

**Determination and Findings  
for a  
Sole Source Contract**

**Agency:** Department of Health,  
Center for Policy, Planning and Evaluation (CPPE)  
**Contract No.:** TBD  
**Caption:** Cause of Death Data Quality  
**Proposed Contractor:** QuantumMark, LLC

**FINDINGS**

**1. AUTHORIZATION:**

D.C. Official Code §2-354.04, 27 DCMR 1304, 1700, 1701

**2. MINIMUM NEED:**

The Government of the District of Columbia, Office of Contracting and Procurement (OCP) on behalf of DOH CPPE seeks to improve the quality of the cause-of-death information on mortality records submitted to the National Vital Statistics System (NVSS). Improving quality can entail a number of different measurements including but not limited to indicators on completeness, accuracy and/or usability. Accomplishing these improvements will strengthen the NVSS as a whole and enhance the Vital Statistics Cooperative Program (VSCP) at all levels. Moreover, improving quality enables the NCHS Vital Statistics Rapid Release Program to publish more timely indicators of selected death events using provisional records.

This service would be for one Base year beginning from the date of award with four (4) one-year Option periods.

**3. ESTIMATED REASONABLE PRICE:**

The estimated fair and reasonable price for this contract is \$218,083.00.

<b>Category</b>	<b>Rate/Hr</b>	<b>QTY</b>	<b>Total</b>
Engagement Director	\$190.00	213.5 hours	\$40,565.00
Project Lead	\$100.00	980 hours	\$98,000.00
Trainer	\$68.00	518 hours	\$35,224.00
Outreach Coordinator	\$68.00	408 hours	\$27,744.00
Travel	\$12,750.00	1	\$12,750.00
Indirect Cost	\$3,800.00	1	\$3,800.00
<b>TOTAL</b>			<b>\$218,083.00</b>

#### 4. **FACTS WHICH JUSTIFY SOLE SOURCE PROCUREMENT:**

The Center for Policy, Planning and Evaluation (CPPE) is proposing to enter into a sole source contract with QuantumMark, LLC to provide vital statistics subject matter expertise and related services to improve cause-of-death data quality, completeness, accuracy and usability in the District of Columbia.

The National Data Quality Goals that CPPE seeks to improve through this project are as follows:

- At least 80% of mortality records with cause or manner as “unknown” or “pending” being submitted to NCHS within 10 days of the date of death;
- The implementation of the Validation and Interactive Web Services (VIEWS) or an NCHS-approved in every jurisdiction;
- Reduction in the percentage of mortality records with “Pending” or “Unknown” as the cause of death. The national targets are defined as follows:
  - No more than 0.1% of mortality records containing “pending” or “unknown” as the cause of death at the end of a data year;
  - No more than 0.5% of the mortality records shall contain “pending” or “unknown” as the cause or manner of death within 90 days after submission to NCHS; and
  - An average lag of no greater than 90 days in resolving “pending” or “unknown” as the cause or manner of death (lag means number of days from the date of death to the provision of a cause to NCHS).
- No more than 5% of the mortality records with a drug poisoning death containing only the code of T50.9 (i.e., T50.9 is defined as other and unspecified drugs) within 150 days after submission to NCHS;
- Reduction in the percentage of records with unspecified or Ill-defined causes of death. The national targets are defined as:
  - No more than 0.3% of the mortality records containing an ill-defined cause of death (i.e., ill-defined causes of death are defined as those records containing an underlying cause code of R00-R94 or R96-R99 AND neither the manner nor the cause of death code is pending) within 90 days after submission to NCHS;
  - No more than 0.3% of the mortality records containing unspecified heart disease as the underlying cause of death (i.e., defined as code I51.9) within 90 days after submission to NCHS;
  - No more than 0.3% of the mortality records containing cardiac arrest as the underlying cause of death (i.e., defined as code I46.9) within 90 days after submission to NCHS;
  - No more than 0.3% of the mortality records containing unspecified cancer (primary site) as the underlying cause of death (i.e., defined as code C80) within 90 days after submission to NCHS.

Deliverables for this project will include system assessment and requirements gathering keenly focused on and tailored to national vital statistics requirements and best practices; establishment of a query process in VRD to formalize methodology for obtaining updated, corrected or missing data, as well as verifying data that is questionable or unlikely;

establishment of a query process in VRD to include standard processes, procedures and document templates to communicate with data sources; establishment of monitoring and timely correction processes to identify ill-defined and unspecified causes; and training for District of Columbia death certifiers developed and led by morbidity reporting subject matter experts.

### **Reasonable Qualifications Required to Successfully Provide These Services**

- Experience performing similar scope of work related to vital event data quality for state vital records/statistics offices;
- Experience developing a query program for state vital records/statistics offices;
- Expert familiarity with national vital statistics reporting requirements, best practices and innovations; and
- Experience developing and conducting morbidity reporting training to death certifiers, clinicians, vital statistics data quality staff, and health information management staff.

