable data and activities within 1 week of the effective date of this contract (EDOC), and a final plan, subject to Project Officer review and approval, within 2 weeks of EDOC that identifies all activities, data files, software, and documentation that must be transferred, and delineates a plan that ensures their complete transfer within 60 days of EDOC.

The plan shall provide for an inventory of all data files, software, and documentation; security arrangements for ensuring the confidentiality of data; and adequate staffing of ongoing tasks. It will also provide for ensuring the following:

- The assignment of specific staff to each task that is to be transferred,
- The physical transfer and storage of data files, data tapes, software, and all

45

relevant documentation,

- The implementation of the cataloging and file maintenance system developed in 3.2.1.5, 3.3.1.4 and 3.4.1.2,
- The implementation of appropriate accounting and security systems.

A.3.6   Institute and maintain a comprehensive and efficient system of project management.

A.3.6.1   Prepare an annual project management plan which provides for the budgeting, monitoring, and documentation of all applicable contract activities and costs by task grouped within the following areas: 1) installation and verification of data files, 2) data editing and imputation, 3) public use files, 4) special requests, 5) analytic projects, 6) microsimulation modeling, 7) Web support, 8) on-site data center support and 9) database management. Each task will correspond to a closely related set of activities to accomplish a specified objective, such as the editing or installation of a particular set of variables or files, support for a particular publication, or routine maintenance and management of the database. The plan shall provide for the initiation of tasks only upon the approval of the Project Officer for the activity and its proposed budget.

The plan shall include procedures for ensuring all of the following: adequate availability of staff, including methods for recruiting new personnel as needed; efficient use of computer and programmer resources on each task and using efficient methods of debugging programs; the performance of tasks in a timely manner; and the maintenance of consistency and comparability of data used across tasks--including use of the most current versions of variables and files by all programmers on all tasks.

The plan shall also include the delineation of procedures for ensuring the data security and confidentiality.

A.3.6.2   The contractor shall work with project officer and other Agency representatives to develop an electronic project plan including deliverables, tasks, resources, and schedule using Microsoft Office Project (version 2003). The electronic project plan should include a work breakdown structure (WBS) and a Gantt chart that organizes all of the work to be done and provided to the Project Officer within 60 days after the contract has been awarded. The WBS and Gantt chart should be organized in 1 project file and in a task based hierarchical format. The project file will consist of task start and end dates, deliverables, activities, milestones, durations, activity dependencies and schedule. The WBS and Gantt chart will clearly define the work that needs to be done in order to produce the deliverable(s) on time. The activities should be decomposed to the lowest and most manageable level of sufficient detail. The WBS and Gantt chart may be iterative and will be used by the AHRQ Project Officer and/or designated AHRQ staff members to monitor and control the contract. The WBS and Gantt chart should be in MS Project 2003 and/or MS Project Server 2003 format. The contractor will be expected to update the WBS and Gantt chart monthly. The contractor staff member responsible for updating the WBS and Gantt chart should be experienced in MS Project and be knowledgeable of Project Management concepts and practices. The WBS and

Gantt chart may, at the discretion of AHRQ, be housed on the AHRQ MS Project Server. AHRQ will provide access to the AHRQ network through the use of 1 Active Directory (AD) account and 1 remote access (VPN) account to a designated contract staff member. The AD and VPN accounts will be used by the designated contract staff member for the purpose of updating the MS Project file (WBS and Gantt chart), every 30 days at a minimum. The contractor will be provided the proper documentation, including signature requirement pages, before the AD or VPN accounts are created.

A.3.6.3   Prepare monthly progress and summary cost reports for work performed during the prior month and prepare a final report for each Center by task, and deliver all reports and associated documentation in hard copy and electronic format to the AHRQ Contracts Office and Project Officers. All reports shall include subcontractor's activities in the same level of detail as those of the contractor. Each monthly progress report shall list, by task, project activities of the past month, the summary cost of those activities, the anticipated next month's activities, problems encountered and proposed solutions, and any other information which has a significant impact on ongoing or planned activities or costs. Also, each report shall note milestones, describe past problems (including a concise statement of success or lack thereof in solving the problems encountered), describe anticipated problems and proposed solutions, describe work planned for the next reporting period, compare progress and resource expenditures to the original schedule and budget and provide explanations for any variances, assess whether the current total estimated contract cost is sufficient to complete the contract, and describe significant changes in the contractor's operational personnel.

The format and delivery mechanism for all monthly, final and other progress reports and contract deliverables shall adhere to any AHRQ standards and procedures and automated systems and data bases established by the Agency for this purpose. Also, all systems documentation prepared and delivered in the support of this contract shall be maintained in an electronic document management and filing system, shall be maintained current throughout the contract life-cycle and shall be accessible to the government for review at any time during the life of the contract.

A.3.6.4   Meet with project officer and other Agency representatives on a monthly basis in the Washington, D.C. area to discuss plans, progress, problems, and any other topics which may arise during the course of individual tasks.

A.3.6.5   Make arrangements to transmit materials to and from the contractor, the AHRQ Data Center, the NIH computer system, and AHRQ staff as needed by whatever method is necessary to assure the shortest turnaround time possible consistent with cost effectiveness. This will include the use of courier services, local printing at AHRQ Data Center and mainframe jobs from remote sites, FAX transmissions, FTP, download from the AHRQ Extranet, electronic mail and other methods.

A.3.7   Quality Assurance

The contractor shall ensure that all data products including all data files, publications, online data tools and Web sites are of high technical quality through a systematic and thorough quality control review process. The contractor shall document and implement a quality control process for each data processing activity performed under this contract.

SECTION D - PACKAGING AND MARKING

Not Applicable

SECTION E - INSPECTION AND ACCEPTANCE

E.1   INSPECTION AND ACCEPTANCE

   a.   The contracting officer or the duly authorized representative will perform
           inspection and acceptance of materials and services to be provided.

   b.   For the purpose of this SECTION the Government Project Officer is the
           authorized technical representative of the contracting officer.

   c.   Inspection and acceptance will be performed at:

                   Agency for Healthcare Research and Quality
                   540 Gaither Road
                   Rockville, Maryland 20850

E.2   CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

This contract incorporates the following clause by reference, with the same force and
effect as if it were given in full text. The full text of a clause may be accessed
electronically at this address: http://www.arnet.gov/far/.

FAR Clause No.	**Title and Date**
52.246-5	Inspection of Services-Cost Reimbursement (April 1984)

SECTION F - PERIOD OF PERFORMANCE AND DELIVERY SCHEDULE

F.1   CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

This contract incorporates the following clause by reference, with the same force and effect as if they were given in full text. The full text of a clause may be accessed electronically at this address: http://www.arnet.gov/far/.

FEDERAL ACQUISITION REGULATION (FAR) (48 CFR CHAPTER 1) CLAUSES
FAR Clause No.   Title and Date

52.242-15   Stop Work Order (AUG 1989)
                                                      Alternate I (APRIL 1984)

F.2   PERIOD OF PERFORMANCE

The Government anticipates the period of performance shall begin on or about June 1, 2009 and run through May 31, 2010 with four one-year options from June 1, 2010 until May 31, 2014.

F.3   DELIVERY SCHEDULE

The Contractor shall perform the following activities and submit the following items in the quantities specified to the Project Officer, AHRQ, 540 Gaither Road, Rockville, Maryland 20850, in the amounts and within the time frames indicated.

The items specified for delivery below are subject to the review and approval of the Project Officer before final acceptance. The contractor shall be required to make revisions deemed necessary by the Project Officer

The Contracting Officer shall receive one copy of each progress report and final report/ final deliverable. In addition, one electronic and one hard copy of final reports and all other deliverables shall be submitted to the Project Officer.

Agency for Healthcare Research and Quality
ATTN: Jessica Alderton, Contracting Officer
Contracts Management / OPART
540 Gaither Road
Rockville, Maryland 20850
Jessica.Alderton@ahrq.hhs.gov

Base Year

Del.	Description	Quantity	Delivery Schedule
1.	Draft transition plan	1	7 days from the effective date of the contract (EDOC)
2.	Final transition plan	1	14 days from EDOC

3.	Draft annual project management plan	1	30 days from EDOC
4.	Draft electronic project plan	1	60 days from EDOC
5.	Final annual project management plan	1	60 days from EDOC
6.	Monthly update of electronic project plan	1	3rd week of each month, for the previous month, starting on 90 days from EDOC
7.	Monthly progress reports (by Office/Center)	1	3rd week of each month, for the previous month
8.	Draft security plan	1	30 days from EDOC
9.	Final security plan	1	60 days from EDOC
10.	Monthly Report of Data Center activities	1	3rd week of each month, for the previous month
11.	Documentation of data file development tasks	1	No later than 60 days after the completion of all programming on a task
12.	Documentation of staff research project tasks	1	No later than 60 days after the completion of all programming on a task
13.	Documentation of microsimulation modeling tasks	1	No later than 60 days after the completion of all programming on a task
14.	Documentation of public use file tasks	1	No later than 60 days after the completion of all programming on a task
15.	Documentation of internal and external special project tasks	1	No later than 60 days after the completion of all programming on a task
16.	Draft final project report*	1	1 month before contract completion
17.	Final project report*	1	At contract completion
18.	Individual Subcontracting Report (ISR)	eSRS	October 30 (annually); April (annually) through eSRS

Del.	Description	Quantity	Delivery Schedule
19.	Summary Subcontracting Report (SRS)	eSRS	October 30 (annually) through eSRS

EDOC – Effective Date of Contract
* Item will be considered Annual Report if option for year 2 is exercised.

If exercised, the following deliverable schedule applies to contract tasks during Option Years 1 – 4:

Del.	Description	Quantity	Delivery Schedule
1.	Draft annual project management plan	1	30 days from EDOC
2.	Final annual project management plan	1	60 days from EDOC
3.	Monthly update of electronic project plan	1	3rd week of each month, for the previous month
4.	Monthly progress reports (by Office/Center)	1	3rd week of each month, for the previous month
5.	Monthly Report of Data Center activities	1	3rd week of each month, for the previous month
6.	Documentation of data file development tasks	1	No later than 60 days after the completion of all programming on a task
7.	Documentation of staff research project tasks	1	No later than 60 days after the completion of all programming on a task
8.	Documentation of microsimulation modeling tasks	1	No later than 60 days after the completion of all programming on a task
9.	Documentation of public use file tasks	1	No later than 60 days after the completion of all programming on a task
10.	Documentation of internal and external special project tasks	1	No later than 60 days after the completion of all programming on a task
11.	Draft final project report*	1	1 month before contract completion
12.	Final project report*	1	At contract completion

13.	Individual Subcontracting Report (ISR)	eSRS	October 30 (annually); April (annually) through eSRS
14.	Summary Subcontracting Report (SRS)	eSRS	October 30 (annually) through eSRS

EDOC – Effective Date of Contract
* Item will be considered Annual Report if option for another year is exercised. Item will be Final Report if the option is not exercised or if it is the last option year of the contract.

SECTION G - CONTRACT ADMINISTRATION DATA

G.1   KEY PERSONNEL

Pursuant to the Key Personnel clause incorporated in Section I of this contract, the following individual(s) is/are considered to be essential to the work being performed hereunder:

NAME   TITLE

(TO BE COMPLETED AT TIME OF AWARD)

The clause cited above contains a requirement for review and approval by the Contracting Officer of written requests for a change of Key Personnel reasonably in advance of diverting any of these individuals from this contract. Receipt of written requests at least 30 days prior to a proposed change is considered reasonable.

G.2   PROJECT OFFICER

The following Project Officer(s) will represent the Government for the purpose of this contract:

(TO BE COMPLETED AT TIME OF AWARD)

The Project Officer(s) is/are responsible for: (1) monitoring the contractor's technical progress, including the surveillance and assessment of performance and recommending to the contracting officer changes in requirements; (2) interpreting the statement of work and any other technical performance requirements; (3) performing technical evaluation as required; (4) performing technical inspections and acceptances required by this contract; and (5) assisting in the resolution of technical problems encountered during performance.

The Contracting Officer is the only person with authority to act as an agent of the Government under this contract. Only the Contracting Officer has authority to: (1) direct or negotiate any changes in the statement of work; (2) modify or extend the period of performance; (3) change the delivery schedule; (4) authorize reimbursement to the contractor of any costs incurred during the performance of this contract; or (5) otherwise change any terms and conditions of this contract.

The Government may unilaterally change its Project Officer designation.

G.3   INVOICE SUBMISSION

a.   INVOICE SUBMISSION

Billing Instructions follow and are made part of this contract. Instructions and the following directions for the submission of invoices must be followed to meet the

requirements of a "proper" payment request pursuant to FAR 32.9, and must be in accordance with the General Provisions clause 52.232-25 Prompt Payment (OCT 2003). Invoices/financing requests shall be submitted in an original and two copies to:

> Contracting Officer
> Agency for Healthcare Research and Quality
> Division of Contracts Management
> 540 Gaither Road
> Rockville, Maryland 20850

G.4   INFORMATION ON VOUCHERS

(1)   The Contractor IS REQUIRED to include the following minimum information on vouchers:

(a)   Contractor's name and invoice date;

(b)   Contract Number;

(c)   Description and price of services actually rendered;

(d)   Other substantiating documentation or information as required by the contract;

(e)   Name (where practicable), title, phone number, and complete mailing address or responsible official to whom payment is to be sent; and

(f)   The Internal Revenue Service Taxpayer Identification Number.

(2)   The Contractor shall furnish the following minimum information in support of costs submitted:

(a)   Direct Labor - include all persons, listing the person's name, title, number of hours or days worked, hourly rate (unburdened) the total cost per person and a total amount of this category;

(b)   Fringe Costs - show rate, base and total amount as well as verification/allowability or rate changes (when applicable);

(c)   Overhead or Indirect Costs - show rate, base and total amount as well as verification/allowability or rate changes (when applicable);

(d)   Consultants - include the name, number of days or hours worked, a total amount per consultant and a total amount for this category;

(e)   Travel - include for each airplane or train trip taken the name of the traveler, date of travel, destination, the transportation costs including ground transportation, shown separately, and per diem costs. Other travel costs shall also be listed. A total amount for this category shall be provided;

(f)   Subcontractors - include for each subcontractor, the same data and level of detail that is being provided for the prime contractor. A total number for this category shall be provided.

(g)   Data Processing - include all non-labor costs, i.e., computer time, equipment purchase, lease or rental, data tapes, etc. A total amount for this category shall be provided.

(h)   Other - include a listing of all other direct charges to the contract, i.e., office supplies, telephone, equipment rental, duplication, etc.

(i)   Equipment Cost - itemize and identify separately from material costs including reference to approval in all cases;

(j)   G&A - show rate, base and total as well as verification/allowability of rate changes (when applicable); and

(k)   Fee - show rate, base and total;

(l)   Current amount billed by individual cost element and total dollar amount; and

(m)   Cumulative amount billed by individual cost element and total dollar amount.

(3)   Payment shall be made by:

> PSC Finance
> Parklawn Building, Room 16-23
> 5600 Fishers Lane
> Rockville, Maryland 20857
> Telephone Number (301) 443-6766

G.5   INDIRECT COST RATES and FEE

In accordance with Federal Acquisition Regulation (FAR) (48 CFR Chapter 1) Clause 52.216-7, Allowable Cost and Payment, incorporated by reference in this contract, in Part II, Section I, the primary contact point responsible for negotiating provisional and/or final indirect cost rates is the cognizant contracting official as set forth in FAR Subpart 42.7 - Indirect Cost Rates.

Reimbursement will be limited to the rates and time periods covered by the negotiated agreements. The rates, if negotiated, are hereby incorporated without further action of the contracting officer.

G.6   ELECTRONIC FUNDS TRANSFER

Pursuant to FAR 52.232-33, Payment by Electronic Funds Transfer - Central Contractor Registration (OCT 2003), the Contractor shall designate a financial institution for receipt of electronic funds transfer payments. This designation shall be submitted, in writing, to the finance office designated in the contract.

SECTION H - SPECIAL CONTRACT REQUIREMENTS

H.1   RELEASE AND USE AND COPYRIGHT OF DATA FIRST PRODUCED FROM WORK PERFORMED UNDER THIS CONTRACT

(a) *Release and Use – Data first produced in the performance of the Contract.* As permitted in FAR 52.227-17, the provisions of this Section H.1 shall apply to any release or use of data first produced in the performance of the Contract and any analysis, tools, methodologies, or recorded product based on such data.

(b) *Release and Use – Requirements related to confidentiality and quality.* To ensure public trust in the confidentiality protections afforded participants in Agency for Healthcare Research and Quality (AHRQ)-supported research, AHRQ requires and monitors compliance by its contractors with section 934(c) of the Public Health Service Act (PHS Act) (42 U.S.C. 299c-3(c)), which states in part that

No information, if the establishment or person supplying the information or described in it is identifiable, obtained in the course of activities undertaken or supported under this title, may be used for any purpose other than the purpose for which it was supplied unless such establishment or person has consented...to its use for such other purpose. Such information may not be published or released in other form if the person who supplied the information or who is described in it is identifiable unless such person has consented...to its publication or release in other form.

In addition to this requirement, section 933(b)(1) of the PHS Act (42 U.S.C. 299c-2(b)(1)) requires AHRQ to assure that statistics and analyses developed with Agency support are of high quality, comprehensive, timely, and adequately analyzed. Accordingly --

(1) prior to the release or use of data based upon work performed under this Contract, the Contractor agrees to consult with the Project and Contract Officers regarding the proposed release or use. The Contractor will in good faith consider, discuss, and respond to any comments or suggested modifications that are provided by AHRQ within two months of receiving the proposed release or use.

The purpose of such consultation is to assure that:

(A) identifiable information is being used exclusively for the purpose(s) for which it was supplied or appropriate consents have been obtained;
(B) the confidentiality promised to individuals and establishments supplying identifiable information or described in it is not violated; and
(C) the quality of statistical and analytical work meets the statutory standards cited above.

