

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS  
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30

1. REQUISITION NUMBER: REQ-4100-14-0003  
 2. CONTRACT NO: CPSC-D-09-0003  
 3. AWARD/EFFECTIVE DATE: 09/03/2014  
 4. ORDER NUMBER: 0003  
 5. SOLICITATION NUMBER: CPSC-Q-14-0232  
 6. SOLICITATION ISSUE DATE: 08/14/2014

7. FOR SOLICITATION INFORMATION CALL: Rudi Johnson  
 8. OFFER DUE DATE/LOCAL TIME: ET

9. ISSUED BY: CONSUMER PRODUCT SAFETY COMMISSION  
 DIV OF PROCUREMENT SERVICES  
 4330 EAST WEST HWY  
 ROOM 517  
 BETHESDA MD 20814  
 CODE: FMPS  
 10. THIS ACQUISITION IS:  UNRESTRICTED OR  SET ASIDE:  
 SMALL BUSINESS  
 HUBZONE SMALL BUSINESS  
 SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS  
 WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM  
 EDWOSB  
 8(A)  
 NAICS:  
 SIZE STANDARD: \$6.50

11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED:  SEE SCHEDULE  
 12. DISCOUNT TERMS: Net 30  
 13a. THIS CONTRACT IS A RATED ORDER UNDER CPAS (15 CFR 700):   
 13b. RATING:  
 14. METHOD OF SOLICITATION:  RFP  IFB  RFP

15. DELIVER TO: CONSUMER PRODUCT SAFETY COMMISSION  
 DIRECTORATE FOR ECONOMIC ANALYSIS  
 4330 EASTWEST HIGHWAY  
 ROOM 723-02  
 BETHESDA MD 20814  
 CODE: EC  
 16. ADMINISTERED BY: CONSUMER PRODUCT SAFETY COMMISSION  
 DIV OF PROCUREMENT SERVICES  
 4330 EAST WEST HWY  
 ROOM 517  
 BETHESDA MD 20814  
 CODE: FMPS

17a. CONTRACTOR/OFFEROR: PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION  
 11720 BELTSVILLE DRIVE  
 SUITE 900  
 BELTSVILLE MD 20705-3102  
 TELEPHONE NO: 301-755-2701  
 18a. PAYMENT WILL BE MADE BY: CPSC Accounts Payable Branch  
 AMZ 160  
 P. O. Box 25710  
 Oklahoma City OK 73125  
 CODE: FMPS

17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER:   
 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED:  SEE ADDENDUM

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	DUNS Number: [REDACTED] CONTRACTING OFFICER REPRESENTATIVE COR: WILLIAM ZAMULA TEL: 301-504-7709 EMAIL: WZAMULA@CPSC.GOV  THIS IS TASK ORDER 0003 AGAINST DELIVERY ORDER CONTRACT CPSC-D-09-0003, TO PROVIDE BENEFITS ASSESSMENT SUPPORT SERVICES FOR THE TASK STATED HEREIN FOR THE PERFORMANCE PERIOD OF 5 SEPTEMBER 2014 THROUGH 4 SEPTEMBER 2015 FOR THE SUBJECT (Use Reverse and/or Attach Additional Sheets as Necessary)				

25. ACCOUNTING AND APPROPRIATION DATA: 0100A14DSE-2014-1412500000-EXHR004100-252H0  
 25. TOTAL AWARD AMOUNT (For Govt. Use Only): \$59,882.00

27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA:  ARE  ARE NOT ATTACHED.  
 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA:  ARE  ARE NOT ATTACHED.

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.  
 29. AWARD OF CONTRACT: OFFER DATED \_\_\_\_\_ YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS.

30a. SIGNATURE OF OFFEROR/CONTRACTOR: [Signature]  
 30b. NAME AND TITLE OF SIGNER (Type or print): Gary Kling CFO  
 30c. DATE SIGNED: 9/5/14  
 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER): [Signature]  
 31b. NAME OF CONTRACTING OFFICER (Type or print): Kim Miles  
 31c. DATE SIGNED: 9/5/14