### **Market Research**

CPPE has conducted market research to assess the marketplace of prospective contractors which may be suitable for fulfillment of the subject requirements.

The core capabilities and subject matter expertise of the following companies was researched: Hi-Tech Solutions, Inc., BLEN, Inc. dba Blencorp, Stockbridge Consulting, LLC, Corporate Systems Resources, Inc., SupreTech, Inc., Nustrat, LLC, R. REA Crop., Burch & Associates, PC Net, Inc. dba PCN Strategies, DigiDoc, Inc. dba Document Managers, Razavi Application Developers, Inc., Apex International Consulting, Inc., Tecknomic, LLC, Networking For Future, Inc., Paulette Washington dba TPW Consultants, GateKeepers Internet Marketing, Inc., Public Performance Management, LLC, Document Systems, Inc., Datapillars, Inc, Ink Systems, LLC, Maru Solutions Incorporated, ABC Technical Solutions, MVS, Inc., Enlightened, Inc., Dupont Computers, Analytica, LLC, A Digital Solutions, Inc., ICI Systems, Inc., Systems Integration Partners LLC, Blue Path Labs LLC, Limbic Systems, Inc., Paige International, Inc., Premier Office & Medical Suppliers, LLC, and Incapsulate, LLC .

Currently only QuantumMark, LLC has the specified subject matter expertise, experience and capabilities relevant to National vital statistics standards and requirements. QuantumMark, LLC has fifteen years of experience working with vital records offices in ten states to define best practice processes for handling all vital events. QuantumMark, LLC has extensive experience in vital records processes, vital records systems and the thousands of business rules required to aid the VRD in achieving District and National objectives. The company has extensive subject matter experience in death event registration, cause of death edits and exceptions, post-registration death query process and

national death reporting, especially as it relates to the Centers for Disease Control and Prevention (CDC) death data quality project.

Specifically, QuantumMark, LLC has completed similar projects within state vital records offices to include the following tasks:

- Post registration processing and querying;
- Pending Cause of Death process and data management;
- Training on the differences between immediate and underlying cause of death and how that relates to federal reporting;
- Training on the differences between causes and mechanisms of death in morbidity reporting; and,
- Subject matter expertise in etiological sequencing and other related cause-of-death validation.

Finally, QuantumMark, LLC has specific subject matter expertise as well as current involvement in the national vital statistics community.

- Knowledgeable of current CDC goals for timeliness and quality;
- Familiar with the National Association for Public Health Statistics and Information Systems (NAPHSIS) Use Case Models related to the death event and best practices in the registration and reporting of death records;
- The only consulting firm that is a corporate member of the National Association of Public Health Statistics and Information Systems (NAPHSIS); and
- Have attended the Annual NAPHSIS Conference for more than a decade to maintain current knowledge of vital records issues and solutions at the jurisdictional and national levels;
- Familiar and experienced with all vendor-provided vital records systems;
- Prior experience working with Gold Systems, the vital records system vendor for the District of Columbia;
- Successfully completed a project funded by CDC to increase the timeliness of death reporting in another jurisdiction. Trained 1125 medical certifiers including all of the top 100 certifiers to use the EDRS and increased timeliness of death reporting from 20% to 65% during the contract period;
- Worked with vital records software vendors to ensure that system configurability conformed to national standards and supported the processes required to flag, review and amend as needed cause of death in order to improve quality measures;
- Created vital statistics processes to support the querying and coding of cause of death data; and
- Trained vital records and vital statistics staff in these processes.

This initiative is federally funded by the Centers for Disease Control and Prevention's National Center for Health Statistics.

## **5. CERTIFICATION BY AGENCY HEAD:**

I hereby certify that the above findings are true, correct and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
LaQuandra Nesbitt, MD, MPH  
Director, Department of Health

**6. CERTIFICATION BY CONTRACTING OFFICER:**

I have reviewed the above findings and certify that they are sufficient to justify the use of the sole source method of procurement under the cited authority. I certify that the notice of intent to award a sole source contract was published in accordance with Section 404(c) of the District of Columbia Procurement Practices Reform Act of 2010 (D.C. Official Code §2-354.04) and that no response was received. I recommend that the Chief Procurement Officer approve the use of the sole source procurement method for this proposed contract.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Shaivard A. Shamloo  
MBA, MSEE, CPCM  
Contracting Officer

**DETERMINATION**

Based on the above findings and in accordance with the cited authority, I hereby determine that it is not feasible or practical to invoke the competitive solicitation process under either Section 402 or 403 of the District of Columbia Procurement Practices Reform Act of 2010 (D.C. Law 18-371; D.C. Official Code § 2-354.02 or 2-354.03). Accordingly, I determine that the District is justified in the sole source extension method of procurement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
George A. Schutter  
Chief Procurement Officer