(2) The Contractor must satisfy conditions (1)(A) and (1)(B). At the conclusion of any consultation required by paragraph (b)(1) above, if AHRQ and the Contractor cannot agree that a proposed use or release satisfies condition (1)(C) above:

(A)   the research professional at the Contractor responsible for the quality of the Contract work will, in advance of any release or use of such data, certify in a letter to the Contracting Officer what differences of opinion cannot be resolved regarding the

statutory standards referenced in condition (1)(C) and the basis for Contractor assertions that these standards have been met; and

(B)   the Contractor must print prominently on the release or other product, or on any portion that is released, or state prior to any oral presentation or release of such material, the following disclaimer:

THIS PRESENTATION/ PUBLICATION/OR OTHER PRODUCT IS DERIVED FROM WORK SUPPORTED UNDER A CONTRACT WITH THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) CONTRACT#   . HOWEVER, THIS PRESENTATION/ PUBLICATION/OR OTHER PRODUCT HAS NOT BEEN APPROVED BY THE AGENCY.

(c) *Required Statement Regarding Protected Information.* On all written material or other recorded products, or preceding any presentation or other oral disclosure, release or use of material based on identifiable information obtained in the course of work performed under this contract, the Contractor shall make the following statement:

IDENTIFIABLE INFORMATION ON WHICH THIS REPORT, PRESENTATION, OR OTHER FORM OF DISCLOSURE IS BASED IS PROTECTED BY FEDERAL LAW, SECTION 934(c) OF THE PUBLIC HEALTH SERVICE ACT, 42 U.S.C. 299c-3(c). NO IDENTIFIABLE INFORMATION ABOUT ANY INDIVIDUALS OR ENTITIES SUPPLYING THE INFORMATION OR DESCRIBED IN IT MAY BE KNOWINGLY USED EXCEPT IN ACCORDANCE WITH THEIR PRIOR CONSENT. ANY CONFIDENTIAL IDENTIFIABLE INFORMATION IN THIS REPORT OR PRESENTATION THAT IS KNOWINGLY DISCLOSED IS DISCLOSED SOLELY FOR THE PURPOSE FOR WHICH IT WAS PROVIDED.

(d) *Copyright – Data first produced in the performance of the Contract.* Subject to the terms of this Section regarding release and use of data, AHRQ, through its Contracting Officer, will grant permission under FAR 52.227-17(c)(1)(i) to the Contractor to establish claim to copyright subsisting in scientific and technical articles based on or containing data first produced in the performance of this contract that are submitted for publication in academic, technical or professional journals, symposia proceedings or similar works. When claim to copyright is made, the Contractor shall affix the applicable copyright notice of 17 U.S.C. 401 or 402 and acknowledgment of Government sponsorship (including contract number) to the data when such data are delivered to the Government, as well as when the data are published or deposited for registration as a published work in the U.S. Copyright Office. In such circumstances, the Contractor hereby agrees to grant to AHRQ, and others acting on its behalf, a paid-up, nonexclusive, irrevocable, worldwide license for all such data to reproduce, prepare derivative works, distribute copies to the public, and perform publicly and display publicly, by or on behalf of AHRQ. A description of this license will be incorporated into the copyright notices required above.

(e) *Subcontracts.* Whenever data, analyses, or other recorded products are to be developed by a subcontractor under this Contract, the Contractor must include the terms of H.1 in the subcontract, without substantive alteration, with a provision that the subcontractor may not further assign to another party any of its obligations to the Contractor. No clause may be included to diminish the Government's stated

requirements or rights regarding release or use of products or materials based on data derived from work performed under this contract.

H.2 LACK OF COMPLIANCE WITH REQUIREMENTS FOR RELEASE OR USE

Failure to submit materials for statutorily mandated confidentiality and statistical and analytic quality reviews as required by Section H.1 of this contract will be viewed as a material violation and breach of the terms of this contract, as the requirements of this provision are necessary for AHRQ to carry out its statutory obligations and responsibilities. Records of the Contractor's performance, including the Contractor's performance pertaining to this Contract, will be maintained in AHRQ's Contracts Management Office and will be considered as an element of past performance which is part of all subsequent competitive contract proposal reviews.

H.3 SUBCONTRACTS

Award of any subcontract is subject to the prior written approval of the Contracting Officer upon review of the supporting documentation. Failure to obtain prior written approval of the Contracting Officer may result in disallowance of use of Federal funds to cover services under the subcontract. The contractor must include in any subcontracts executed or used to provide the support specified in this contract the terms of requirements H.1, H.2, H.7, H.9 and H.10. These requirements are to be included without substantive alteration, and no clause may be included to diminish these requirements. If approved, a copy of the signed subcontract shall be provided to the Contracting Officer.

H.4 LATE PAYMENTS TO THE GOVERNMENT

Late payment of debts owed the Government by the Contractor, arising from whatever cause, under this contract/order shall bear interest at a rate or rates to be established in accordance with the Treasury Fiscal Requirements Manual. For purposes of this provision, late payments are defined as payments received by the Government more than 30 days after the Contractor has been notified in writing by the Contracting Officer of:

a.   The basis of indebtedness.
b.   The amount due.
c.   The fact that interest will be applied if payment is not received within 30 days from the date of mailing of the notice.
d.   The approximate interest rate that will be charged.

H.5 PRIVACY ACT

The Privacy Act clauses cited in Section I (FAR 52.224-1 and 52.224-2) are applicable to the consultant records kept by the Contractor for the Agency for Healthcare Research and Quality.

You are hereby notified that the Contractor and its employees are subject to criminal penalties for violations of the Act (5 U.S.C. 552a(i)) to the same extent as employees of the Department. The Contractor shall assure that each Contractor employee is aware that he/she can be subjected to criminal penalties for violations of the Act. Disposition

instructions: Records are to be destroyed after contract closeout is completed and final payment is made and in accordance with IRS regulations.

H.6   PRO-CHILDREN ACT of 1994

The Pro-Children Act of 1994, P.L. 103-227, imposes restrictions on smoking where certain federally funded children's' services are provided. P.L. 103-227 states in pertinent part:

PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. In addition, P.L. 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children."

H.7   SALARY CAP GUIDE NOTICE

Pursuant to the applicable HHS appropriations acts cited in the table below, the Contractor shall not use contract funds to pay the direct salary of an individual at a rate in excess of the salary level in effect on the date the expense is incurred as shown in the table below.

For purposes of the salary limitation, the terms direct salary, salary, and institutional base salary have the same meaning and are collectively referred to as direct salary in this clause. An individual's direct salary is the annual compensation that the Contractor pays for an individual's appointment whether that individual's time is spent on research, teaching, patient care, or other activities. Direct salary excludes any income that an individual may be permitted to earn outside of duties to the Contractor. Direct salary also excludes fringe benefits, overhead, and general and administrative expenses (also referred to as indirect costs or facilities and administrative [F&A] costs).

The salary rate limitation also applies to individuals performing under subcontracts. However, it does not apply to fees paid to consultants. If this is a multiple-year contract, it may be subject to unilateral modification by the Contracting Officer to ensure that an individual is not paid at a rate that exceeds the salary rate limitation provision established in the HHS appropriations act in effect when the expense is incurred regardless of the rate initially used to establish contract funding.

Public law	Period Covered	Salary Limitation (based on Executive Level I)
P.L. 110-161, Consolidated Appropriations Act, 2008	1/1/08 – Until revised	$191,300

Executive Level salaries for the current and prior periods can be found at the following Web site: http://www.opm.gov/oca/05tables/html/ex.asp.   Click on ``Salaries and Wages'' and then scroll to the bottom of the page to select the desired period.

H.8   SECURITY AND PRIVACY REQUIREMENTS

1.   **Adherence to security and privacy policy.** The Contractor shall comply with all Federal and Department of Health and Human Services (HHS) security and privacy guidelines in effect at the time of the award of this contract. A list of applicable United States (U.S.) laws, Office of Management and Budget (OMB) requirements, HHS policies, standards and guidance, and Federal Government Computer Security guidelines can be located on the Secure One HHS website. The Contractor shall perform periodic reviews to ensure compliance with all information security and privacy requirements. The Contractor shall make all system information and documentation produced in support of the Contract available to the agency and agency auditors upon request.

2.   **Perimeter defense and notification.** The Contractor shall ensure that the system and the information it contains are secured using appropriate perimeter defense technologies and that these technologies are monitored for anomalous traffic behavior. The Contractor shall immediately report any unauthorized system access to the agency Project Officer and/or System Owner.

3.   **Protection of sensitive information.** The Contractor shall ensure that sensitive information is protected by information security and privacy controls commensurate with the risk associated with the potential loss or compromise of this information. For purposes of this contract, information is sensitive if *the loss of confidentiality or integrity could be expected to have a **serious, severe or catastrophic** adverse effect on organizational operations, organizational assets, or individuals.[1] Further, the loss of sensitive information confidentiality or integrity could: (i) cause a significant or severe degradation in mission capability to an extent and duration that the organization is unable to perform its primary functions or the effectiveness of the functions is significantly reduced; (ii) result in significant or major damage to organizational assets; (iii) result in significant or major financial loss; or (iv) result in significant, severe or catastrophic harm to individuals.*

Personally identifiable information (PII) is a subset of sensitive information and is defined as data which can potentially be used to identify, locate, or contact an individual, or potentially reveal the activities, characteristics, or other details about a person.[2] PII shall receive a level of protection commensurate with the risk associated with the loss or compromise of sensitive information.

4.   **Sensitive information on public systems.** The Contractor shall ensure that sensitive information is not stored, processed or transmitted on a publicly-available system (via the Internet) without the appropriate controls in place and specific authorization from the AHRQ Chief Information Officer (CIO).

---

[1] Federal Information Processing Standard (FIPS) 1999, *Standards for Security Categorization of Federal Information and Information Systems*, February 2004.

[2] HHS Rules of Behavior, February 12, 2008.

5.   **Privacy requirements.** The Contractor shall conduct and maintain a Privacy Impact Assessment (PIA) as defined by Section 208 of the E-Government Act of 2002 and Federal Acquisition Regulation (FAR) Clause 52-239-1, and required by HHS policy. The PIA shall be completed in accordance with <u>HHS PIA guidance</u>. Periodic reviews shall be conducted to determine if a major change to the system has occurred, and if a PIA update is subsequently required. If it is determined that an update is necessary, the Contractor shall make the necessary changes to the PIA.

The Contractor shall abide by all requirements of the Privacy Act of 1974 and FAR Clause 52-239-1. Pursuant to those requirements, the Contractor shall create and publish a System of Records Notice (SORN) in the Federal Register when required and shall publish an updated SORN following a major change to the system, as directed by OMB Memorandum (M) 03-22, *OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002*, or subsequent replacement guidance.

6.   **System accreditation.** The Contractor shall certify and accredit all systems in conformance with the standards set forth by the Federal Information Security Management Act (FISMA) and National Institute of Standards and Technology (NIST) Special Publication (SP) 800-37, *Guide for the Security Certification and Accreditation of Federal Information Systems*, prior to the system becoming operational. This activity shall be performed in conjunction with the initial development of the system, updated when a major change occurs to the system, and renewed no less than every three years. All system certification and accreditation (C&A) packages shall be compliant with all Public Law (PL)-107-347, OMB mandates, FIPS, and additional applicable NIST guidance. This guidance includes, but is not limited to FIPS 199, FIPS 200, NIST SP 800-18, NIST SP 800-30, NIST SP 800-37, NIST SP 800-53, NIST SP 800-53A, and NIST SP 800-60. All NIST and FIPS documentation can be found at the <u>NIST website</u>.

HHS has created a C&A checklist to facilitate compliance with the OMB-mandated C&A process. The HHS C&A Checklist will be provided upon contract initiation. Prior to becoming operational, all systems must receive a signed Authorization to Operate (ATO) issued by the agency Designated Authorization Authority (DAA). No system will be permitted into the production environment without a valid, signed ATO.

7.   **Annual requirements.** The Contractor shall be responsible for meeting ongoing information security and privacy system requirements. These include, but are not limited to, performing annual system testing, completing an annual system self-assessment, and supporting quarterly and annual AHRQ FISMA reporting. Additionally, AHRQ reserves the right to test or review the system security and privacy controls at any time.

8.   **Security and privacy training.** All Contractors shall receive general awareness training and role-based training, commensurate with the responsibilities required to perform the work articulated in the terms and conditions of the Contract.

The Contractor shall be responsible for ensuring each contractor employee has completed the AHRQ Security Awareness Training as required by the agency prior to performing any contract work or accessing any system, and on an annual basis thereafter, throughout the period of performance of the contract. The Contractor shall maintain a list of all individuals who have completed this training and shall submit this list to the Project Officer upon

request. As a part of this training, the Contractor shall ensure that all staff read, agree to, and sign the HHS Rules of Behavior.

The Contractor shall ensure that all contractors with significant security responsibilities, as defined by HHS, receive commensurate role-based training. As stated in the Secure One HHS Memorandum, *Role-Based Training (RBT) of Personnel with Significant Security Responsibilities*, significant security responsibilities are defined as the responsibilities associated with a given role or position, which, upon execution, could have the potential to adversely impact the security posture of one or more HHS systems.[3] The Contractor shall maintain a list of all individuals that possess significant security responsibilities and the subsequent role-based training courses completed, and shall submit this list to the Project Officer upon request.

9. **Electronic communication.** All Contractor staff that have access to and use of HHS electronic mail (e-mail) must identify themselves as contractors on all outgoing e-mail messages, including those sent in reply or forwarded to another user. The Contractor shall ensure all contractor staff embed an e-mail signature ("AutoSignature") or an electronic business card ("V-card") within each electronic correspondence to automatically display "Contractor" in the signature.

10. **Clearances.** The Contractor shall ensure all staff have the required level of security clearance commensurate with the sensitivity of the information being stored, processed, transmitted or otherwise handled by the System or required to perform the work stipulated by the contract. At the minimum, all Contractor staff shall be subjected to a Public Trust background check and be granted a Public Trust clearance before access to the System or other HHS resources is granted.

11. **Non-Disclosure.** The Contractor shall not release, publish, or disclose agency information to unauthorized personnel, and shall protect such information in accordance with the provisions of the following laws and any other pertinent laws and regulations governing the confidentiality of sensitive information:

> -18 U.S.C. 641 (Criminal Code: Public Money, Property or Records)
> -18 U.S.C. 1905 (Criminal Code: Disclosure of Confidential Information)
> - PL 96-511 (Paperwork Reduction Act)

The Contractor shall ensure that each contractor employee who may have access to agency information under this contract shall complete and sign the Commitment to Protect Non-Public Information - Contractor Agreement (Non-Disclosure Agreement). A copy of each signed and witnessed Non-Disclosure Agreement shall be submitted to the Project Officer prior to performing any work under the contract.

12.   **Mobile device encryption.** The Contractor shall: (a) encrypt all laptop computers, mobile devices and portable media which store or process, or may store or process, sensitive information using FIPS 140-2 compliant encryption technology; (b) verify that encryption products have been validated under the Cryptographic Module Validation Program to confirm compliance with FIPS 140-2; (c) establish key recovery mechanisms to ensure the ability to decrypt and recover sensitive information by authorized personnel; and (d) generate and manage encryption keys securely to prevent unauthorized decryption of

---

[3] HHS Memorandum, *Role-Based Training (RBT) of Personnel with Significant Security Responsibilities*, October 3, 2007.

information. For more information, reference the HHS Encryption Standard for Mobile Devices and Portable Media.

13.   **Desktop Encryption**. The Contractor shall: (a) encrypt all desktop computers which store or process, or may store or process, sensitive information using FIPS 140-2 compliant encryption technology; (b) verify that encryption products have been validated under the Cryptographic Module Validation Program to confirm compliance with FIPS 140-2; (c) establish key recovery mechanisms to ensure the ability to decrypt and recover sensitive information by authorized personnel; and (d) generate and manage encryption keys securely to prevent unauthorized decryption of information. In the case that appropriate compensating controls are implemented to protect sensitive desktop computers, the requirement for encryption may be waived with approval from the AHRQ Chief Information Security Officer (CISO). For more information, reference the HHS Encryption Standard for Mobile Devices and Portable Media.

14.   **Minimum security configurations**. The Contractor shall certify applications are fully functional, operate as intended, and comply with the HHS Minimum Security Configurations for Operating Systems (currently HHS has minimum configuration standards for Windows 2000 Server, Windows 2000 Professional, Windows 2003 Server, Windows NT, Windows XP, Solaris, HP-UX, Redhat Linux, Oracle, and Cisco IOS). These standard security configurations shall be provided to the Contractor at the time of contract initiation and upon completion of the required Non-Disclosure Agreements. Additionally, the Contractor shall adhere to these configurations when developing the system. As standard configurations may change frequently, the Contractor must ensure applications remain compliant with the most recent set of security configurations.

Additionally, for desktops and laptops within the system boundary, the Contractor shall comply with the configurations defined in the HHS Federal Desktop Core Configuration (FDCC) standards, which were designed to meet the requirements mandated by OMB. The FDCC standards will be provided upon contract initiation. The installation, operation, maintenance, update, and/or patching of software shall not alter the approved HHS Minimum Security Configurations or the HHS FDCC standards. Applications designed for normal end users shall run in the standard user context without elevated system administration privileges. Exceptions to the HHS requirements must be documented, accompanied by compensating controls, and approved by the HHS CISO and the AHRQ CISO in advance of implementation.

15.   **Maintenance.** The Contractor shall ensure that the system, once operational, is properly maintained and monitored, to include immediate response to critical security patches, routine maintenance windows to allow for system updates, and compliance with a defined configuration management process. All patches and system updates shall be properly tested in a development environment before being implemented in the production environment.

References

1.   Policy for Department-wide Information Security
2.   HHS IRM Information Security Program Policy
3.   HHS Personnel Security/Suitability Handbook

4.   NIST SP 800-18, Rev. 1, *Guide for Developing Security Plans for Information Technology Systems*
5.   NIST SP 800-37, *Guide for Security Certification and Accreditation of Federal Information Systems*:
6.   NIST SP 800-53, *Recommended Security Controls for a Federal Information System*
7.   NIST SP 800-60, *Guide for Mapping Types of Information and Information Systems to Security Categories, Volume I*
8.   NIST SP 800-60, *Guide for Mapping Types of Information and Information Systems to Security Categories, Volume II*
9.   NIST SP 800-64, *Security Considerations in the Information System Development Life Cycle*
10.   FIPS 199, *Standards for Security Categorization of Federal Information and Information Systems*
11.   *Federal Information Processing Standards, Minimum Security, Requirements for a Federal Information System*
12.   Cryptographic Module Validation Program

H.9   SECTION 508 COMPLIANCE

This language is applicable to Statements of Work (SOW) or Performance Work Statements (PWS) generated by the Department of Health and Human Services (HHS) that require a contractor or consultant to (1) produce content in any format that could be placed on a Department-owned or Department-funded Web site; or (2) write, create or produce any communications materials intended for public or internal use; to include reports, documents, charts, posters, presentations (such as Microsoft PowerPoint) or video material that could be placed on a Department-owned or Department-funded Web site.