19 ITEM NO	20 SCHEDULE OF SUPPLIES/SERVICES	21 QUANTITY	22 UNIT	23 UNIT PRICE	24 AMOUNT
	MATTER ENTITLED "UPDATING MEDICAL COSTS, SURVIVAL PROBABILITIES AND PRICE LEVEL INDICES IN THE INJURY COST MODEL" SERVICES SHALL BE IN ACCORDANCE WITH THE ATTACHED PERFORMANCE WORK STATEMENT, CONTRACTOR'S PROPOSAL DATED AUGUST 18, 2014, DELIVERY CONTRACT AND THE GSA SCHEDULE GS-10F-0128R.  THE CONTRACTOR SHALL PROVIDE SERVICES TO CONDUCT THE FOLLOWING TASK AS STATED BELOW:				
0001	Subtask 1: Update Medical Costs for Injuries Treated in the Emergency Room and Released	1	LO	28,969.00	28,969.00
0002	Subtask 2: Update Medical Costs for Hospital-Admitted Injuries	1	LO	21,471.00	21,471.00
0003	Subtask 3: Update Survival Probabilities.	1	LO	4,459.00	4,459.00
0004	Subtask 4: Update Price Indices	1	LO	4,983.00	4,983.00
	The total amount of award: \$59,882.00. The obligation for this award is shown in box 26.				

32a QUANTITY IN COLUMN 21 HAS BEEN

RECEIVED     INSPECTED     ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED

32b SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE    32c DATE    32d PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE    32f TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE  
32g E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33 SHIP NUMBER    34 VOUCHER NUMBER    35 AMOUNT VERIFIED CORRECT FOR    36 PAYMENT    37 CHECK NUMBER  
 PARTIAL     FINAL     COMPLETE     PARTIAL     FINAL

38 S/R ACCOUNT NUMBER    39 S/R VOUCHER NUMBER    40 PAID BY

41a I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT    42a RECEIVED BY (Print)  
41b SIGNATURE AND TITLE OF CERTIFYING OFFICER    41c DATE    42b RECEIVED AT (Location)  
42c DATE REC'D (YY/MM/DD)    42d TOTAL CONTAINERS

## CPSC-D-09-0003/Task Order 0003

### Updating Medical Costs, Survival Probabilities, and Price Level Indexes in the Injury Cost Model

#### 1. DESCRIPTION OF SERVICES:

The contractor shall develop updated medical costs for all treated and released NEISS diagnosis-body part combinations using the data developed for the CDC from the 2010-2011 MarketScan® data.

**2. BACKGROUND:** Medical costs for the Injury Cost Model (ICM) were last updated in 2006, using data from 1996 to 2000 sources and methods derived from a Centers for Disease Control (CDC) study (Finkelstein et al, *The Incidence and Economic Burden of Injuries in the United States, 2000*, New York: Oxford University Press). Now the CDC is updating medical costs for treated and released and admitted injuries captured by the National Electronic Injury Surveillance – All Injury Project (NEISS-AIP). It is also updating survival probabilities, which influence the work loss estimates for certain severe injury diagnoses in the Injury Cost Model. This provides Commission staff with the opportunity to utilize the data and methodology developed from the CDC project to update the Injury Cost Model medical costs to 2010 levels.

In addition, changes in the annual indices contained in the *Economic Report of the President* necessitate a reexamination of the price indices use to update price levels in the Injury Cost Model. This presents an opportunity to reexamine the theoretical basis for these indices as well.

**3. OBJECTIVE:** The objective is to update Medical Costs, Survival Probabilities and Price Level Indexes in the Injury Cost Model

**4. PERFORMANCE WORK STATEMENT:** The contractor shall provide support services to include personnel to perform the following:

**a. Subtask 1: Update Medical Costs for Injuries Treated in the Emergency Department and Released**

The contractor shall develop updated medical costs for all treated and released NEISS diagnosis-body part combinations using the data developed for the CDC from the 2010-2011 MarketScan® data. The MarketScan® data captures costs, such as physician's fees, more completely than other emergency department cost data, which capture only the ED charges. There has been a trend recently of emergency departments shifting charges to outside entities in recent years to avoid cost controls. However, the MarketScan® data does not distinguish consumer product related injuries from occupational, motor vehicle or intentional injuries. The Healthcare Cost and Utilization Project, State Emergency Department Databases (SEDD) provide cost data with cause codes (external cause of injury) and payer codes (worker's compensation) that can be used to create average charges for each injury diagnosis to reflect the profile of consumer product-related injuries as well as average charges for the full range of injuries covered by the NEISS-

AIP, which includes transportation, occupational and intentional injuries. If the average ED charge for all fractured foot injuries is \$750 and the average charge for all consumer product related fractured foot injuries is \$600, then the adjustment ratio for the MarketScan® costs is  $\$600/\$750 = 0.8$ . These ratios can then be applied to the MarketScan® cost estimates to generate more accurate medical cost estimates for consumer product-related injuries. The contractor shall prepare a section in the draft and final reports discussing the methodology and comparing the new medical cost estimates for emergency department treated and released with those generated by the current version of the Injury Cost Model.

