

State of Arkansas
Arkansas Department of Health
4815 West Markham, Slot H58
Little Rock, Arkansas 72205
501-280-4573

ADDENDUM #1 - Page 1 of 8

TO: Vendor Listing
FROM: Arkansas Department of Health
DATE: February 13, 2015

SUBJECT: **DH-15-0001 Arkansas Tobacco Quitline**

The following change(s) to the above-referenced Request for Proposal for Arkansas Department of Health has been made as designated below:

- ☐ Change of specification(s)
- ☐ Additional specification(s)
- ☒ Change of bid opening time and date
- ☐ Cancellation of bid
- ☒ Other

See attached second page for the beginning of vendor questions submitted, and agency responses.

The bid opening time and date has changed. The new bid opening date will be March 3, 2015 at 2pm.

The specifications by virtue of this addendum become a permanent addition to the above-referenced Invitation for Bid. **FAILURE TO RETURN THIS SIGNED ADDENDUM WILL RESULT IN REJECTION OF YOUR BID.**

BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE BID ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE ARKANSAS DEPARTMENT OF HEALTH.

If you have questions, please contact the Issuing Officer at 501-280-4573.

VENDOR SIGNATURE

DATE

COMPANY

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Question #1:

Page 14 – Vouchers for Varenicline or Bupropion – « The vendor will provide fifty dollar (\$50) either for Varenicline or Bupropion vouchers to approximately the first one hundred (100) tobacco users who register for proactive counseling each month. » Does the participating pharmacy or the Quitline vendor handle the costs of these vouchers ? We do not see a line item on the Budget Cost sheet in Appendix #2 to cover these costs.

Answer #1:

The vendor can add any costs associated to the issuing and distribution of the voucher under Additional Services, making sure to provide the breakdown in a separate page. Based on past fiscal year, it is estimated that a maximum of 15 callers will accept the voucher. The vendor is responsible for issuing the letter and paying the physician if the letter is redeemed.

Question #2:

Section 2.1.3c – Scope of Work: General – Can you please provide a bit more detail about the type of response you are looking for? Would a flow chart depicting a participant's experience with our services address this request, or are you looking for us to answer this from an operational and/or application perspective and comment on our infrastructure to support the delivery of care, i.e. an overview of items outlined in Section 2.10, Disaster Recovery, and 3.1.1, Performance & Support Requirements: General Performance Indicators?

Answer #2:

This refers to operational and/or application perspective that supports the delivery of care

Question #3:

Section 5.2.9 – Technical Proposal Requirements: Disc with Sample Calls – Three (3) examples of a “reactive call” to an incoming call – please clarify if this is a request for examples of incoming registrations calls with a Registration Intake Specialist or if this is a request for examples of incoming coaching calls that are transferred directly to a Quit Coach?

Answer #3:

This refers to an incoming call transferred directly to a Quit Coach

Question #4:

Section 5.2.9 – Technical Proposal Requirements: Disc with Sample Calls – Three (3) examples of a “warm transfer call” which demonstrates the initial counseling/intake call – please clarify if this is a request for examples of initial (Call 1) coaching calls with a Quit Coach after a participant is warm transferred from a Registration Intake Specialist, or if this is a request for examples of incoming registration calls with a Registration Intake Specialist that are warm transferred from another Quitline vendor?

Answer #4:

Both types of “warm transfer calls” should be covered in the three examples allotted.

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Question #5:

Section 1 Introduction Page 6, Section 1.1.2 Purpose – Is there a possibility to have some staff work remotely?

Answer #5:

Section 1.1.3 states that the vendor must be located in the United States and technical support services shall be provided onsite at the vendor's facility, unless otherwise agreed to by the state agency. The vendor may have cessation coaches and staff located throughout the United States

Question #6:

Page 8, Section 2.1.2, General – What type of service is expected during weekends?

Answer #6:

The vendor is expected to provide the same services on the weekends as it does during the week.

2.1.2 The vendor will provide twenty-four (24) hours a day seven (7) days a week live response, excluding the following holidays: Independence Day, Thanksgiving Day, and Christmas Day. Service delivery will close at 2:00 p.m. CST on Christmas Eve and 5:00 p.m. CST on New Year's Eve. Calls on those days will be routed to an established voicemail indicating services are temporarily closed due to the holiday and messages will be returned the following day.

Participants will be contacted, at the time indicated as convenient by the participant, during weekdays, with the exception of weekends where operation hours are utilized to increase contact with participants. When participants request a specific date and time for their counseling session the vendor will endeavor to meet the request.

During non-operation hours a bank of pre-recorded informational messages will be available for callers looking for support or information. Callers will have the option to leave a voicemail, listen to tailored messages, or both.

Question #7:

Page 8 and 1.2, General, 2.1.2, second paragraph, (Page 8) and 2.6.2.f, Service Delivery (page 12) – statement "Participants will be contacted, at the time indicated as convenient by the participant, during weekdays, with the exception of weekends where operation hours are utilized to increase contact with participants". – Is a report available to show the number of incoming calls by hour by day of the week in order to provide more information on staffing needs? Is it possible to have a definition of "operation hour are utilized to increase contact with participants"?

Answer #7:

A volume report by 30 minutes increment for the period of July 1, 2013 through June 30, 2014 is attached for informational purposes.

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Question #8:

Page 8, Section 2.1.4, General – statement “the Arkansas toll free number, 1-800-QUITNOW and 1-866-NOWQUIT.” – Is there more information available on the second number, how it is used or when it is used as opposed to the national quitline number?