Section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d) requires Federal agencies to purchase electronic and information technologies (EIT) that meet specific accessibility standards. This law helps to ensure that federal employees with disabilities have access to, and use of, the information and data they need to do their jobs. Furthermore, this law ensures that members of the public with disabilities have the ability to access government information and services.

There are three regulations addressing the requirements detailed in Section 508. The Section 508 technical and functional standards are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at http://www.access-board.gov. The second regulation issued to implement Section 508 is the Federal Acquisition Regulation (FAR). FAR Part 39.2 requires that agency acquisitions of Electronic and Information Technology (EIT) comply with the Access Board's standards. The entire FAR is found at Chapter 1 of the Code of Federal Register (CFR) Title 48, located at http://www.acquisition.gov. The FAR rule implementing Section 508 can be found at http://www.section508.gov. The third applicable regulation is the HHS Acquisition Regulation (HHSAR).

Regardless of format, all Web content or communications materials produced for publication on or delivery via HHS Web sites - including text, audio or video - must conform to applicable Section 508 standards to allow federal employees and members of the public with disabilities to access information that is comparable to information provided to persons without disabilities. All contractors (including subcontractors 1) or consultants responsible for preparing or posting content intended for use on an HHS-funded or HHS-managed Web site must comply with

applicable Section 508 accessibility standards, and where applicable, those set forth in the referenced policy or standards documents below. Remediation of any materials that do not comply with the applicable provisions of 36 CFR Part 1194 as set forth in the SOW or PWS, shall be the responsibility of the contractor or consultant retained to produce the Web-suitable content or communications material.

1 - Prime contractors may enter into subcontracts in the performance of a Federal contract, but the prime remains obligated to deliver what is called for under the contract.

References:

> HHS Policy for Section 508 Electronic and Information Technology (E&IT) (January 2005): http://www.hhs.gov/od/Final_Section_508_Policy.html
>
> HHS Section 508 Web site: http://508.hhs.gov/
>
> HHS ASPA Web Communications Division Web site: http://www.hhs.gov/web/policies/index.html
>
> US General Services Administration (GSA) Section 508 Web site: http://www.section508.gov/index.cfm

H.10 AHRQ APPLICATION AND SYSTEM DEVELOPMENT REQUIREMENTS

AHRQ has implemented a Distributed Systems Engineering Lab (DSEL) to support all internal development efforts and provide the facility for housing the software and documentation for all AHRQ sponsored systems and applications, regardless of where the system or application is hosted.

AHRQ uses a System Development Lifecycle (SDLC) framework which is consistent with the HHS Enterprise Lifecycle Framework (EPLC). This framework is the basis for implementation of the DSEL, conduct of development projects and the Rational Unified Process (RUP)/Capability Maturity Model (CMM) based processes that support its implementation. The SDLC framework provides a disciplined approach which employs the following traditional project phases:

- Concept
- Initiation
- Planning
- Requirements Analysis
- Design
- Development
- Testing
- Implementation / Deployment
- Operations and Maintenance
- Retirement

The AHRQ SDLC framework is closely aligned with the disciplines defined in the Rational Unified Process (RUP). The IBM Rational Suite of tools has been adopted by the Agency to provide a standard IT development environment for AHRQ sponsored systems and application development projects.   The AHRQ SDLC framework has been enhanced through the use of tailored processes and artifacts based on the RUP methodology. The documentation deliverables required for all Information Technology (IT) projects are based on specific RUP artifacts identified by ARHQ. The Rational ClearCase libraries housed within the DSEL provide the repository for housing software and documentation artifacts related to all AHRQ sponsored systems and applications, regardless of where the system or application is hosted.

Contractors are not required to follow the RUP development methodology or use the Rational Suite of tools; however, the Contractor's SDLC must be capable of producing AHRQ required system deliverables containing the required content as described further in the following section. It is required that the Contractor use the lifecycle phases defined in the AHRQ SDLC framework and obtain PO approval before moving from one phase to another. The contractor must also conform to AHRQ Configuration Management (CM) and change control standards which require appropriate controls for managing software and documentation baselines, changes to software artifacts using an appropriate IDE or version management tool, document change requests and obtaining approval through a formal change control process that requires Project Officer (PO) and possible AHRQ IT approval prior to implementation.

The following table describes the documentation deliverables required for all IT projects and the content required for each deliverable.

Table 1.1 – Documentation Deliverables

Deliverable	AHRQ Life Cycle Phase	Formats
Project Initiation Document	Project Initiation	MS Word
Project Work Plan	Project Planning	MS Project
System Requirements Document (SRD)	Requirements and Analysis	Rational Requisite Pro, MS Word
Requirements Traceability Matrix	Requirements and Analysis	Rational Requisite Pro, MS Word
System Design Document (SDD)	Software Design	Rational Software Modeler, MS Word, Rational Software Architect
Test Plan	Testing	MS Word
Test Scripts	Testing	MS Word, Rational Test Manager
User Acceptance Testing Report	Implementation	MS Word
User Guide	Deployment	MS Word
Operations Manual	Deployment	MS Word
Version Description Document	Deployment	MS Word

System Documentation

The Contractor will provide to the Agency system documentation of all proposed hardware, software, security, backup/recovery, and other information technology infrastructure and components and solutions needed to support this project. The documentation is to be delivered to the Project Officer for review and approval for each release. This documentation will be provided according to the content standards specified by AHRQ and will be maintained in the Agency's Rational ClearCase Repository as a unique project library created and maintained by the AHRQ CM Manager. All documentation will be baselined with each system release. In addition, the source code for each production release will be delivered and stored in the same project library as the documentation artifacts. The contractor will be required to update these baselined artifacts for each production release of the system. Sample documents and templates for the required documentation artifacts are available as guidance. The following documents as mentioned in Table 1.1, "Documentation Deliverables", are required by AHRQ.

Project Initiation Document

The Project Initiation Document (PID) is intended to be a statement of purpose and scope for initiating a given project and a guide to manage expectations in both process and deliverables throughout the System Development Lifecycle (SDLC). The PID defines the business case for the project by defining the purpose, the milestones, resources, objectives, costs, risks including mitigation strategies, and the artifacts and IT technologies (architecture) utilized and produced for, and during, the project. The PID serves as the formal funding commitment document approved by the COTR and Stakeholders. Additionally, the PID must be approved by AHRQ IT management, and in some cases, the AHRQ Information Technology Review Board (ITRB) for technical viability, adherence to Agency Enterprise Architecture (EA); technical standards and formal Project Management requirements as derived from Departmental standards and accepted Project Management Institute (PMI) Project Management Body of Knowledge (PMBOK) standards. In the case of external development contracts, the PID is satisfied by the formal proposal submitted by the vendor and accepted by AHRQ.

Project Work Plan

The System Project Plan or Project Work Plan (PWP) provides a method to assign and track the project resources, hours and specific deliverables. This plan provides the detailed Work Breakdown Structure (WBS) and resource loading that can be used to identify project costs and is intended for the project manager to track the schedule and cost of a project, including development of Earned Value Management (EVM) measures. The PWP is delineated by the phases of the project which include Project Initiation, Generation of the PWP Schedule, Requirements Gathering, System Design, System Development, System Testing including User Acceptance, System Deployment and System Support and production of project deliverables which require COTR or Stakeholder acceptance and signoff to continue project tasks identified in the PWP.

System Requirements Document

The System Requirements Document (SRD) contains the system requirements, use cases and supplementary specifications that provide the basis for design and development of the system. The following information is provided for each requirement identified in the document:

- Requirement ID, Name and Title
- Requirement Description
- Software Release Version
- Use Case Model
- Use Case Specifications
- Supplementary Specifications

A text-based Functional Requirements Document may be provided instead of a Use Case Model, Use Case Specifications, and Supplementary Specifications.

Requirements Traceability Matrix

The Requirements Traceability Matrix (RTM) associates requirements with the work products that satisfy them. This matrix is created at the beginning of a project's lifecycle to trace the requirements from identification through testing. The project elements are traced as they relate to other project elements, especially those related to requirements.

The purpose of establishing traceability is to help understand the sources of requirements, manage the scope of the project, manage changes to requirements; assess the project impact of a change in a requirement; and verify that all requirements of the system are fulfilled by the implementation.

The following values are required for the traceability matrix:

- Requirement ID and Title;
- The version of the system in which the requirement will be implemented;
- The Use Case to which the requirement can be traced;
- The version of the design document in which the requirement is implemented;
- The ID of the test script in which the requirement is tested;
- The version number of the source code in which the requirement is implemented.

The figure below shows a sample of the data traced through a project's life cycle.

Requirements:	Version	Trace To UC	Trace to Design	Trace to Test	Trace to Source	CR	Status
FEAT8: The system shall display the Principal... The system shall capture and display the Principal Investigator's name on the Quarterly Report.	2.00.00	UC7, UC13				Prod00000098,Prod00000	Incorporated
FEAT9: The system shall display Principal... The system shall capture and display the Principal Investigator's Address.	2.00.00	UC7, UC13				Prod00000098,Prod00000	Incorporated
FEAT10: The system shall display Principal... The system shall display and capture the Principal Investigator's telephone number.	2.00.00	UC7, UC13				Prod00000262	Incorporated
FEAT11: The system shall display Principal... The system shall capture and display the E-mail address of the Principal Investigator.	2.00.00	UC7, UC13				Prod00000262	Incorporated
FEAT12: The system shall display the Principal... The system shall capture and display the main fax number for the Principal Investigator.	2.00.00	UC7, UC13				Prod00000262	Incorporated
FEAT13: the system shall display and Track... The system shall capture and track milestones for a given project/grant. HIT uses the word Milestone while PS uses...	2.00.00	UC11, UC13				Prod00000268	Proposed
FEAT13.1: The system shall display and track... The system shall capture and track overall progress of project milestones and shall display these in the report.	2.00.00	UC11				Prod00000268	Proposed
FEAT13.2: The system shall display and track... The system shall capture and display milestone barriers.	2.00.00	UC11				Prod00000272	Proposed

System Design Document

The System Design Document (SDD) details the design and implementation of all custom software features of the system. The design descriptions must include use cases that detail the interaction which occurs between a user and the system.

The document describes the general nature of the system, and describes the architecturally significant parts of the design model, such as its decomposition into subsystems and packages. For each significant package, a section of the document should detail its decomposition into classes and class utilities. Architecturally significant classes should be introduced and a description of their responsibilities should accompany the introduction. Any significant relationships, operations, and attributes should be detailed in this document.

The document should be organized by use case, so that it provides traceability back to the initial requirements. The document must also contain a description of the database model and data elements used to support the application. This data can be referenced to an appropriately maintained Entity Relationship Diagram (ERD) and data definitions which conform to CM standards and are appropriately maintained in the Rational CM Libraries.

Test Plan

The purpose of the Test Plan is to define the approach for testing a particular application or system. The Test Plan is a high level description of the testing process which will be performed. The Test Plan outlines the types of testing to be performed, the requirements to be tested, the test environment, testing tools, pass/fail criteria and a risk assessment. At a minimum the document should contain the following:

A. Test Description

- A general overview of the plan for testing the entire system.

- Test objectives for all testing levels (e.g. module, unit).

- Scope and guiding principles for the testing effort.

- A policy for resolving conflicts that arise during the testing process.

B. Acceptance Criteria

- The criteria agreed upon with the customer for acceptance of the software.

C. Approach

- How each major group of software features will be adequately tested.

- Major testing activities, techniques, and testing tools.

- Test Environment – Hardware, Network, Software and Test Database

D. Tasks

- The individual tasks that must be performed.

- The individual or organization responsible for each task.

E. Schedule, Resources & Milestones

Test Scripts

The Test Scripts define testing scenarios completed for an application. Each scenario details the steps to be performed, expected results and pass/fail criteria. At a minimum the document should contain the following:

- Test Script Identifier
- Test Description
- Test Objective
- Test Environment/Setup including any required data such as Login credentials, etc.
- Mapping to specific requirements and design elements contained in the SRD and SDD
- Step sequences and actions
- Expected Results
- Pass/Fail Criteria
- Actual Results
- Comments

User Acceptance Test Report

The User Acceptance Testing (UAT) Report should include a summary of the testing environment (hardware, software, tools, participant list, etc.) and procedures used to demonstrate and obtain stakeholder approval of the application or system prior to production deployment. The UAT Report should contain a mapping to the SRD and SDD items included in the release as well as an exception list or identified change requests that were generated as the result of testing.

User Guide

The User Guide is completed prior to production. The User Guide is a "How To" manual which navigates the user in detail through the use of the application. This document usually contains system screen shots and provides step by step instructions for completing tasks and activities. It is written on a business level with the needs of the user in mind. At a minimum the document should contain the following content.

- Introduction
- Summary of the application
- Glossary (Definitions/Acronyms)
- Procedures (Step-by Step instructions on how to use the system)
- Troubleshooting tips

Operations Manual

The Operations Manual provides guidance and defines procedures related to the operational implementation of the system. At a minimum, the document should contain the following:

- System Overview
- Statement of acceptable use of the system and information
- Hardware and software descriptions
- Interfaces with other Systems and Databases
- Access and authentication requirements
- System Configuration and Administration Procedures
- Security procedures including virus protection
- Incident Reporting and Handling
- System Startup and Recovery Procedures
- Change Management Procedures

Version Description Document

The Version Description Document (VDD) identifies and describes the general release information, and inventory of software released (Bill of Materials), for a specific application, including prototype iterations. The document should include the following sections listed below:

- Introduction - Describes the objective of the document, defines the release identification and provides contact information.

- General Release Information - Provide information about the specific release, including any interfaces and dependencies
- Installation Instructions - Describes the steps required to install the software.
- Version Description - Provides an inventory of List Objects and Module Types such as: class files, SQL Scripts, HTML files, DTD and XML files.
- Recovery Instructions - Describe the steps required to reconstruct the release from the product baselines, established in the configuration management library.

Web Product and Web Site Development Guidelines

The following list highlights basic issues that need to be addressed when developing Web tools or sites under contract that will be **publicly available** when launched to ensure deliverables are on target, in compliance with legal and policy requirements, and do not require expensive rework to meet Federal and Department of Health and Human Services requirements for information resources.

Guidelines for Web-Based Products

Retrofitting Web-based products after the fact is highly undesirable because it adds time and costs to the process of making these products publicly available. All products that are developed with the intent of being posted on the AHRQ Web site should meet the following minimum requirements:

Titles of Products

Coordinate with your project officer on the titles of your products. They need to be concise and relevant to the purpose of the project, but cannot include the name of the contractor or grantee as the performing organization as part of the title. Report titles should be no more than 10-words maximum and Web-based tools should be no more than 5-words maximum (make every word count—eliminate initial articles such as "The" or "A"). Titles need to be distinct enough to differentiate among similar sounding products.

Quality Control/Editorial Review

This involves checking for spelling and grammar mistakes, formatting issues, general consistency, and style. This should be done by the AHRQ grantee or contractor prior to submission of the final product for posting on the AHRQ Web site. Federal resources follow the GPO Style Manual which is available electronically at:
http://www.gpoaccess.gov/stylemanual/browse.html

Accessibility

As an agency of the Federal Government, AHRQ must ensure that anything that is posted on our Web site is in compliance with requirements for information resources under Section 508 of the Rehabilitation Act. Also, federally funded resources need to be generally available to users in multiple formats to ensure that we are not forcing a particular platform, operational system, or proprietary software package on users.

Intellectual Property Rights

Before we can post a product on the AHRQ Web site, we must have a written explanation of the following four questions:

- Who retains the copyright?
- Who has licenses for what purposes and uses?
- What are the constraints imposed?
- Who grants permission for further use or adoption?

Usability

Web resources should include usability testing, evaluation, and modification as an integral and recurring part of the development effort to ensure they are effective for the electronic business processes they are designed to facilitate. A set of Research-Based Web Design and Usability Guidelines that should be consulted are available at: http://www.usability.gov/guidelines/index.html

Beta testing prior to release is desirable, evaluating the product against usability heuristics. As feedback is received and products are updated, the revisions will need to be designated by version number and date of release.

Privacy Act Protections

Web resources are subject to the Privacy Act and this can impact both the development of Web-based tools and the users of those tools. Persistent cookies should not be programmed into the functionality of a Web-based tool, although session cookies are allowed. Registration for use cannot be requested if this would involve collection of individual identifiers from the users. Although exemptions to both rules can be sought, this involves a strong justification and several levels of review for approval through the U.S. Department of Health and Human Services (HHS).

Guidelines for Web Sites

Web sites being supported through contracts are considered Federal information resources and as such are required to be in compliance with laws, policies, and directives that affect such resources.

This includes content management and information categorization, including standard metadata, under the E-Gov Act requirements and Office of Management and Budget issuances to Federal agencies on IT resources.

For recommendations and guidance on requirements and best practices, go to: http://www.firstgov.gov/webcontent/reqs_bestpractices/best_practices.shtml

Clearance

Web resources require clearance by HHS--including justification against a set of criteria. Publications cleared for printing are cleared for Web uploading at the same time. Web resources must comply with the numerous laws and directives that affect federally funded electronic information resources. Web content loaded on a site by contractors must be appropriate and follow all laws and directives. AHRQ Offices and Centers must coordinate initial

review through AHRQ's Office of Communications and Knowledge Transfer (OCKT) before launch, and OCKT will coordinate departmental clearance.