**b. Subtask 2: Update Medical Costs for Hospital-Admitted Injuries**

The contractor shall develop updated medical costs for all hospital admitted NEISS diagnosis-body part combinations using the data developed for the CDC from the 2010 National Inpatient Sample (NIS) and Agency for Healthcare Quality and Research) AHRQ cost-to-charge ratios. The contractor shall use cause codes and payer codes to exclude costs that are unlikely to be consumer product related. The contractor shall also update estimates of follow-on costs such as emergency transportation, nursing home, and hospice costs using the methodologies and data developed for the CDC project.

**c. Subtask 3: Update Survival Probabilities**

The contractor shall utilize more recent data which is available on survival probabilities for spinal cord injuries (SCI) and traumatic brain injuries (TBI). There are no specific NEISS codes for these injuries, but the probabilities of these injuries are implicit in the head injury work loss costs in the Injury Cost Model. The contractor shall update the work loss costs for the relevant diagnosis-body part combinations in the Injury Cost Model.

**d. Subtask 4: Update Price Indices**

The contractor shall revise the price indices used to make price level adjustments in the Injury Cost Model. The medical cost and productivity loss indices currently used are no longer readily available in the Economic Report of the President and may not reflect the latest theoretical thinking. The contractor shall provide a discussion of the theoretical issues regarding these indices and provide recommendations for medical and productivity indices that are readily available and theoretically sound. The contractor shall then provide Injury Cost Model estimates for the current model in 2012 dollars and compare and contrast them the proposed new indices to show their effects on Injury Cost Model estimates.

**5. PERIOD OF PERFORMANCE:**

The period of performance shall be twelve (12) months from the date of the award of the task order.

**6. REPORT AND DELIVERY**

The contractor shall prepare two status reports including all four subtasks in the contract, with the first status report due 3 months after task assignment and the second due six months after task assignment. The reports shall provide detailed information on progress in acquiring and processing data and developing methods to provide the required estimates. They shall identify any challenges and delays. The draft final report shall provide description and documentation of the datasets used and preliminary results for all four subtasks, and shall be due 9 months after task assignment. CPSC staff will provide comments on the draft of the final report which shall be due 12 months after task assignment. Data sets incorporating the estimates and instructions for implementing the estimates in the Commission’s Injury Cost Model computer programs will be due with the final report.

All supporting data used in the preparation of the reports shall be provided in either Excel spreadsheets, or SAS datasets. Reports shall be emailed to William Zamula ([wzamula@cpsc.gov](mailto:wzamula@cpsc.gov)), preferably in some version of Microsoft Word. CPSC staff shall provide comments on the draft final report within three weeks..

ITEM	QUANTITY	DELIVERY OR PERFORMANCE
(1) Conference call and price estimate.	1	Within one week after receipt of the proposed Task Order
(2) First Status Report	2 copies	Within three months after task assignment.
(3) Second Status Report	2 copies	Within six months after receipt after task assignment
(4) Draft final report and supporting data	2 copies	Within nine months after task assignment
(5) Final report and final data with documentation	2 copies	Within twelve months after task assignment

## 7. LC 5 Contracting Officer's Representative (COR) Designation

a. The following individual has been designated at the Government's COR for this contract:

Name: Mr. Bill Zamula  
Division: Directorate for Economic Analysis  
Telephone: 301-504-7709  
Email: [wzamula@cpsc.gov](mailto:wzamula@cpsc.gov)

b. The CPSC COR is responsible for:

(1) monitoring the contractor's technical progress, including surveillance and assessment of performance, and notifying the Contracting Officer within one week when deliverables (including reports) are not received on schedule in accordance with the prescribed delivery schedule.

(2) performing technical evaluation as required, assisting the Contractor in the resolution of technical problems encountered during performance; and

(3) inspection and acceptance of all items required by the contract.

c. The COR is not authorized to and shall not:

(1) make changes in scope of work, contract schedules, and/or specifications to meet changes and requirements,

(2) direct or negotiate any change in the terms, conditions, or amounts cited in the contract; and

(3) take any action that commits the Government or could lead to a claim against the Government.

d. A clear distinction is made between Government and Contractor personnel. No employer-employee relationship will occur between government employees and contractor employees. Contractor employees must report directly to their company (employer) and shall not report to Government personnel.