

Here are some questions that have been received regarding the 2014 Alabama Tobacco Quitline RFA. Below are the responses.

-Would the grantee be required to maintain the Alabama Quit Now website (Hosting, Maintenance, or Updating)?

**Yes.**

-Is there a specific brand of NRT patch required?

**No.**

-We are a "Virtual Call Center" (we do this various reasons: cost, system reliability, decentralized risk, etc...), would this be permissible or would a centralized brick and mortar call center be required?

**Virtual call centers could be allowable as long as all the requirements listed in the RFA are met.**

In the section requiring the telecommunication equipment for the deaf, would it be possible to instead (or in addition) propose the facilitation of a live chat capability on the Alabama Quit Now website (of course, at our expense)?

**You can propose the facilitation of a live chat capability on the Alabama Quit Now website in addition to the telecommunication equipment for the deaf.**

Per the RFA's requirement, the vendor's response can be no more than 25 double-spaced pages. Additionally, a one to two page Executive Summary is required. Is the page limitation inclusive of the Executive Summary? Is the vendor's cover page and Table of Contents also factored into the 25 page limitation?

**The 25-page limit includes the Executive Summary. Vendor's cover page and Table of Contents should not be factored into the 25-page limitation.**

How many members of Blue Cross Blue Shield of Alabama (BCBSLA) are currently being provided services through the State's current quitline vendor?

**We do not disclose insurance information to non-contractual partners.**

Under the State's current program, once registered and readiness-to-quit has been assessed, are users immediately transferred to an available quit coach or is the participant prompted to make an appointment with the assigned coach to call the participant at a later date to begin counseling?

**Current protocol should not be considered when responding to this RFA. All responses that meet the minimum requirements of this RFA will be given consideration.**

After the tobacco user is determined eligible for program participation, but are deemed “unreachable” after several call attempts, does the State consider the tobacco user in treatment? Does the State’s current vendor continue to call the user after the tobacco user has being deemed “unreachable”? If so, how many additional attempts are made to reach the user?

**Current protocol should not be considered when responding to this RFA. All responses that meet the minimum requirements of this RFA will be given consideration.**

Does the State distinguish between intake/registration and the first coaching call? If so, is the initial intake considered the first coaching session?

**Current protocol should not be considered when responding to this RFA. All responses that meet the minimum requirements of this RFA will be given consideration.**

Does the State’s current vendor collect caller’s employment data?

**Quitlines should expect to collect Minimal Data Set (MDS) developed by the North American Quitline Consortium and partners.**

**In Section 14, Reporting, within the Detailed Scope of Work, the State references a six-month evaluation and quality improvement report. Would the state be amendable to follow the seven-month post registration recommendations provided by NAQC and agree to a specified deliverable date?**

**All reasonable proposals will be considered.**

1. To allow for the equal comparison of bidder’s cost proposals, can the State complete the following table outlining the State’s current quitline intake/registration numbers. (Please note: The numbers presented below are examples.)

Action	Percent	Estimate of T
Number of Monthly Calls/Web Registrations	100 percent	
<ul style="list-style-type: none"> <li>• Number of Proxy/Provider Referrals</li> </ul>	10 percent	
<ul style="list-style-type: none"> <li>• Number of Tobacco Users</li> </ul>	90 percent	
Number of Tobacco Users Eligible for Coaching	90 percent (of Tobacco Users)	
Number of First Calls Completed with a Live Counselor	40 percent	
Number of Subsequent Follow-up Calls Completed with a Live Counselor	20 percent	

**The requested information is not necessary for completion of the RFA. Give estimates for costs based on your experience and information provided in the RFA.**

Page 9 of your RFA states that the successful provider must participate in all required local, regional, or statewide meetings and/or trainings, and participate in all required site visits. Could you please share the average number of trips your current vendor makes per year?

**ADPH staff will come to your location for a site visit annually. The site visit is approximately two days.**

Page 9 – “no more than 25 double-space pages.” Could this page limit be expanded to allow for a more comprehensive response to your RFP? Does this include the Executive Summary and Detailed Response sections?

**The 25-page limit includes the Executive Summary and Detailed Response sections.**

In the Detailed Scope of Work the Service delivery protocol notes the following on page 4:

1. For users who are ready to quit within 30 days, but not interested in receiving additional follow-up support, offer encouragement to call the quitline or visit the web site again for assistance if needed.

For this group of users does Alabama intend to provide an initial counseling session and NRT or is NRT only intended to be available for those who opt for additional counseling follow-up?

**See Nicotine Replacement Therapy (#9) in the RFA: ADPH will provide funding to provider up to \$50,000 for NRT patches to eligible users enrolled in the proactive counseling programs.**

Can you define exactly what are your reporting expectations designated for these six-month reports? Also, please confirm your expectations relative to the funding information requirement.

- ADPH Reporting requirements:
- Define reporting metrics for the six-month progress, which includes the funder-required information.
- Define reporting metrics for the six-month evaluation and quality improvement report.

**See Reporting (#14) in RFA: The content and format for all reports will be developed in consultation with the successful provider.**

**Expectations for the funding information requirement are addressed in the RFA.**