Domain Names

All domain names for any Web resource funded in whole or in part by Federal funds must be registered as .gov through HHS with the General Services Administration (GSA). Although other domains, such as .org, .net, .edu, .com may also be reserved by the Agency, the .gov domain must be registered and that domain name will need to be indexed by FirstGov, the GSA portal to government-funded resources. The FirstGov link is then required on the home page of the site. Coordinate with OCKT on domain name requests.

Editorial Review

All content for upload needs to be reviewed to ensure consistency and compliance with best practices and established style and conventions. As a minimum, the copy needs to be production edited to ensure there are no typos and the GPO Style Manual is followed for punctuation, spelling, use of numerals, abbreviations, etc. Do not use unexplained acronyms; they need to be spelled out on first reference in any document or file. There should not be anything marked DRAFT on a public site. Once the materials are uploaded, they are published and considered in the "public domain." Do not use placeholders for content that does not exist. Government funded sites should not have anything designated "under construction." A process needs to be established for regular review of content and updating. Additional materials need to undergo editorial review and be approved before uploading. The GPO Style Guide is available electronically as a reference at: http://www.gpoaccess.gov/stylemanual/browse.html

Accessibility

Under the Rehabilitation Act, Federal agencies have an obligation to provide equal access for the disabled to their information and services. Requirements are specified in section 504 for individual accommodation and more recently in section 508 for electronic and information technology, which includes Web sites and multimedia products. Equivalent alternatives are required for auditory and visual information, such as providing alternative descriptive text for images for the blind and providing captions for audio-video files for the deaf. Written transcripts are required for all streaming audio. PDF files can be offered in conjunction with accessible files, such at HTML versions, but avoid uploading PDF-only versions of documents unless they are fully accessible PDF formats. OCKT has software used to evaluate Web sites and can provide a report on any accessibility violations that would need to be addressed before launch. Specific requirements are available at: http://www.section508.gov

Privacy

A privacy policy notice must be prominently displayed, and the Web site host has to follow it. A machine-readable format (P3P) of the privacy policy notice must also be uploaded to the site. A Privacy Impact Assessment is conducted to determine what kind of personal information is contained within a system, what is done with that information, and how that information is protected. Sites are periodically audited to ensure that they observe their stated privacy policy. A Privacy Act System notice may need to be prepared and published for users to register on a site if the registrations represent a group of records, under the control of the Agency (or a contractor), that can be retrieved by personal identifier. This notice must go through several levels of review--including the Office of General Counsel--and be published in the *Federal*

Register. Persistent cookies cannot be used on Federal sites unless the Secretary of HHS grants an exemption, and this involves a strong justification and review process.

Web Site Mailbox

Every Web site must provide full contact information for the sponsor and have a Contact Us link for submission of comments or questions as a customer feedback mechanism. Web site e-mail is subject to the same privacy and records management issues that affect the overall Web site as well as departmental standards for handling inquiries and customer feedback. Each Web site must provide relevant Frequently Asked Questions that are included in the customer relationship management system used to handle AHRQ Web site inquiries.

Records Management

All content on the site and e-mail generated by the site must be archived electronically and handled according to records retention schedules and disposition authorities as established with the National Archives and Record Administration. This requirement also affects Web site log files and statistical reporting on Web site usage. For guidance on requirements, go to: http://www.archives.gov/records-mgmt/policy/managing-web-records-index.html

Information Collection Budget

If a Web site is used to collect information from users, such as for surveys, evaluations, or beta testing feedback, then the Office of Management and Budget must first approve the burden hours for such an effort for this collection. A notice must be posted on the Web site at the point of collection with the OMB approval number and a statement on the process of collection.

Intellectual Property

Copyright and trademark protections need to be observed on Web sites. Permissions for use must be granted for any copyrighted information included and registered trademarks need to be reflected in copy. Any copyright or trademark constraints related to materials uploaded to a site must be specified for users. Public domain does not extend outside the borders of the United States. Therefore, foreign countries must request specific permission for use. Given the global nature of the Internet, citation as to source is a critical issue.

Linking

External links constitute an implied endorsement and create a business advantage for the linked sites. OMB requires Agencies to do a risk assessment of external links, and potential links need to be assessed against the HHS and AHRQ linking policies and criteria. If a site deviates from these policies, then the specific review and selection criteria must be justified and posted on the Web site for full disclosure. Outside Web resources may link to Agency resources providing that the link is not displayed in any way that would imply an endorsement by the Agency of a specific commercial product or service.

Electronic FOIA

The Agency is required by law to have an electronic FOIA reading room and to provide materials that can be requested under the Freedom of Information Act in electronic form, if so requested. HHS requires that any Web resource funded by the Agency provide a link to the

AHRQ Freedom of Information Act page on the main AHRQ Web site.

Usability

Web resources should include usability testing, evaluation, and modification as an integral and recurring part of the development effort to ensure they are effective for the electronic business processes they are supposed to facilitate. Go to http://www.usability.gov as a reference for best practices in initial development or redesign of Web resources.

Web Sponsor Identity

AHRQ has uniform principles to identify AHRQ as the primary sponsor of AHRQ-related Web sites. These principles reflect HHS best practices for a consistent look and feel of Web resources, reinforce credibility, and support HHS and Agency branding efforts. The four specific principles that should be consistent across all AHRQ-funded Web sites are:

- *Web site URL name:* The name of a Web site should always contain AHRQ in the URL. A Web resource should either be a folder on the main AHRQ Web site (www.ahrq.gov/chiri) or a third-level domain of the Web site (www.webmm.ahrq.gov).
- *Title of Web site project:* AHRQ's name should be part of the formal title and appear at the beginning of the Web site's project name when referenced in print or promotional materials. For example: AHRQ's Web Morbidity and Mortality online journal.
- *HHS and AHRQ logos:* The HHS and AHRQ logos should be featured prominently on the Web site and in materials that are used to market that Web site.
- *Web site home page format:* The Web site home page should have common design and navigation elements with the HHS Portal and the AHRQ Web site so that all Web sites look as though they belong to the Department and AHRQ Web family. All AHRQ domain sites must include a standard banner and footer that are branded for Web resources. Technical specifications and templates for developers to consult when designing Web resources are provided by the AHRQ Web Manager.

SECTION I
CONTRACT CLAUSES
GENERAL CLAUSES FOR A COST-PLUS-A-FIXED-FEE CONTRACT

CLAUSES INCORPORATED BY REFERENCE (FEBRUARY 1998)

This contract incorporates the following clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this address: http://www.arnet.gov/far/

I. FEDERAL ACQUISITION REGULATION (FAR) (48 CFR CHAPTER 1)
    CLAUSES

FAR Clause No.	Title and Date
52.203-3	Gratuities (APR 1984)
52.203-5	Covenant Against Contingent Fee (APR 1984)
52.203-6	Restrictions on Subcontractor Sales to the Government (SEPT 2006)
52.203-7	Anti-Kickback Procedures (JUL 1995)
52.203-8	Cancellation, Rescission, and Recovery of Funds for Illegal or Improper Activity (JAN 1997)
52.203-10	Price or Fee Adjustment for Illegal or Improper Activity (JAN 1997)
52.203-12	Limitation on Payments to Influence Certain Federal Transactions (SEP 2007)
52.203-14	Display of Hotline Poster(s) (DEC 2007) (Department of Health and Human Services Poster at: http://www.oig.hhs.gov/hotline/OIG_Hotline_Poster.pdf)
52.204-4	Printing or Copying Double-Sided on Recycled Paper (AUG 2000)
52.204-7	Central Contractor Registration. (APR 2008)
52.209-6	Protecting the Government's Interest When Subcontracting With Contractors Debarred, Suspended, or Proposed for Debarment (SEPT 2006)
52.215-2	Audit and Records - Negotiation (JUN 1999)
52.215-8	Order of Precedence-Uniform Contract Format (Oct 1997)

52.215-10	Price Reduction for Defective Cost or Pricing Data (OCT 1997) (applicable to contract actions over $550,000)
52.215-12	Subcontractor Cost or Pricing Data (OCT 1997) (applicable to contract actions over $550,000)
52.215-15	Pension Adjustments and Asset Reversions (OCT 2004)
52.215-18	Reversion or Adjustment of Plans for Postretirement Benefits (PRB) Other Than Pensions (JUL 2005)
52.215-19	Notification of Ownership Changes (OCT 1997)
52.216-7	Allowable Cost and Payment (DEC 2002)
52.216-8	Fixed Fee (MAR 1997)
52.217-2	Cancellation Under Multiyear Contracts (OCT 1997)
52.217-9	Option to Extend the Term of the Contract (MAR 2000)
52.217-8	Option to Extend Services (NOV 1999)
52.219-9	Small Business Subcontracting Plan (APR 2008)
52.219-8	Utilization of Small Business Concerns (MAY 2004)
52.219-16	Liquidated Damages - Subcontracting Plan (JAN 1999)
52.219-28	Post-Award Small Business Program Representation (JUNE 2007)
52.222-2	Payment for Overtime Premiums (JUL 1990). The amount in paragraph (a) is "zero" unless different amount is separately stated elsewhere in contract.
52.222-3	Convict Labor (JUNE 2003)
52.222-26	Equal Opportunity (APR 2002)
52.222-35	Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans. (SEPT 2006)
52.222-36	Affirmative Action for Workers With Disabilities (JUNE 1998)
52.222-37	Employment Reports on Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans. (SEPT 2006)
52.222-39	Notification of Employee Rights Concerning Payment of Union Dues or Fees (DEC 2004)

52.223-6	Drug Free Workplace (MAY 2001)
52.223-14	Toxic Chemical Release Reporting (AUG 2003)
52.224-1	Privacy Act Notification (APR 1984)
52.224-2	Privacy Act (APR 1984)
52.225-1	Buy American Act - Supplies (JUNE 2003)
52.225-13	Restrictions on Certain Foreign Purchases (JUNE 2008)
52.227-1	Authorization and Consent (DEC 2007)
52.227-2	Notice and Assistance Regarding Patent and Copy-Right Infringement (DEC 2007)
52.227-3	Patent Indemnity (APRIL 1984)
52.227-17	Rights in Data – Special Works (DEC 2007)
52.228-7	Insurance-Liability to Third Persons (MAR 1996)
52.230-2	Cost Accounting Standards (OCT 2008)
52.230-3	Disclosure and Consistency of Cost Accounting Practices (OCT 2008)
52.230-6	Administration of Cost Accounting Standards (MAR 2008)
52.230-7	Proposal Disclosure – Cost Accounting Practice Changes (APR 2005)
52.232-9	Limitation on Withholding of Payments (APRIL 1984)
52.232-17	Interest (OCT 2008)
52.232-18	Availability of Funds (APRIL 1984)
52.232-22	Limitation of Funds (APR 1984)
52.232-23	Assignment of Claims (JAN 1986)
52.232-25	Prompt Payment (OCT 2008)
52.232-33	Payment by Electronic Funds Transfer Central Contractor Registration (Oct 2003)
52.233-1	Disputes (JULY 2002)
52.233-3	Protest After Award (AUG 1996) Alternate I (JUNE 1985)

52.233-4	Applicable Law for Breach of Contract Claim (OCT 2004)
52.237-10	Identification of Uncompensated Overtime (Oct 1997)
52.242-1	Notice of Intent to Disallow Costs (APRIL 1984)
52.242-3	Penalties for Unallowable Costs (MAY 2001)
52.242-4	Certification of Final Indirect Costs (Jan 1997)
52.242-13	Bankruptcy (JULY 1995)
52.243-2	Changes - Cost Reimbursement (AUG 1987) - Alternate II (APRIL 1984)
52.244-2	Subcontracts (JUNE 2007)
52.244-5	Competition in Subcontracting (DEC 1996)
52.245-5	Government Property (Cost Reimbursement, Time-and-Material, or Labor-Hour Contract (MAY 2004)
52.246-5	Inspection of Services-Cost Reimbursement (APRIL 1984)
52.246-23	Limitation of Liability-(FEB 1997)
52.248-1	Value Engineering (FEB 2000)
52.249-6	Termination (Cost-Reimbursement) (MAY 2004)
52.249-14	Excusable Delays (APRIL 1984)
52.251-1	Government Supply Sources (APRIL 1984)
52.253-1	Computer Generated Forms (JAN 1991)

II. DEPARTMENT OF HEALTH AND HUMAN SERVICES ACQUISITION
       REGULATION (HHSAR) (48 CFR CHAPTER 3) CLAUSES

HHSAR Clause No.	Title and Date
352.202-1	Definitions (JAN 2006) Alternate h
352.223-70	Safety and Health (JAN 2006)
352.224-70	Confidentiality of Information (JAN 2006)
352.228-7	Insurance - Liability to Third Persons (DEC 2006)

352.232-9	Withholding of Contract Payments (JAN 2006)
352.233-70	Litigation and Claims (JAN 2006)
352.242-71	Final Decisions on Audit Findings (APRIL 1984)
352.270-1	Accessibility of Meetings, Conferences, and Seminars to Persons With Disabilities (DEC 2006)
352.270-6	Publication and Publicity (JAN 2006)
352.270-7	Paperwork Reduction Act (JAN 2006)
352.270-8	Protection of Human Subjects (JAN 2001)

The following clause is applicable to this contract and is provided in full text:

KEY PERSONNEL (APR 1984) (HHSAR 352.270-5)
The personnel specified in this contract are considered to be essential to the work being performed hereunder. Prior to diverting any of the specified individuals to other programs, the Contractor shall notify the Contracting Officer reasonably in advance and shall submit justification (including proposed substitutions) in sufficient detail to permit evaluation of the impact on the program. No diversion shall be made by the Contractor without the written consent of the Contracting Officer; provided, that the Contracting Officer may ratify in writing such diversion and such ratification shall constitute the consent of the Contracting Officer required by this clause. The contract may be amended from time to time during the course of the contract to either add or delete personnel, as appropriate.

(End of clause)

OPTION TO EXTEND THE TERM OF THE CONTRACT (MAR 2000) 52.217-9

   (a) The Government may extend the term of this contract by written notice to the Contractor within 30 days of the expiration date of the contract; provided that the Government gives the Contractor a preliminary written notice of its intent to extend at least 60 days before the contract expires. The preliminary notice does not commit the Government to an extension.
   (b) If the Government exercises this option, the extended contract shall be considered to include this option clause.
   (c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed 60 months.

(End of clause)

PART III- LIST OF DOCUMENTS, EXHIBITS AND ATTACHMENTS

SECTION J - LIST OF ATTACHMENTS

1.   Past Performance Questionnaire and Contractor Performance Form

2.   Proposal Intent Form

3.   Breakdown of Proposed Estimated Cost and Labor Hours

NOTE: ALL ATTACHMENTS ARE LOCATED AT THE END OF THIS REQUEST FOR PROPOSAL.

PART IV. REPRESENTATIONS AND INSTRUCTIONS

SECTION K

REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS

K.1	HHSAR 315.204-5	Representations and Instructions
K.2.	FAR 52.204-8	Annual Representations and Certifications (JAN 2006)
K.3.	FAR 52.222-21	Prohibition of Segregated Facilities (FEB 1999)
K.4.	FAR 52.230-1	Cost Accounting Standards Notices and Certification (JUNE 2000)
K.5.	FAR 15.406-2	Certificate of Current Cost and Pricing Data
K.6.	P.L. 103-227	Certification Regarding Environmental Tobacco Smoke
K.7.	HHSAR 352.204	Certification of Filing and Payment of Federal Taxes.

K.I REPRESENTATIONS AND INSTRUCTIONS

(a) Section K, Representations, certifications, and other statements of offerors.
(1) This section shall begin with the following and continue with the applicable representations and certifications:

TO BE COMPLETED BY THE OFFEROR: (The Representations and Certifications must be executed by an individual authorized to bind the Offeror.) The Offeror makes the following Representations and Certifications as part of its proposal. (Check or complete all appropriate boxes or blanks on the following pages.)

_____
   (Name of Offeror)   (RFP No.)

_____
(Signature of Authorized Individual)   (Date)

(Typed Name of Authorized Individual)

NOTE: The penalty for making false statements in offers is prescribed in 18 U.S.C. 1001.

K.2. ANNUAL REPRESENTATIONS AND CERTIFICATIONS (JAN 2005) (FAR 52.204-8)

(a)(1) If the clause at 52.204-7, Central Contractor Registration, is included in this solicitation, paragraph (b) of this provision applies.

(2) If the clause at 52.204-7 is not included in this solicitation, and the offeror is currently registered in CCR, and has completed the ORCA electronically, the offeror may choose to use paragraph (b) instead of completing the corresponding individual representations and certifications in the solicitation. The offeror shall indicate which option applies by checking one of the following boxes:

[ ] (i) Paragraph (b) applies

[ ] (ii) Paragraph (b) does not apply and the offeror has completed the individual representations and certification in the solicitation.

(b) The offeror has completed the annual representations and certifications electronically via the Online Representations and Certifications Application (ORCA) website at http://orca/bpn.gov. After reviewing the ORCA database information, the offeror verifies by submission of the offer that the representations and certifications currently posted electronically have been entered or updated within the last 12 months, are current, accurate, complete, and applicable to this solicitation (including the business size standard applicable to the NAICS code referenced for this solicitation), as of the date of this offer and are incorporated in this offer by reference (see FAR 4.1201); except for the changes identified below (offeror to insert changes, identifying change by clause number, title, date). These amended representation(s) and/or certification(s) are also incorporated in this offer and are current, accurate, and complete as of the date of this offer.

FAR Clause#   Title   Date   Change

Any changes provided by the offeror are applicable to this solicitation only, and do not result in an update to the representations and certifications posted on ORCA.

(End of provision)

K.3. PROHIBITION OF SEGREGATED FACILITIES
(FEB 1999) (FAR 52.222-21)

(a)   "Segregated facilities," as used in this clause, means any waiting rooms, work areas, rest rooms and wash rooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees, that are segregated by explicit directive or are in fact segregated on the basis of race, color, religion, or national origin because of written or oral policies or employee custom. The term does not include separate or single-user rest rooms or necessary dressing or sleeping areas provided to assure privacy between the sexes.

(b)   The Contractor agrees that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not and will not permit its employees to perform their services at any location under its control where

segregated facilities are maintained. The Contractor agrees that a breach of this clause is a violation of the Equal Opportunity clause in this contract.

(c)   The Contractor shall include this clause in every subcontract and purchase order that is subject to the Equal Opportunity clause of this contract.
(End of Clause)

K.4. COST ACCOUNTING STANDARDS NOTICES AND
CERTIFICATION
(FAR 52.230-1) (JUNE 2000)
NOTE: This notice does not apply to small businesses or foreign governments. This notice is in three parts, identified by Roman numerals I through III.

Offerors shall examine each part and provide the requested information in order to determine Cost Accounting Standards (CAS) requirements applicable to any resultant contract.

If the offeror is an educational institution, Part II does not apply unless the contemplated contract will be subject to full or modified CAS-coverage pursuant to 48CFR 9903.201-2(c)(5) or 9903.201-2(c)(6),respectively.

I.   Disclosure Statement - Cost Accounting Practices and Certification

(a) Any contract in excess of $500,000 resulting from this solicitation, will be subject to the requirements of the Cost Accounting Standards Board (48 CFR, Chapter 99), except for those contracts which are exempt as specified in 48 CFR 9903.201-1.

(b) Any offeror submitting a proposal which, if accepted, will result in a contract subject to the requirements of 48 CFR Chapter 99 must, as a condition of contracting, submit a Disclosure Statement as required by 48 CFR 9903.202. When required, the Disclosure Statement must be submitted as a part of the offeror's proposal under this solicitation unless the offeror has already submitted a Disclosure Statement disclosing the practices used in connection with the pricing of this proposal. If an applicable Disclosure Statement has already been submitted, the offeror may satisfy the requirement for submission by providing the information requested in paragraph (c) of Part I of this provision. Caution: In the absence of specific regulations or agreement, a practice disclosed in a Disclosure Statement shall not, by virtue of such disclosure, be deemed to be a proper, approved, or agreed-to practice for pricing proposals or accumulating and reporting contract performance cost data.

(c) Check the appropriate box below:

[ ]   (1) Certificate of Concurrent Submission of Disclosure Statement.
The offeror hereby certifies that, as a part of the offer, copies of the Disclosure Statement have been submitted as follows: (i) original and one copy to the cognizant Administrative Contracting Officer (ACO) or cognizant Federal agency official authorized to act in that capacity, as applicable, and (ii) one copy to the cognizant Federal auditor.

(Disclosure must be on Form No. CASB DS-1 or CASB
DS-2, as applicable. Forms may be obtained from the cognizant ACO or Federal official and/or from the loose-leaf version of the Federal Acquisition Regulation.)

Date of Disclosure Statement:_____

Name and Address of Cognizant
 ACO or Federal official where filed:

The offeror further certifies that practices used in estimating costs in pricing this proposal are consistent with the cost accounting practices disclosed in the Disclosure Statement.

[ ]   (2) Certificate of Previously Submitted Disclosure Statement.

The offeror hereby certifies that the required Disclosure Statement was filed as follows:

Date of Disclosure Statement:_____

Name and Address of Cognizant
 ACO or Federal official where filed:

The offeror further certifies that the practices used in estimating costs in pricing this proposal are consistent with the cost accounting practices disclosed in the applicable Disclosure Statement.

[ ]   (3) Certificate of Monetary Exemption.

The offeror hereby certifies that the offeror together with all divisions, subsidiaries, and affiliates under common control, did not receive net awards of negotiated prime contracts and subcontracts subject to CAS totaling more than $25 million in the cost accounting period immediately preceding the period in which this proposal was submitted. The offeror further certifies that if such status changes before an award resulting from this proposal, the offeror will advise the Contracting Officer immediately.

[ ]   (4) Certificate of Interim Exemption.

The offeror hereby certifies that (i) the offeror first exceeded the monetary exemption for disclosure, as defined in (3) of this subsection, in the cost accounting period immediately preceding the period in which this offer was submitted and (ii) in accordance with 48 CFR, Subpart 9903.202-1, the offeror is not yet required to submit a Disclosure Statement. The offeror further certifies that if an award resulting from this proposal has not been made within 90 days after the end of that period, the offeror will immediately submit a review certificate to the Contracting Officer, in the form specified under subparagraph (c)(1) or (c)(2) of Part I of this provision, as appropriate, to verify submission of a completed Disclosure Statement.

Caution: Offerors currently required to disclose because they were awarded a CAS-covered prime contract or subcontract of $25 million or more in the current cost accounting period may not claim this exemption (4). Further, the exemption applies only in connection with proposals submitted before expiration of the 90-day period following the cost accounting period in which the monetary exemption was exceeded.

II.   Cost Accounting Standards - Eligibility for Modified Contract Coverage

If the offeror is eligible to use the modified provisions of 48 CFR, Subpart 9903.201-2(b) and elects to do so, the offeror shall indicate by checking the box below. Checking the box below shall mean that the resultant contract is subject to the Disclosure and Consistency of Cost Accounting Practices clause in lieu of the Cost Accounting Standards clause.

[ ]   The offeror hereby claims an exemption from the Cost Accounting Standards clause under the provisions of 48 CFR, Subpart 9903.201-2(b) and certifies that the offeror is eligible for use of the Disclosure and Consistency of Cost Accounting Practices clause because during the cost accounting period immediately preceding the period in which this proposal was submitted, the offeror received less than $25 million in awards of CAS-covered prime contracts and subcontracts or the offeror did not receive a single CAS-covered award exceeding $1 million. The offeror further certifies that if such status changes before an award resulting from this proposal, the offeror will advise the Contracting Officer immediately.

Caution: An offeror may not claim the above eligibility for modified contract coverage if this proposal is expected to result in the award of a CAS-covered contract of $25 million or more or if, during its current cost accounting period, the offeror has been awarded a single CAS-covered prime contract or subcontract of $25 million or more.

III.   Additional Cost Accounting Standards Applicable to Existing Contracts

The offeror shall indicate below whether award of the contemplated contract would, in accordance with subparagraph (a)(3) of the Cost Accounting Standards clause, require a change in established cost accounting practices affecting existing contracts and subcontracts.
[ ] Yes   [ ] No
(End of Provision)

ALTERNATE I (APR 1996)

[ ]   (5) Certificate of Disclosure Statement Due Date by Educational Institution.

If the offeror is an educational institution that, under the transition provisions of 48 CFR 9903.202-1(f), is or will be required to submit a Disclosure Statement after receipt of this award, the offeror hereby certifies that (check one and complete):

[] (a) A Disclosure Statement filing Due Date of _____ has been established with the cognizant Federal agency.

[] (b) The Disclosure Statement will be submitted within the six month period ending _____ months after receipt of this award.

Name and Address of cognizant ACO or Federal Official where Disclosure Statement is to be filed:
(END OF ALTERNATE I)

K.5. CERTIFICATE OF CURRENT COST OR PRICING DATA
(FAR 15.406-2)

CERTIFICATE OF CURRENT COST OR PRICING DATA

When cost or pricing data are required, the contracting officer shall require the contractor to execute a Certificate of Current Cost or Pricing Data using the format in this paragraph, and shall include the executed certificate in the contract file.

This is to certify that, to the best of my knowledge and belief, the cost or pricing data (as defined in Section 15.401 of the Federal Acquisition Regulation(FAR) and required under FAR subsection 15.403-4) submitted, either actually or by specific identification, in writing, to the contracting officer or the contracting officer's representative in support of _____* are accurate, complete, and current as of _____**.

This certification includes the cost or pricing data supporting any advance agreements and forward pricing rate agreements between the offeror and the Government that are part of the proposal.

FIRM

NAME _____ Signature

TITLE

DATE OF EXECUTION***

   * Identify the proposal, request for price adjustment, or other submission involved, giving the appropriate identifying number (e.g., Request for Proposal number).

  ** Insert the day, month, and year when price negotiations were concluded and price agreement was reached or, if applicable, an earlier date agreed upon between the parties that is as   close as practicable to the date of agreement on price.

 *** Insert the day, month, and year of signing, which should be as close as practicable to the date when the price negotiations were concluded and the contract price agreed to.

End of Certificate

K.6. ENVIRONMENTAL TOBACCO SMOKE

The Public Health Service strongly encourages all grant and contract recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offeror/contractor certifies that the submitted organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

Organization:_____

Signature_____ Title_____

Date_____

K.7 Certification of Filing and Payment of Federal Taxes

As prescribed in 304.1202, "Solicitation Provision," insert the following provision. If the solicitation is a Request for Quotations, the term "Quoter" may be substituted for "Offeror."

Certification of Filing and Payment of Federal Taxes (March 2008)

(a) The offeror certifies that, to the best of its knowledge and belief:

> 1) It has filed all Federal tax returns required during the three years preceding this certification;
>
> 2) It has not been convicted of a criminal offense under the Internal Revenue Code of 1986; and
>
> 3) It has not been notified of any unpaid Federal tax assessment for which the liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service and is not in default, or the assessment is the subject of a non-frivolous administrative or judicial proceeding.

(b) The signature of the offer is considered to be a certification by the offeror under this provision.

_____

Name of Offeror

_____

Signature of authorized individual

SECTION L - INSTRUCTIONS, CONDITIONS AND NOTICES TO OFFERORS

L.1   SOLICITATION PROVISIONS INCORPORATED BY REFERENCE (FEB 1998) (FAR 52.252-1)

This solicitation incorporates the following solicitation provisions by reference, with the same force and effect as if they were given in full text. The full text of a clause may be assessed electronically at this address: http://www.arnet.gov/far/ .

a.   Federal Acquisition Regulation (FAR) (48 CFR Chapter 1) Solicitation Provisions

   (1)   52.215-16   Facilities Capital Cost of Money (OCT 1997)

   (2)   52.215-20   Requirements for Cost or Pricing Data or Information Other Than Cost or Pricing Data (OCT 1997)

L.2   DATA UNIVERSAL NUMBERING (DUNS) (OCT 2003) (FAR 52.204-6)

(a)   The offeror shall enter, in the block with its name and address on the cover page of its offer, the annotation "DUNS" or "DUNS+4" followed by the DUNS number or "DUNS+4" that identifies the offeror's name and address exactly as stated in the offer. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. The DUNS+4 is the DUNS number plus a 4-character suffix that may be assigned at the discretion of the offeror to establish additional CCR records for identifying alternative Electronic Funds Transfer (EFT) accounts (see Subpart 32.11) for the same parent concern.

(b)   If the offeror does not have a DUNS number, it should contact Dun and Bradstreet directly to obtain one.

   (1) An offeror may obtain a DUNSnumber—
        (i) If located within the United States, by calling Dun and Bradstreet at 1-866-705-5711 or via the iInternet at http://www.dnb.com; or
        (ii) If located outside the United States, by contacting the local Dun and Bradstreet office.

   (2) The offeror should be prepared to provide the following information:
        (i) Company legal business name.
        (ii) Tradestyle, doing business, or other name by which your entity is commonly recognized.
        (iii) Company physical street address, city, state and Zip Code.
        (iv) Company mailing address, sity, state and Zip Code (if separate from physical).
        (v) Company telephone number.
        (vi) Date the company was started.
        (vii) Number of employees at your location.

(viii) Chief executive officer/ key manager.
(ix) Line of business (industry)
(X) Company Headquarters name and address (reporting relationship within your entity).

<p align="center">(End of provision)</p>

L.3 INSTRUCTIONS TO OFFERORS - COMPETITIVE ACQUISITION (MAY 2001) ALTERNATE I (JAN 2004)(FAR 52.215-1)

(a) Definitions. As used in this provision –

"Discussions" are negotiations that occur after establishment of the competitive range that may, at the Contracting Officer's discretion, result in the offeror being allowed to revise its proposal.

"In writing," "writing," or "written" means any worded or numbered expression that can be read, reproduced, and later communicated, and includes electronically transmitted and stored information.

"Proposal modification" is a change made to a proposal before the solicitation's closing date and time, or made in response to an amendment, or made to correct a mistake at any time before award.

"Proposal revision" is a change to a proposal made after the solicitation closing date, at the request of or as allowed by a Contracting Officer as the result of negotiations.

"Time," if stated as a number of days, is calculated using calendar days, unless otherwise specified, and will include Saturdays, Sundays, and legal holidays. However, if the last day falls on a Saturday, Sunday or legal holiday, then the period shall include the next working day.

(b) Amendments to solicitations. If this solicitation is amended, all terms and conditions that are not amended remain unchanged. Offerors shall acknowledge receipt of any amendment to this solicitation by the date and time specified in the amendment(s).

(c) Submission, modification, revision, and withdrawal of proposals.

(1) Unless other methods (e.g., electronic commerce or facsimile) are permitted in the solicitation, proposals and modifications to proposals shall be submitted in paper media in sealed envelopes or packages (i) addressed to the office specified in the solicitation, and (ii) showing the time and date specified for receipt, the solicitation number, and the name and address of the offeror. Offerors using commercial carriers should ensure that the proposal is marked on the outermost wrapper with the information in paragraphs (c)(1)(i) and (c)(1)(ii) of this provision.

(2) The first page of the proposal must show—

(i)   The solicitation number;

(ii)   The name, address, and telephone and facsimile numbers of the offeror (and electronic address if available);

(iii)   A statement specifying the extent of agreement with all terms, conditions, and provisions included in the solicitation and agreement to furnish any or all items upon which prices are offered at the price set opposite each item;

(iv)   Names, titles, and telephone and facsimile numbers (and electronic addresses if available) of persons authorized to negotiate on the offeror's behalf with the Government in connection with this solicitation; and

(v)   Name, title, and signature of person authorized to sign the proposal. Proposals signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the issuing office.

(3)   Submissions, modification, revision, and withdrawal of proposals.

(i)   Offerors are responsible for submitting proposals, and any modification or revisions, so as to reach the Government office designated in the solicitation by the time specified in the solicitation. If no time is specified in the solicitation, the time for receipt is 4:30 p.m., local time, for the designated Government office on the date that proposal or revision is due.

(ii)   (A) Any proposal, modification, or revision received at the Government office designated in the solicitation after the exact time specified for receipt of offers is "late" and will not be considered unless it is received before award is made, the Contracting Officer determines that accepting the late offer would not unduly delay the acquisition; and -

    (1)   If it was transmitted through an electronic commerce method authorized by the solicitation, it was received at the initial point of entry to the Government infrastructure not later than 5:00 p.m. one working day prior to the date specified for receipt of proposals; or

    (2)   There is acceptable evidence to establish that it was received at the Government installation designated for receipt of offers and was under the Government's control prior to the time set for receipt of offers; or

(3)   It is the only proposal received.

(B) However, a late modification of an otherwise successful proposal that makes its terms more favorable to the Government, will be considered at any time it is received and may be accepted.

(iii)   Acceptable evidence to establish the time of receipt at the Government installation includes the time/date stamp of that installation on the proposal wrapper, other documentary evidence of receipt maintained by the installation, or oral testimony or statements of Government personnel.

(iv)   If an emergency or unanticipated event interrupts normal Government processes so that proposals cannot be received at the office designated for receipt of proposals by the exact time specified in the solicitation, and urgent Government requirements preclude amendment of the solicitation, the time specified for receipt of proposals will be deemed to be extended to the same time of day specified in the solicitation on the first work day on which normal Government processes resume.

(v)   Proposals may be withdrawn by written notice received at any time before award. Oral proposals in response to oral solicitations may be withdrawn orally. If the solicitation authorizes facsimile proposals, proposals may be withdrawn via facsimile received at any time before award, subject to the conditions specified in the provision at 52.215-5, "Facsimile Proposals." Proposals may be withdrawn in person by an offeror or an authorized representative, if the representative's identity is made known and the representative signs a receipt for the proposal before award.

(4)   Unless otherwise specified in the solicitation, the offeror may propose to provide any item or combination of items.

(5)   Offerors shall submit proposals submitted in response to this solicitation in English, unless otherwise permitted by the solicitation, and in U.S. dollars, unless the provision at FAR 52.225-17, Evaluation of Foreign Currency Offers, is included in the solicitation.

(6)   Offerors may submit modifications to their proposals at any time before the solicitation closing date and time, and may submit modifications in

response to an amendment, or to correct a mistake at any time before award.

(7) Offers may submit revised proposals only if requested or allowed by the Contracting Officer.

(8) Proposals may be withdrawn at any time before award. Withdrawals are effective upon receipt of notice by the Contracting Officer.

(d) Offer expiration date. Proposals in response to this solicitation will be valid for the number of days specified on the solicitation cover sheet (unless a different period is proposed by the offeror).

(e) Restriction on disclosure and use of data. Offerors that include in their proposals data that they do not want disclosed to the public for any purpose, or used by the Government except for evaluation purposes, shall —

(1) Mark the title page with the following legend:

"This proposal includes data that shall not be disclosed outside the Government and shall not be duplicated, used, or disclosed–in whole or in part–for any purpose other than to evaluate this proposal." If, however, a contract is awarded to this offeror as a result of–or in connection with– the submission of this data, the Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting contract. This restriction does not limit the Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained in sheets [insert numbers or other identification of sheets]; and

(2) Mark each sheet of data it wishes to restrict with the following legend:

"Use or disclosure of data contained on this sheet is subject to the restriction on the title page of this proposal."

(f) Contract award.

(1) The Government intends to award a contract or contracts resulting from this solicitation to the responsible offeror(s) whose proposal(s) represents the best value after evaluation in accordance with the factors and subfactors in the solicitation.

(2) The Government may reject any or all proposals if such action is in the Government's interest.

(3) The Government may waive informalities and minor irregularities in proposals received.

(4)   The Government intends to evaluate proposals and award a contract after conducting discussions with offerors whose proposals have been determined to be within the competitive range. If the Contracting Officer determines that the number of proposals that would otherwise be in the competitive range exceeds the number at which an efficient competition can be conducted, the Contracting Officer may limit the number of proposals in the competitive range to the greatest number that will permit an efficient competition among the most highly rated proposals. Therefore, the offeror's initial proposal should contain the offeror's best terms from a price and technical standpoint.

(5)   The Government reserves the right to make an award on any item for a quantity less than the quantity offered, at the unit cost or prices offered, unless the offeror specifies otherwise in the proposal.

(6)   The Government reserves the right to make multiple awards if, after considering the additional administrative costs, it is in the Government's best interest to do so.

(7)   Exchanges with offerors after receipt of a proposal do not constitute a rejection or counteroffer by the Government.

(8)   The Government may determine that a proposal is unacceptable if the prices proposed are materially unbalanced between line items or subline items. Unbalanced pricing exists when, despite an acceptable total evaluated price, the price of one or more contract line items is significantly overstated or understated as indicated by the application of cost or price analysis techniques. A proposal may be rejected if the Contracting Officer determines that the lack of balance poses an unacceptable risk to the Government.

(9)   If a cost realism analysis is performed, cost realism may be considered by the source selection authority in evaluating performance or schedule risk.

(10)   A written award or acceptance of proposal mailed or otherwise furnished to the successful offeror within the time specified in the proposal shall result in a binding contract without further action by either party.

(11)   If a post-award debriefing is given to requesting offerors, the Government shall disclose the following information, if applicable:

       (i)   The agency's evaluation of the significant weak or deficient factors in the debriefed offeror's offer.

(ii)   The overall evaluated cost or price and technical rating of the successful and the debriefed offeror and past performance information on the debriefed offeror.

(iii)   The overall ranking of all offerors, when any ranking was developed by the agency during source selection

(iv)   A summary of the rationale for award

(v)   For acquisitions of commercial items, the make and model of the item to be delivered by the successful offeror.

(vi)   Reasonable responses to relevant questions posed by the debriefed offerors as to whether source-selection procedures set forth in the solicitation, applicable regulations, and other applicable authorities were followed by the agency.

(End of provision)

L.4   TYPE OF CONTRACT (APRIL 1984) (FAR 52.216-1)

The Government contemplates award of a cost reimbursement type contract resulting from this solicitation.

It is anticipated that one (1) contract award will be made from this solicitation and that the award is estimated to be made effective June 1, 2009.

L.5   SINGLE OR MULTIPLE AWARDS (OCT 1995)(FAR 52.216-27)

The Government may elect to award a single contract or to award multiple contracts for the same or similar supplies or services to two or more sources under this solicitation.

L.6   SERVICE OF PROTEST (AUG 1996)(FAR 52.233-2)

(a)   Protests, as defined in Section 33.101 of the Federal Acquisition Regulation, that are filed directly with an agency, and copies of any protests that are filed with the General Accounting Office (GAO) shall be served on the Contracting Officer (addressed as follows) by obtaining written and dated acknowledgment of receipt from:

          Director, Division of Contracts Management
          Agency for Healthcare Research and Quality
          540 Gaither Road
          Rockville, Maryland 20850

(b)   The copy of any protest shall be received in the office designated above within one day of filing a protest with the GAO.

L.7   POINT OF CONTACT FOR TECHNICAL INQUIRIES

The technical contact for additional information and answering inquiries is the Contracting Officer. All questions regarding this solicitation shall be in writing and received by the Contracting Officer no later than 12:00 PM ET **February 4, 2009**. All questions should be e-mailed to Jessica Alderton at <u>Jessica.Alderton@ahrq.hhs.gov</u>. The subject line should be marked "Proposal Questions RFP No. AHRQ-09-10006**."**

L.8   PROPOSAL INTENT/ APPROVAL FOR CONTACT INFORMATION FOR BIDDERS LIST (Attachment 2)

It is requested that if an offeror intends to submit a proposal to this solicitation that the attached Proposal Intent Form be completed and returned to the address indicated by the date indicated. The submission of the intent form is not binding on an offeror to submit a proposal, nor does the failure to submit the form prohibit an offeror from submitting a proposal. The purpose is to provide us with an estimated number of proposals to assist us in our planning and logistics for proposal reviews.

There is also a request to include your contact information to a bidders list. The bidders list will be used to assist offerors interested in subcontracting opportunities. It will be posted as part of an amendment to the solicitation. In order for AHRQ to include your contact information on the bidders list, you must return the Proposal Intent Form and check the box that grants permission to add your name no later than the date listed above.

L.9   GENERAL INSTRUCTIONS

<u>Introduction</u>

The following instructions will establish the acceptable minimum requirements for the format and contents of proposals.

 a.   <u>Contract Type and General Provisions</u>: It is contemplated that a cost-reimbursement performance based contract will be awarded. In addition to the special provisions of this request for proposal (RFP), any resultant contract shall include the general clauses applicable to the selected offeror's organization and type of contract awarded. Any additional clauses required by Public Law, Executive Order, or procurement regulations, in effect at the time of execution of the proposed contract, will be included.

b.   <u>Authorized Official and Submission of Proposal</u>: The proposal shall be signed by an official authorized to bind your (the offeror's) organization. Your proposal shall be submitted in the number of copies, to the address, and marked as indicated in the cover letter of this solicitation. Proposals will be typewritten, reproduced on letter sized paper and will be legible in all required copies.

c.   <u>Separation of Technical, Past Performance Information, and Business Proposal</u>: The proposal shall be in 4 separate parts. To expedite the proposal evaluation, all documents required for responding to the RFP should be placed in the following order:

I.   TECHNICAL PROPOSAL: See Technical Proposal Instructions for recommended format (L.10). Please mark as original or copy.

II.   PAST PERFORMANCE INFORMATION: See Past Performance Information Instructions for format (L.11)

III.   BUSINESS PROPOSAL: See Business Proposal Instructions for recommended format (L.13).

IV.   SMALL DISADVANTAGED BUSINESS PARTICIPATION PLAN See Small Disadvantaged Business Participation Plan Instructions for recommended format (L.12).

Each of the parts shall be separate and complete in itself so that evaluation of one may be accomplished independently of, and concurrently with, evaluation of the other.

d.   Evaluation of Proposals: The Government will evaluate technical proposals in accordance with the criteria set forth in Section M, Evaluation/Award Criteria.

e.   Rejection of Proposals: The Government reserves the right to reject any or all proposals received. It is understood that your proposal will become part of the official contract file.

f.   Unnecessarily Elaborate Proposals: Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective proposal are not desired and may be construed as an indication of the offeror's lack of cost consciousness. Elaborate art work, expensive visual and other presentation aids are neither necessary nor wanted.

g.   Privacy Act: The Privacy Act of 1974 (Public Law (P.L.) 93-579) requires that a Federal agency advise each individual whom it asks to supply information: 1) the authority which authorized the solicitation; 2) whether disclosure is voluntary or mandatory; (3) the principal purpose or purposes for which the information is intended to be used; (4) the uses outside the agency which may be made of the information; and 4) the effects on the individual, if any, of not providing all or any part of the requested information.

Therefore:

(1)   The Government is requesting the information called for in this RFP pursuant to the authority provided by Section 301(g) of the Public Health Service Act, as amended, and P.L. 92-218, as amended.

(2)   Provisions of the information requested are entirely voluntary.

(3)   The collection of this information is for the purpose of conducting an accurate, fair, and adequate review prior to a discussion as to whether to award a contract.

(4)   Failure to provide any or all of the requested information may result in a less than adequate review.

(5)   The information provided by you may be routinely disclosed for the following purposes:

-to the cognizant audit agency and the Government Accountability Office (GAO) for auditing;
-to the Department of Justice as required for litigation;
-to respond to Congressional inquiries; and
-to qualified experts, not within the definition of Department employees for opinions as a part of the review process.

In addition, the Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided when individuals are requested to disclose their social security number.

Provision of the social security number is voluntary. Social security numbers are requested for the purpose of accurate and efficient identification, referral, review and management of AHRQ contracting programs. Authority for requesting this information is provided by Section 305 and Title IV of the Public Health Service Act, as amended.

h.   The RFP does not commit the Government to pay any cost for the preparation and submission of a proposal. It is also brought to your attention that the Contracting Officer is the only individual who can legally commit the Government to the expenditure of public funds in connection with this or any acquisition action.

The Government reserves the right to award a contract without discussions if the Contracting Officer determines that the initial prices are fair and reasonable and that discussions are not necessary.

L.10   TECHNICAL PROPOSAL INSTRUCTIONS

The technical proposal shall contain an original and nine (9) copies.   The technical proposal described below shall be limited to **100 pages** not including biographic sketches, with no less than a 11 point font, double-spaced (lists of deliverables, person loading charts, and similar materials need not be double-spaced, so long as they are legible). Brief biographic sketches or CVs (less than ten pages in length) providing the relevant qualifications necessary for this effort are only required for key personnel.   The technical proposal shall not contain reference to cost; however resources information, such as data concerning labor hours and categories, labor mix, materials, subcontracts, etc., shall be contained in the technical proposal so that your understanding of the Statement of Work (SOW) may be evaluated. It must disclose your technical approach in as much detail as possible, including, but not limited to, the requirements of these

instructions. Lengthy proposals and voluminous appendices are neither needed nor desired as they are difficult to read and evaluate and may indicate the offeror's inability to concisely state their proposal. Appendices are to be provided electronically in MS Office format on CD, in the same quantity as the technical proposal.

a.　Recommended Technical Proposal Format

The offeror's proposal should present sufficient information to reflect a thorough understanding of the work requirements and a detailed plan for achieving the objectives of the scope of work. Technical proposals shall not merely paraphrase the requirements of the Agency's scope of work or parts thereof, or use of phrases such as "will comply" or "standard techniques will be employed." The technical proposal must include a detailed description of the techniques and procedures to be used in achieving the proposed end results in compliance with the requirements of the Agency's scope of work.

(1)　Cover Page: The name of the proposing organization, author(s) of the technical proposal, the RFP number and the title of the RFP should appear on the cover. The cover page must also include the DUNS and TIN as well as a point of contact and contact information. One (1) manually signed original copy of the proposal and the number of copies specified in the RFP cover letter are required.

(2)　Table of Contents: Provide sufficient detail so that all important elements of the proposal can be located readily.

(3) Introduction: This should be a one or two page summary outlining the proposed work, your interest in submitting a proposal, and the importance of this effort in relation to your overall operation.

(4) Technical Discussion: The offeror shall prepare a technical discussion which addresses evaluation criteria 1 through 4 below (including their subcriteria). The offeror shall further state that no deviations or exceptions to the Statement of Work (SOW) are taken. The evaluation criteria (and their respective subcriteria) are as follows:

Technical proposals submitted in response to this RFP shall address each of the items described below, and shall be organized in the same manner and within the page limitations specified. Proposals shall be prepared in double-spaced format, with numbered pages.

1. **Proposed Technical Approach**

   a. Technical Discussion

The offeror shall describe their approach with respect to the requirements of this acquisition:

Data base management and file construction (Tasks A.3.2.1, A.3.3.1, and A.3.4.1), the procedures for cataloguing and documentation, maintaining the integrity and security of the data files, and assuring high quality programming and data, including state-of-the-art software configuration management (version control management, software defects tracking, automated software build processes, and software concurrent development management), software requirements analysis, software testing, and software life-cycle documentation;

The offeror shall assume the following:

i) Center for Financing, Access and Cost Trends

1. Assume that the NMES and MEPS data bases will consist of a catalogue of 10,000 files, including back-up copies and temporary working files.
2. Assume that 100 files will be received for installation.
3. Assume that there will be 20 public use file (PUF) development tasks each year.
4. Assume 15 special project files developed each year.

ii) Center for Delivery, Organization and Markets

1. Assume that the HCUP data bases will consist of a catalogue of 2,000 files, including back-up copies and temporary working files.
2. Assume that 100 files will be received for installation and 60 files transmitted to outside users each year.
3. Assume that there will be 15 major file development tasks each year.

iii) Other Office/Centers

1. Assume that patient-level or encounter-level administrative and clinical data bases, as well as other public health survey and epidemiology and surveillance data bases, will consist of a catalogue of up to 300 major files generated both internally and externally, including temporary working files.
2. Assume that 30 files will be received for installation each year.
3. Assume that there will be 5 major file development tasks each year.

Data analysis and dissemination (Tasks A.3.2.2, C3.3.2, and C3.4.2), the procedures for dissemination, production and documentation of data files for outside users as well as maintenance of MEPS and HCUP web sites; and their approach to managing and analyzing a large, multi-year, multi-source, and multi-user database and large administrative encounter-level and clinical data in support of health services research.

The offeror shall assume the following:

i) Center for Financing, Access and Cost Trends

1. Assume that 30 research projects will be active in any given month.
2. Assume that 3 analysts will be engaged full-time in simulation modeling and will require support.
3. Assume that 40 public use files will be produced over the life of the contract.
4. Assume that there will be 25 special project files developed each year.
5. Assume 10 person days requiring Census data center support each year.
6. Assume 10 special projects requiring AHRQ/CFACT data center support each year.

ii) Center for Delivery, Organization and Markets

1. Assume that 20 research projects will be active in any given month.
2. Assume that 40 public use files will be produced over the life of the contract, and that special estimates will be made or secondary data will be linked to public use files for 20 outside users each year.

iii) Other Office/Centers

1. Assume annul production of standardized tables from 6 data sources.
2. Assume receipt & management of 2,000 summary tables each year.
3. Assume 2 research assistants will engaged full-time to support Report production.

b. Develop and Implement a Transition Plan (Task A.3.5)

The offeror shall describe their approach for organizing the transition from the preceding contractor to this contractor--transferring complete responsibility for all files, documentation, and software within 60 days of the effective date of the contract and assuring that all of the ongoing activities listed above are fully staffed and operational within 60 days of the effective date of the contract. Should the incumbent contractor propose, they shall describe instead the process for successful close-out of the proceeding contract including any necessary disposition of files, documentation and software, and any implication for the new contract start-up.

c. Project Management (Task A.3.6)

The offeror shall describe their organizational structure and management systems, including the management of subcontractors, multiple simultaneous tasks with competing needs, the personnel assigned to each task(including on-site activities) and the labor hours proposed, the plan for ensuring availability of adequate staff, the plan for reporting the required technical and cost information to the Government, the system for maintaining efficient use of computer and programmer resources, the plan for responding to special requests for programming on short notice, and planned methods for assuring the successful completion of all tasks within the time and budget allocated.

Suitable logistical plans to facilitate face-to-face meetings must be addressed, as well as management commitment to respond within one hour to requests for support.

d. Quality Assurance Plan (Task A.3.7)

The offeror shall provide a quality assurance plan that details how they shall monitor and control the services provided: technical quality, responsiveness, cost control, and effective and efficient resources utilization as well as compliance with the technical requirements and contract provisions. It should clearly show a proposed system for quality of work performed including documents to be produced, and a proposed system for management control. The offeror should describe managerial problems they may encounter and the methods to be used in solving these problems. The offeror shall also demonstrate the ability and flexibility to respond rapidly to changes in budget, priorities and the schedule.

e. Staffing

The offeror shall provide a person-loading chart, for each center, which presents the number of person-days allocated to each tasks and subtasks for each category of staff for year 1 of the contract. The chart(s) should also delineate critical milestones and the deliverables for each. The offeror shall also designate which staff members are considered key personnel.

Below is an outline of tasks* to be used for the person-loading chart:

Task A.3.2.1 Data Base Management, File Development, and Documentation
Task A.3.2.2 Data Analysis and Dissemination
     A.3.2.2.1   Staff research projects
     A.3.2.2.2   Microsimulation modeling
     A.3.2.2.3   Update data products on AHRQ's home page
     A.3.2.2.4   Public use files
     A.3.2.2.5   AHRQ Data Center Activities
     A.3.2.2.6   Census Data Center Activities
     A.3.2.2.7   Production of online publication
     A.3.2.2.8   Management and Coordination of MEPS Products and Web Site
     A.3.2.2.9   Workshop support
     A.3.2.2.10 Data development for LTC and specialized statistical analyses
     A.3.2.2.11 Special data runs
Task A.3.5   Development and Implementation of Transition Plan
Task A.3.6   Project Management
Task A.3.7   Quality Assurance

     * Substitute A.3.2.2.x with A.3.3.2.x and A.3.4.2.x for CDOM and other centers.

2. <u>**Qualifications of Proposed Staff, Including Consultants**</u>

The Offeror shall describe:

a) Experience of the Project Director as it relates to the requirements of this acquisition as evidenced by educational attainment, employment history, experience and specific professional, scientific or technical accomplishments, including the minimum experience requirements below.

At least 5 years of experience in each of the following:

Directing the maintenance and analysis of a large, complex, hierarchical, multi-user survey databases and large administrative encounter-level and clinical data in direct support of health services research;

Data processing management, including responsibility for the recruitment and supervision of multi-disciplinary teams including programming and other support staff, fiscal controls, and technical oversight;

Production and documentation of edited and imputed health-related variables from raw survey data and administrative records;

Production of public use data files and documentation from large, complex, hierarchical, multi-user survey databases and large administrative encounter-level data, for independent use by persons not affiliated with the originating organization;

Use of computers in health services research, including use of SAS, STATA SUDAAN, techniques and software for imputing missing data (including weighted sequential hot-decking), estimation and hypothesis testing with data from a complex survey design, micro-simulation modeling, and econometric analysis of micro-level data;

Analysis of health care quality (both clinical and patient satisfaction), patient outcomes, access and continuity/coordination of care, utilization, and/or expenditure data;

Collaboration with health services researchers on statistical analyses and behavioral research appearing in government reports, in scholarly books or journals, or similar publications;

Management of multiple simultaneous data processing tasks for users with competing demands in a timely and efficient manner.

b) Experience of staff and consultants as it relates to the requirements of this acquisition as evidenced by educational attainment, employment history, experience and specific professional, scientific or technical accomplishments.

3 or more years of experience with respect to the following types of programming skill/experience:

Regularly programming in SAS, STATA, and SUDAAN;

Using health related survey data (which must include analysis of health care quality (both clinical and patient satisfaction), patient outcomes, access and continuity/coordination of care, utilization, and expenditures), or comparable formal education in a health-related field or social science;

Collaborating with health services researchers on statistical analyses and behavioral research appearing in government reports, in scholarly books or journals, or similar publications;

Developing and maintaining database-driven Web sites that are frequently updated with new content for dissemination and changes to existing content. Regularly perform server maintenance, monitoring of Web activity, and meeting Federal Web standards for security and accessibility for people with disabilities;

Development of documentation and preparation of data files from large, complex, hierarchical, multi-user survey databases and large administrative encounter-level data, for independent use by persons not affiliated with the originating organization;

Estimation and hypothesis testing with data from a complex health survey design;

Linking complex, hierarchical, multi-user survey databases such as MEPS and large administrative encounter-level and clinical data to other large, multi-user databases including but not limited to data from the National Health Interview Survey, Medicaid and Medicare administrative files, Area Resource File; and

Using other large databases such as data from the Health Care Cost and Utilization Project, Current Population Survey, American Hospital Association files, Survey on Income Program Participation, Medicare Current beneficiary Survey.

3. **Facilities and Equipment**

The offeror shall describe the suitability, quality and cost-efficiency of their facilities and equipment available for the performance of all requirements of this acquisition.

4. **Organization/Corporate Experience**

Offerors shall list and summarize any contracts (state or federal) or grants (state, federal, or private foundation) recently completed (within the last 3 years - since January 1, 2006), or that are currently in process, and describe the relevance to the tasks, sub-tasks, and associated activities that may be performed under this contract. Relevance and quality of corporate experience as it relates to the requirements of this acquisition, including the following:

At least 5 years of experience in:

Management and analysis of a large, hierarchical, multi-user survey database and large administrative encounter-level data in direct support of health services research;
Development of formal systems for monitoring and maintaining efficiency in the use of computer and programmer resources;

Creation of edited and imputed medical expenditure and other health-related variables from raw survey data;

Analysis of health care quality, utilization, and/or expenditures;

Complex statistical programming, including microsimulation modeling, use of PC-based and mainframe SAS, STATA, LIMDEP, GAUSS, SURREGR, and SUDAAN, and the creation of survey sampling weights;

Production of documentation and data files from large, complex, hierarchical, multi-user survey databases and large administrative encounter-level data for independent use by other organizations; and

Use of high-quality life-cycle software development standards and procedures, software configuration management tools, software testing and quality assurance tools and software and systems documentation management systems.

L.11 PAST PERFORMANCE INFORMATION

Offerors shall submit the following information (original and 3 copies) as part of their proposal for both the offeror and proposed major subcontractors:

(1)   A list of the last five (5) contracts and subcontracts completed (most relevant or most related) during the past three years and all contracts and subcontracts currently in process. Reference contracts and subcontracts completed during the past three years and include recently completed and ongoing work directly related to the requirements of this acquisition. Contracts listed may include those entered into by the Federal Government, agencies of State and local governments and commercial customers. Offerors that are newly formed entities without prior contracts should list contracts and subcontracts as required for all key personnel. Include the following information for each contract and subcontract:

> a: Name of contracting activity
> b: Contract number
> c: Contract type
> d: Total contract value
> e: Contract work
> f: Contracting Officer and telephone number
> g: Program Manager and telephone number

h: Administrative Contracting Officer, if different from item f, and telephone number
i: List of major subcontracts

(2)   The offeror should provide information on problems encountered on the contracts and subcontracts identified in (1) above and corrective actions taken to resolve those problems. Offerors should not provide general information on their performance on the identified contracts. General performance information will be obtained from the references.

(3)   The offeror may describe any quality awards or certifications that may indicate the offeror possesses a high-quality process for developing and producing the product or service required. Identify what segment of the company (one division or the entire company) that received the award or certification. Describe when the award or certification was bestowed. If the award or certification is over three years old, present evidence that the qualifications still apply.

(4)   Each offeror will be evaluated on his/her performance under existing and prior contracts for similar products or services. Performance information will be used for both responsibility determinations and as an evaluation factor against which offeror's relative rankings will be compared to assure best value to the Government. The Government will focus on information that demonstrates quality of performance relative to the size and complexity of the procurement under consideration. References other than those identified by the offeror may be contacted by the Government with the information received used in the evaluation of the offeror's past performance.

The attached Past Performance Questionnaire and Contractor Performance Form shall be completed by those organizations listed in (1) above. The evaluation forms shall be completed and forwarded directly to:

> Jessica Alderton
> Agency for Healthcare Research and Quality
> Division of Contracts Management
> 540 Gaither Road
> Rockville, Maryland 20850
> FAX: 301-427-1740

Evaluation forms must be received by the date and time listed in order to be included in the review process. It is the responsibility of the offeror to ensure that these documents are forwarded to the Contracting Officer.

L.12   SMALL DISADVANTAGED BUSINESS PARTICIPATION PLAN:

In accordance with FAR Part 15.304(c)4, the extent of participation of Small Disadvantaged Business (SDB) concerns in performance of the contract shall be evaluated in unrestricted acquisitions expected to exceed a total estimated cost of $550,000 ($1,000,000 for construction) subject to certain limitations (see FAR 19.201 and 19.1202).

A.   All offerors, regardless of size, shall submit the following information in original and 2 copies.

A plan on the extent of participation of Small Disadvantaged Business concerns in performance of the contract. Participation in performance of the contract includes the work expected to be performed by SDB concern(s). This can include SDB (as prime contractor), joint ventures, teaming arrangements, and subcontracts. Include the following information in SDB participation plans:

1.   The extent of an offeror's commitment to use SDB concerns. Commitment should be as specific as possible, i.e., are subcontract arrangements already in place, letters of commitment, etc. Enforceable commitments will be weighted more heavily than non-enforceable ones.

2.   Specifically identify the SDB concerns with point of contact and phone number.

3.   The complexity and variety of the work SDB concerns are to perform.

4.   Realism for the use of SDB in the proposal.

5.   Past performance of the Offeror in complying with subcontracting plans for SDB concerns.

6.   Targets expressed as dollars and percentage of total contract value for each participating SDB; which will be incorporated into and become part of any resulting contract.

7.   The extent of participation of SDB concerns in terms of the total acquisition.

B.   SDB participation information will be used for both responsibility determinations and as an evaluation factor against which offeror's relative rankings will be compared to assure the best value to the Government. The Government will focus on information that demonstrates realistic commitments to use SDB concerns relative to the size and complexity of the acquisition under consideration. The Government is not required to contact all references provided by the offeror. Also, references other than those identified by the offeror may be contacted by the Government to obtain additional information that will be used in the evaluation of the offeror's commitment to SDB participation.

L.13   BUSINESS PROPOSAL

The offeror shall submit as part of the proposal a separate enclosure titled "Business Proposal." The Business Proposal shall include the Cost/Price Proposal, the Small Business Subcontracting Plan, and Other Administrative Data in accordance with the following:

A.   Cost/Price Proposal

A cost proposal shall be submitted in accordance with FAR 15, in a format similar to the attachment. The offeror's own format may be utilized, but all required information in the attachment shall be provided.

The business proposal must contain sufficient information to allow the Government to perform a basic analysis of the proposed cost or price of the work. This information shall include the amounts of the basic elements of the proposed cost or price.

As appropriate, cost breakdowns shall be provided for the following cost elements.

(a)   Direct Labor
The estimated cost for all personnel who will be assigned for direct work on this project shall be included. Give the name, title, percent of effort or time, salary and fringe benefits for each employee.
Salary increases that are anticipated during performance of a resultant contract should be proposed as a cost. If escalation is included, state the degree (percent) and methodology, e.g., annual flat rate applied to a base rate as of a specific date or a mid-pointed rate for the period of performance. State whether any additional direct labor (new hires) will be required during the performance period of this procurement. If so, state the number required and anticipated date of hire. Also, specify the month and day on which your fiscal year commences.

(b)   Supplies and Equipment
Include description, unit price, quantity, total price, justification for purchasing or leasing items and the basis for pricing (vendor quotes, invoices prices, etc.).

(c)   Travel
The amount proposed for travel shall be supported with a breakdown which includes purposes, destination, duration, and estimated cost (transportation and per diem) for each proposed trip. If travel costs are proposed on the basis of your organization's established travel policy, a copy of the policy must be provided.

(d)   Consultants
This element should include name(s) of consultant, number of days, and daily rate. The method of obtaining each consultant, either sole source or competitive, and the degree of competition or the rationale for sole source shall be explained.

(e)   Subcontractors
Subcontractor costs shall be broken down and supported by cost and pricing data adequate to establish the reasonableness of the proposed amount. Subcontract cost detail should be similar to the level of detail provided for the prime contractor, with the same cost elements. Support documentation should include degree of subcontract competition and basis for selecting source.

(f)   Other Direct Costs

Any proposed other direct costs shall be supported with breakdown outlining the separate costs proposed and details supporting the formulation of the costs proposed. A signed agreement between the offeror and any personnel other than direct employees that includes dates of employment, salary, and specific tasks to be performed should be included.

(g)   Indirect Costs
Indicate how you have computed and applied indirect costs, and provide a basis for evaluating the reasonableness of the proposed rates.

B.   Cost Analysis

In order for AHRQ to conduct a complete cost analysis please include the following information in the cost proposal:

- Copy of most recent payroll register for ALL proposed employees. If necessary, show proposed hourly rate calculations for each employee.

- Copy of most current indirect cost rate agreement. If no rate agreement exists, show detailed calculations of all proposed indirect rates, supported by audited or reviewed financial statements.

- Detailed breakdown of each proposed direct cost element by contract year (not by task only), showing proposed total quantities per year and corresponding proposed unit costs for each item.

- Supporting documentation for each proposed unit cost. Examples of accepted forms of documentation include invoices, catalog pages, quotations, and general ledgers showing historical costs for comparable items.

- State salary increase policy, as well as proposed increase factor. If it is company policy for employees to receive salary increases on their anniversary dates of hire, please indicate the anniversary dates of hire for each proposed employee.

- Breakdown of proposed unloaded direct labor rates and proposed number of direct labor hours for each employee for each contract year.

- State the proposed period of performance that proposed costs are based upon.

C.   Small Business Subcontracting Plan:
All offerors except small businesses are required to submit a subcontracting plan in accordance with the Small Business Subcontracting Plan, FAR 52.219-9, incorporated in this solicitation. A copy of a model subcontracting plan is available at http://www.hhs.gov/osdbu/read/SampleSubcontractingPlan.doc. If the model plan is not used, all elements outlined must be addressed in the offeror's format. **If the offeror is not a small business and fails to submit a subcontracting plan with the initial proposal, the offeror will be considered**

nonresponsive and their proposal will be returned without further consideration.

This provision does not apply to small business concerns. This provision does apply to all other offerors, including large business concerns, colleges, universities and non-profit organizations.

The term "subcontract" means any agreement (other than one involving an employer-employee relationship) entered into by a Federal Government prime contractor or subcontractor calling for supplies or services required for the performance of the original contract or subcontract. This includes, but is not limited to, agreements/ purchase orders for supplies and services such as equipment purchase, copying services, and travel services.

The offeror understands that:

a. No contract will be awarded unless and until an acceptable plan is negotiated with the Contracting Officer. The plan will be incorporated in to the contract.

b. An acceptable plan must, in the determination of the Contracting officer, provide the maximum practicable opportunity for small business concerns and small business concerns owned and controlled by socially and economically disadvantaged persons to participate in the performance of the contract.

c. If a subcontracting plan acceptable to the Contracting Officer is not negotiated within the time limits prescribed by the contracting activity and such failure arises out of causes within the control and with the fault or negligence of the offeror, the offeror shall be ineligible for award. The Contracting Officer shall notify the Contractor in writing of the reasons for determining a subcontracting plan unacceptable early enough in the negotiation process to allow the Contractor to modify the plan within the time limits prescribed.

d. Prior compliance of the offeror with other such subcontracting plans under previous contracts will be considered by the Contracting Officer in determining the responsibility of the offeror for award of the contract.

e. It is the offeror's responsibility to develop a satisfactory subcontracting plan with respect to small business concerns and small business concerns owned and controlled by socially and economically disadvantaged individuals, and women-owned small business concerns, and that each such aspect of the offeror's plan will be judged independent of the other.

f. The offeror will submit, as required by the Contracting Officer, subcontracting reports in accordance with the instructions thereon, and as further directed by the Contracting Officer. Subcontractors will also submit these reports to the Government Contracting Officer or as

otherwise directed, with a copy to the prime Contractor's designated small and disadvantaged business liaison.

    g. For this particular acquisition, the AHRQ recommended goal (as a percentage of total contract value for the base period) is 20% for Small Businesses, which shall include at least 5.5% (as a percentage of total planned subcontract dollars for the base period) for Small Disadvantaged Businesses, at least 5% (as a percentage of total planned subcontract dollars for the base period) for Women-Owned Small Businesses, and at least 3% (as a percentage of total planned subcontract dollars for the base period) for HUBZone Small Businesses and at least 3% (as a percentage of total planned subcontract dollars for the base period) for Veteran-Owned Small Businesses. These goals represent AHRQ's expectations of the minimum level for subcontracting with small business at the prime contract level. Any goal stated less than the AHRQ recommended goal shall be justified and is subject to negotiation.

D.   Other Administrative Data

(1)   <u>Terms and Conditions</u>: The proposal shall stipulate that it is predicated upon the terms and conditions of the RFP. In addition, it shall contain a statement to the effect that it is firm for a period of at least 120 days from the date of receipt thereof by the Government.

<center>Minimum Bid Acceptance Period (April 1984)</center>

(a)   "Acceptance period," as used in this provision, means the number of calendar days available to the Government for awarding a contract from the date specified in this solicitation for receipt of bids.

(b)   This provision supersedes any language pertaining to the acceptance period that may appear elsewhere in this solicitation.

(c)   The Government requires a minimum acceptance period of 120 days.

(d)   A bid allowing less than the Government's minimum acceptance period may be rejected.

(e)   The bidder agrees to execute all that it has undertaken to do, in compliance with its bid, if that bid is accepted in writing within (i) the acceptance period stated in paragraph (3) above, or (ii) any longer acceptance period stated in paragraph (4) above.

(2)   <u>Authority to Conduct Negotiations</u>: The proposal shall list the names and telephone numbers of persons authorized to conduct negotiations and to execute contracts.

(3)   <u>Property</u>:
(a)   It is HHS policy that contractors will provide all equipment and facilities necessary for performance of contracts. Exception may be

<center>114</center>

granted to furnish Government-owned property, or to authorize purchase with contract funds, only when approved by the contracting officer. If additional equipment must be acquired, you shall include the description, estimated cost of each item and whether you will furnish such items with your own funds.

(b)   You shall identify Government-owned property in your possession and/or property acquired from Federal funds to which you have title, that is proposed to be used in the performance of the prospective contract.

(c)   The management and control of any Government property shall be in accordance with HHS Publication (OS) 74-115 entitled, Contractor's Guide for Control of Government Property" 1990, a copy of which will be provided upon request.

(4)   Royalties: You shall furnish information concerning royalties which are anticipated to be paid in connection with the performance of work under the proposed contract.

(5)   Commitments: You shall list other commitments with the Government relating to the specified work or services and indicate whether these commitments will or will not interfere with the completion of work and/or services contemplated under this proposal.

(6)   Financial Capacity: You shall provide sufficient data to indicate that you have the necessary financial capacity, working capital, and other resources to perform the contract without assistance from any outside source. If not, indicate the amount required and the anticipated source. (Financial data such as balance sheets, profit and loss statements, cash forecasts, and financial histories of your organization's affiliated concerns should be utilized.)

(7)   Performance Capability: You shall provide acceptable evidence of your "ability to obtain" equipment, facilities, and personnel necessary to perform the requirements of this project. If these are not represented in your current operations, they should normally be supported by commitment or explicit arrangement, which is in existence at the time the contract is to be awarded, for the rental, purchase, or other acquisition of such resources, equipment, facilities, or personnel. In addition, you shall indicate your ability to comply with the required or proposed delivery or performance schedule taking into consideration all existing business commitments, commercial as well as Government.

(8)   Representations and Certifications: Section K, "Representations and Certifications and Other Statements of Offerors" shall be completed and signed by an official authorized to bind your organization. **Section K shall be made a part of the original business proposal.**

L.14   SELECTION OF OFFERORS

a.   The acceptability of the technical portion of each contract proposal will be evaluated by a technical review committee. The committee will evaluate each proposal in strict conformity with the evaluation criteria of the RFP, utilizing point scores and written critiques. The committee may suggest that the Contracting Officer request clarifying information from an offeror.

b.   The business portion of each contract proposal will be subjected to a limited cost review, management analysis, etc.

c.   Past performance of the technically acceptable offerors will be evaluated by AHRQ staff. A competitive range will be determined. The competitive range will consist of those offers which are highly rated, based upon the technical and past performance evaluation. Written discussions will be conducted with all offerors in the competitive range, if necessary. A cost analysis will be performed by AHRQ's Cost Analyst. All aspects of the proposals are subject to discussions, including cost, technical approach, past performance, and contractual terms and conditions. Final Proposal Revisions may be requested with the reservation of the right to conduct limited negotiations after submission of Final Proposal Revisions.

d.   A final best-value analysis will be performed taking into consideration the results of the technical evaluation, cost analysis, past performance, and ability to complete the work within the Government's required schedule. The Government reserves the right to make an award to the best advantage of the Government, technical merit, cost, past performance, and other factors considered.

e.   The Government reserves the right to make a single award, multiple awards, or no award at all to the RFP.

SECTION M - EVALUATION FACTORS FOR AWARD

TECHNICAL EVALUATION CRITERIA

Selection of an offeror for contract award will be based on an evaluation of proposals against the evaluation criteria and award will be made to that responsible offeror whose proposal is most advantageous to the Government. Evaluation Criteria 1 through 4 will be evaluated by a peer review technical committee that will also recommend technical acceptability or unacceptability of the proposal. Offerors that submit technically acceptable proposals will then be evaluated for past performance and Small Disadvantaged Business Participation Plan. Following these evaluations a competitive range will be determined.

All evaluation factors, other than cost or price, when combined are significantly more important than cost or price. However, cost/price may become a critical factor in source selection in the event that two or more offerors are determined to be essentially equal following the evaluation of all factors other than cost or price. While the scientific technical merit of the proposals will receive paramount consideration in the selection of the Contractor for this acquisition, the Government may also consider other factors in source selection.

 In any event, the Government reserves the right to make an award to that offeror whose proposal provides the best overall value to the Government. The Government reserves the right to make a single award, multiple awards, or no award at all.

THE GOVERNMENT RESERVES THE RIGHT TO MAKE AN AWARD WITHOUT DISCUSSION OR NEGOTIATIONS.

The Government reserves the right to make an award to the best advantage of the Government. The evaluation factors and assigned weights which will be used in the overall review of the offeror's proposal are outlined below. The technical proposal shall consist of the responses to evaluation criteria 1 through 4 (including subcriteria). The offeror should show that the objectives stated in the proposal are understood and offer a logical program for their achievement. The following criteria will be used to evaluate proposals and will be weighted as indicated in establishing a numerical rating for all proposals submitted. Factors facilitating the evaluation of each criterion below are referenced in the corresponding criteria found in Section L of this solicitation.

OFFERORS PLEASE NOTE: Evaluation Criteria 1 through 4, for a total of 100 points, will be evaluated by a peer review technical committee that will also recommend technical acceptability or unacceptability of the proposal. Program staff and contracting personnel will review and evaluate Criteria 5 and 6 for a total of 25 points. The total possible points for Evaluation Criteria 1 through 6 is 125 points.

Evaluation Criteria   **Weight**

   1. The Proposed Technical Approach   45

   The offeror's technical approach will be evaluated on how clearly and concisely the proposal presents a detailed plan to accomplish all requirements in the statement of work. The 45 points will be distributed as follows:

a. Technical Discussion   15

The offeror shall demonstrate data base management and file construction (Tasks A.3.2.1, A.3.3.1, and A.3.4.1), the procedures for cataloguing and documentation, maintaining the integrity and security of the data files, and assuring high quality programming and data, including state-of-the-art software configuration management (version control management, software defects tracking, automated software build processes, and software concurrent development management), software requirements analysis, software testing, and software life-cycle documentation.

b. Transition Plan   10

The offeror shall describe their approach for organizing the transition from the preceding contractor to this contractor--transferring complete responsibility for all files, documentation, and software within 60 days of the effective date of the contract and assuring that all of the ongoing activities listed above are fully staffed and operational within 60 days of the effective date of the contract. Should the incumbent contractor propose, they shall describe instead the process for successful close-out of the proceeding contract including any necessary disposition of files, documentation and software, and any implication for the new contract start-up.

c. Project Management   10

The offeror shall describe their organizational structure and management systems, including the management of subcontractors, multiple simultaneous tasks with competing needs, the personnel assigned to each task(including on-site activities) and the labor hours proposed, the plan for ensuring availability of adequate staff, the plan for reporting the required technical and cost information to the Government, the system for maintaining efficient use of computer and programmer resources, the plan for responding to special requests for programming on short notice, and planned methods for assuring the successful completion of all tasks within the time and budget allocated. Suitable logistical plans to facilitate face-to-face meetings must be addressed, as well as management commitment to respond within one hour to requests for support.

d. Quality Assurance Plan   5

The offeror shall provide a quality assurance plan that details how they shall monitor and control the services provided: technical quality, responsiveness, cost control, and effective and efficient resources utilization as well as compliance with the technical requirements and contract provisions. It should clearly show a proposed system for quality of work performed including documents to be produced, and a proposed system for management control. The offeror should describe managerial problems they may encounter and the methods to be used in solving these problems. The offeror shall also demonstrate the ability and flexibility to respond rapidly to changes in budget, priorities and the schedule.

e. Staffing   5

The offeror shall provide a person-loading chart, for each center, which presents the number of person-days allocated to each tasks and subtasks for each category of staff for year 1 of the contract. The chart(s) should also

delineate critical milestones and the deliverables for each. The offeror shall also designate which staff members are considered key personnel.

2. Qualifications of Proposed Staff, Including Consultants   30

The resumes of proposed key personnel and consultants shall be evaluated for documented experience, educational background and training. The availability of proposed staff and their designated responsibility on the project will be evaluated.

The 30 points will be distributed as follows:

- The experience and qualifications of the Project Director are worth a maximum of 10 points. Experience of the Project Director as it relates to the requirements of this acquisition as evidenced by educational attainment, employment history, experience and specific professional, scientific or technical accomplishments
- The experience and qualifications of the other key staff and consultants are worth 20 points. Experience of staff and consultants as it relates to the requirements of this acquisition as evidenced by educational attainment, employment history, experience and specific professional, scientific or technical accomplishments.

3. Facilities and Equipment   5

The offeror will be evaluated on the suitability, quality and cost-efficiency of the facilities and equipment available for the performance of all requirements of this acquisition.

4. Organizational/Corporate Experience   20

The proposal will be evaluated as to the relevance and quality of corporate experience as it relates to the requirements of this acquisition.   Offerors shall demonstrate is experience by listing and summarizing any contracts (state or federal) or grants (state, federal, or private foundation) recently completed (within the last 3 years - since January 1, 2006), or that are currently in process, and describe the relevance to the tasks, sub-tasks, and associated activities that may be performed under this contract.

TOTAL POINTS BEFORE PAST PERFORMANCE   100

5.   Past Performance   20

Offerors will be evaluated on all past performance for the Organization and the Project Director (see Section L.11). Completed questionnaires will also provide a basis for determining past performance evaluation as well as information obtained from the references listed in the proposal, other customers known to the Government, consumer protection organizations, and any others who may have useful and relevant information.

Information will also be considered regarding any significant subcontractors and key personnel records.

The offerors past performance will be evaluated on the basis of the following factors:

a. **Quality**
How well has the offeror conformed to the performance standard in providing the services or achieving the stated objective(s) of contracts or grants? Quality will be evaluated by the personnel provided, the level of effort agreed to in the contract statement of work or grant, quality of final products (e.g., findings, tools), implementation activities, dissemination and activities that promote turning research into action (i.e. promoting uptake of innovation).

b. **Timeliness**
How well has the offeror adhered to timetables and delivery schedules in providing the required services or products? Consideration is given to the offeror's efforts to recommend and/or take corrective actions to keep work on schedule.

c. **Business Relations/ Customer satisfaction**
The offeror will be rated on professional and cooperative behavior with the client.

d. **Cost control**
The offeror will be rated on the ability to set reasonable budgets within contracting or grant guidelines and adhere to them in conducting research.

Assessment of the offeror's past performance will be one means of evaluating the credibility of the offeror's proposal, and relative capability to meet performance requirements.

Evaluation of past performance will often be quite subjective based on consideration of all relevant facts and circumstances. It will not be based on absolute standards of acceptable performance. The Government is seeking to determine whether the offeror has consistently demonstrated a commitment to customer satisfaction and timely delivery of services and quality products at fair and reasonable prices.

The assessment of the offeror's past performance will be used as a means of evaluating the relative capability of the offeror and the other competitors. Thus, an offeror with an exceptional record of past performance may receive a more favorable evaluation than another whose record is acceptable, even though both may have acceptable technical proposals.

By past performance, the Government means the offeror's record of conforming to specifications and to standards of good workmanship; the offeror's record of forecasting and controlling costs; the offeror's adherence to contract schedules, including the administrative aspects of performance; the offeror's reputation for reasonable and cooperative behavior and commitment to customer satisfaction; and generally, the offeror's business-like concern for the interest of the customer.

The Government will consider the number or severity of an offeror's problems, the effectiveness of corrective actions taken, the offeror's overall work record, and the age and relevance of past performance information.

If the offeror or the proposed employees for the offeror, do not have a past performance history relative to this acquisition, or past performance not relative to this acquisition, the offeror will not be evaluated favorably or unfavorably on this factor. A neutral rating will be determined.

The Government reserves the right to evaluate relevant past performance information not specifically provided by the offeror.

In evaluating past performance the Government, will consider the offeror's effectiveness in quality of products or services; timeliness of performance; cost control; business practices; customer satisfaction, and key personnel past performance.

NOTICE: Past Performance questionnaires are to be provided to the Contracts Office NO LATER than the closing date and time for receipt of proposals. It is the offeror's responsibility to ensure that these documents are forwarded to Jessica Alderton by email: jessica.alderton@ahrq.hhs.gov.

6. **Small Disadvantaged Business Participation Plan** 5

The evaluation will be abased on information obtained from the plan provided by the offeror, the realism of the proposal and other relevant information obtained from the named SDB concerns, and any other information supplies by the offeror concerning problems encountered in SDB participation.

Evaluation of the SDB Participation Plan will be a subjective assessment based on consideration of all relevant facts and circumstances. It will not be based on absolute standards of acceptable performance. The government is seeking to determine whether the offeror has demonstrated a commitment to use SDB concerns for the work that it intends to perform as the prime contractor.

The assessment of the offeror's SDB Participating Plan will be used as a means of evaluating the relative capacity and commitment of the offeror and the other competitors. Thus, an offeror with an exceptional record of participation with SDB concerns may receive more points and a more favorable evaluation than another whose record is acceptable , even though both may have acceptable technical proposals SDB participation will be scored with offerors receiving points from 0 to 5, with 5 being the most favorable. .

TOTAL AVAILABLE POINTS 125

PAST PERFORMANCE QUESTIONNAIRE

PART ONE: INSTRUCTIONS

The offeror listed below has submitted a proposal in response to the Agency for Healthcare Research and Quality (AHRQ) **Solicitation No. AHRQ-09-10006**, entitled "Data Management and Computer Programming Support." This office would greatly appreciate you taking the time to complete this form. **This information is to be provided to Jessica Alderton, the AHRQ Contracting Officer and is NOT to be disclosed to the offeror either verbally or in writing.** Please provide an honest assessment and return to AHRQ (either by mail, fax or email), no later than **March 10, 2009 by 12 PM ET**. If you have any questions, please contact Jessica Alderton at via e-mail Jessica.Alderton@ahrq.hhs.gov.

> Jessica Alderton
> Agency for Healthcare Research and Quality
> Division of Contracts Management
> 540 Gaither Road
> Rockville, Maryland 20850
> FAX: (301) 427-1740

NAME OF OFFEROR:_____

ADDRESS:_____

_____

Contractor Performance Form

1.   Name of Contractor:_____

2.   Address:_____

     _____

3.   Contract/Grant Number: _____

4.   Contract/Grant Value (Base Plus Options): _____

5.   Contract/Grant Award Date: _____

6.   Contract/Grant Completion Date: _____

7.   Type of Contract/Grant: (Check all that apply) ( )FP ( )FPI ( )FP-EPA
     ( ) Award Fee ( ) CPFF-Completion ( ) CPFF-Term ( ) CPIF ( ) CPAF
     ( ) IO/IQ ( ) BOA ( ) Requirements ( ) Labor-Hour ( )T&M ( ) SBSA
     ( )8(a) ( )SBIR ( ) Sealed Bid( )Negotiated( )Competitive ( )Non-Competitive

8.   Description of Requirement:

CONTRACTOR'S PERFORMANCE RATING

Ratings: Summarize contractor performance and circle in the column on the right the number which corresponds to the performance rating for each rating category. Please see reverse page for explanation of rating scale.

Quality of Product or Service	Comments	0 1 2 3 4 5
Cost Control	Comments	0 1 2 3 4 5
Timeliness of Performance	Comments	0 1 2 3 4 5
Business Relations	Comments	0 1 2 3 4 5

Customer Satisfaction - Is/was the Contractor committed to customer satisfaction?__Yes__ No ; Would
you use this Contractor again? __Yes__No

Reason:

NAME OF EVALUATOR: _____
       (Please Print)

TITLE OF EVALUATOR: _____

SIGNATURE OF EVALUATOR:_____

DATE:_____

MAILING ADDRESS: Include name of organization/ federal agency

_____
_____
_____

PHONE #:_____

E-MAIL :_____

Rating Guidelines: Summarize contractor performance in each of the rating areas. Assign each area a rating 0(Unsatisfactory), 1(Poor), 2(Fair), 3(Good), 4(Excellent) 5(Outstanding). Use the following instructions as guidance in making these evaluations.

	Quality	Cost Control	Timeliness of Performance	Business Relation
	-Compliance with contract requirements -Accuracy of reports -Technical excellence	-Within budget(over/under target costs) -Current, accurate, and complete billings -Relationship of negotiated costs to actual -Cost efficiencies -Change orders issue	-Met interim milestones -Reliable -Responsive to technical direction -Completed on time, including wrap-up and contract adm -No liquidated damages assessed	-Effective management -Businesslike correspondence -Responsive to contract requirements -Prompt notification of problems -Reasonable/cooperative -Flexible -Pro-active -Effective small/small disadvantaged business sub-contracting program
0-unsatisfactory	Nonconformances are jeopardizing the achievement of contract requirements, despite use of Agency resources	Ability to manage cost issues is jeopardizing performance of contract requirements, despite use of Agency resources	Delays are jeopardizing the achievement of contract requirements, despite use of Agency's resources	Response to inquiries, technical/service/administrative issues is not effective
1-Poor	Overall compliance requires major Agency resources to ensure achievement of contract requirements	Ability to manage cost issues requires major Agency resources to ensure achievement of contract requirements	Delays require major Agency resources to ensure achievement of contract requirements	Response to inquiries, technical/service/administrative issues is marginally effective

2-Fair	Overall compliance requires minor Agency resources to ensure achievement of contract requirements	Ability to manage cost issues requires minor Agency resources to ensure achievement of contract requirements	Delays require minor Agency resources to ensure achievement of contract requirements	Response to inquiries, technical/service/administrative issues is somewhat effective
3-Good	Overall compliance does not impact achievement of contract requirements	Management of cost issues does not impact achievement of contract requirements	Delays do not impact achievement of contract requirements	Response to inquiries, technical/service/administrative issues is usually effective
4-Excellent	There are no quality problems	There are no cost management issues	There are no delays	Response to inquiries, technical/service/administrative issues is effective

5-Outstanding.   The Contractor has demonstrated an outstanding performance level that justifies adding a point to the score. It is expected that this rating will be used in those rare circumstances where Contractor performance clearly exceeds the performance levels described as "Excellent."

PROPOSAL INTENT FORM

RFP No. AHRQ-09-10006

Please review the attached request for proposal. Furnish the information requested below and return this page by February 9, 2008 (12:00 PM ET). Your expression of intent is not binding but will greatly assist us in planning for the proposal evaluation.

[   ] INTEND TO SUBMIT A PROPOSAL

[   ] DO NOT INTEND TO SUBMIT A PROPOSAL FOR THE FOLLOWING REASONS:

[   ] I GRANT PERMISSION TO THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY, CONTRACTS OFFICE TO ADD THE CONTACT INFORMAION BELOW TO A BIDDERS LIST TO PROVIDE TO OTHER INTERESTED OFFERORS FOR TEAMING/SUBCONTRACING OPPORTUNITIES. (*MUST INCLUDE AUTHORIZED SIGNATURE)

COMPANY/INSTITUTION NAME & ADDRESS:

*AUTHORIZED SIGNATURE: _____

TYPED/PRINT NAME AND TITLE: _____

DATE: _____

[   ] PLEASE <u>DO NOT</u> RELEASE THE CONTACT INFORMATION.

Please return to: Jessica Alderton
                          Agency for Healthcare Research and Quality
                          Contracts Management
                          540 Gaither Road
                          Rockville, Maryland 20850

BREAKDOWN OF PROPOSED ESTIMATED COST (PLUS FEE) AND LABOR HOURS

INSTRUCTIONS FOR USE OF THE FORMAT

1.   Refer to Business Proposal Instructions, Section L of this solicitation. The Instructions contain the requirements for proper submission of cost/price data which must be adhered to.

2.   This sample format has been prepared as a universal guideline for all solicitations. It may require amending to meet the specific requirements of this solicitation. For example, this solicitation may require the submission of cost/price data for three years listed on this form. (See Section L, Instructions, Conditions and Notices to Offerors, for the estimated duration of this project.) If this solicitation is phased, identify each phase in addition to each year. Total each year, phase, and sub-element.

3.   This format must be used to submit the breakdown of all proposed estimated cost elements. List each cost element and sub-element for direct costs, indirect costs and fee, if applicable. In addition, provide detailed calculations for all items. For example:

a.   For all personnel, list the name, title, rate per hour and number of hours proposed. If a pool of personnel is proposed, list the composition of the pool and how the cost proposed was calculated. List the factor used for prorating Year One and the escalation rate applied between years.

Offeror's proposal should be stated in the same terms as will be used to account for and record direct labor under a contract (i.e. percentage of effort is used for most faculty and professional employees at educational institutions). If percentages of effort are used, the basis to which such percentages are applied **must** also be submitted by the offeror. The attached format should be revised to accommodate direct labor proposed as a percentage of effort.

b.   For all materials, supplies, and other direct costs, list all unit prices, etc., to detail how the calculations were made.

c.   For all indirect costs, list the rates applied and the base the rate is applied to.

d.   For all travel, list the specifics for each trip.

e.   For any subcontract proposed, submit a separate breakdown format.

f.   Justification for the need of some cost elements may be listed as an attachment, i.e., special equipment, above average consultant fees, etc.

4.   If the Government has provided "uniform pricing assumptions" for this solicitation, the offeror must comply with and identify each item.

RFP Number:
Organization:
Date:

BREAKDOWN OF PROPOSED ESTIMATED COST (PLUS FEE) AND LABOR HOURS

					Option	Option	
COST ELEMENT		**Year 1**	**Year 2**	**Year 3**	**Year 1**	**Year 2**	**Total**
DIRECT LABOR:							
Labor Category	**Rate**	**Hours Amt**	**Hours Amt**	**Hours Amt**	**Hours Amt**	**Hours Amt**	**Hours Amt**

**(Title and Name--
use additional
pages as necessary)**

	Year 1	Year 2	Year 3	Opt Yr 1	Opt Yr 2	Total
DIRECT LABOR COST:	$____	$____	$____	$____	$____	$
MATERIAL COST:	$____	$____	$____	$____	$____	$____
TRAVEL COST:	$____	$____	$____	$____	$____	$____
OTHER (Specify)	$____	$____	$____	$____	$____	$____
OTHER (Specify)	$____	$____	$____	$____	$____	$____
TOTAL DIRECT COST:	$____	$____	$____	$____	$____	$____
FRINGE BENEFIT COST: (if applicable)						
__% of Direct Labor Cost	$____	$____	$____	$____	$____	$____
INDIRECT COST:						
__% of Total Direct Cost	$____	$____	$____	$____	$____	$____
TOTAL COST:	$____	$____	$____	$____	$____	$____
FIXED & AWARD FEES: (if applicable)						
__% of Total Est. Cost	$____	$____	$____	$____	$____	$____
GRAND TOTAL EST COST	$____	$____	$____	$____	$____	$____