Answer #8:

The 1-866-NOWQUIT was the old number for the quitline. Although, we no longer advertise that number it still is re-routed to the active line 1-800-QUITNOW

Question #9:

Page 10, Section 2.3.2.g Staffing – statement “Respond to written or email requests for service updates, data reports, and other information as required or requested by ADH/TPCP within 48 hours.” – Are the 48 hours required defined as “weekdays”, for example if a request is submitted to the Quitline on a Friday, would the following Monday be within the 48 hours?

Answer #9:

This refers to business week days, Monday through Friday), in Central Standard Time

Question #10:

Page 11, Section 2.4, Service Level and Volume – Are the 1,375 tobacco users who register for services each month the number of new people enrolling for services for the first time?

Answer #10:

The 1,375 represents the average number of callers to the Quitline who register for services in a month

Question #11:

Page 11, Section 2.4.2, Service Level and Volume – What is the difference between self-help materials and intervention materials?

Answer #11:

Both terms refer to culturally competent educational and intervention materials

Question #12:

Page 11, Section 2.5.3, Service Pricing – Please define “qualified counselor.”

Answer #12:

CDC Telephone Quitlines a Resource for Development, Implementation, and Evaluation suggests evidence for efficacy of proactive quitlines rests mostly on the work of paraprofessional counselors using structured protocols. Via rigorous and ongoing training complying with the recommendations established by the CDC Telephone Quitlines a Resource for Development, Implementation, and Evaluation qualified counselors can be trained, basic inherent skills should be identified in the interviewing process including empathy, reflective listening, and the ability to guide individuals through a structured problem-solving process.

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Question #13:

Page 12, Section 2.6.1.c Service Delivery – Does the state have specific questions that it requires to be asked?

Answer #13:

Required question in this contract are listed in Attachment E. Additions or deletion of questions during the course of the contract will be discussed and negotiated when necessary

Question #14:

Page 13, Sections 2.6.4c and 2.6.5, Service Delivery – statement “Eligible tobacco users with access to web-based coaching designed to complement and enhance the telephone-based behavioral counseling sessions.” And “The vendor will refer to registered tobacco users to web-based coaching for support in between counseling calls, and deliver a standard monthly report detailing activity.” – If the vendor currently provides stand alone, web-based cessation services, will the vendor expect to develop and provide services that are linked to the telephonic counseling as well?

Answer #14:

At present the Arkansas Tobacco Quitline does not offer a standalone web based program. Current web-based coaching is a supplement to telephonic counseling and should be developed and presented to registered callers as such a service

Question #15:

Page 14, Section 2.7.2 Nicotine Replacement Therapy & Pharmacotherapy Provisions – statement “The vendor will provide fifty dollars (\$50) either for Varenicline or Bupropion vouchers to approximately the first one hundred (100) tobacco users who register for proactive counseling per month.” – The estimated cost of the vouchers is not included in the budget list on page 70; however a detailed list is there for NRT. Should the estimated cost of the vouchers be included on the form or will the state provide the vouchers?

Answer #15:

The vendor can add any costs associated to the issuing and distribution of the voucher under Additional Services, making sure to provide the breakdown in a separate page. Based on past fiscal year, it is estimated that a maximum of 15 callers will accept the voucher. The vendor is responsible for issuing the letter and paying the physician if the letter is redeemed

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Question #16:

Page 15, Section 2.8.2.b, Provider Referral System – statement “b) Collaborate with Information Network of Arkansas (INA) on the electronic referral method of receiving referrals for services” – Must the vendor have the capacity to received referrals from an HER in place at the time of submission of the proposal?

Answer #16:

In the negotiation phase prior to finalization of a contract, the vendor must present their current capacity to receive referrals and provide a detailed timeline to reach complete capacity to receive and transmit secure HIPAA compliant information and EMR/EHR

Question #17:

Page 15, Section 2.9.1.a and b, Data Collection and Reporting – statement “CDC Caller Type by Month” and “CDC Registered Callers by Month.” – Please clarify or define “CDC Caller Type and Registered Caller.”

Answer #17:

Section 2.9.1 a and b should read:

2.9.1 The vendor must submit weekly, monthly, quarterly, and annual reports to ADH as indicated throughout the RFP; to include but not limited to, caller participation levels and progress to include stages of change.

At a minimum, annual reports must include:

- a. Caller Type by Month
- b. Registered Callers by Month

Question #18:

Page 16, Section 2.9.1, Data Collection and Reporting – Under the section “At a minimum, monthly reports must include”. – Some of the terminology may not be familiar and therefore specific requirements may not be clear. Is there a dictionary of terms available to more fully describe the reports required?

Answer #18:

Section 2.9.1 a and b should read:

2.9.1 The vendor must submit weekly, monthly, quarterly, and annual reports to ADH as indicated throughout the RFP; to include but not limited to, caller participation levels and progress to include stages of change.

At a minimum, annual reports must include:

- a. Caller Type by Month
- b. Registered Callers by Month

All other definitions and explanations can be found on the North American Quitline Consortium website or CDC Telephone Quitlines a Resource for Development, Implementation, and Evaluation document available online. The vendor may request specific technical assistance regarding specificity of reporting requirements during the negotiation phase prior the issuance of the contract.

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Question #19:

Page 26, Section 5.1., General Proposal Requirements – This section indicates that electronic copies on CDs are required and these electronic copies should be in a Microsoft readable format. – Should the proposal documents be in a Microsoft software product such as Microsoft Word or Microsoft Excel or would it be acceptable to submit documents converted to a PDF file?

Answer #19:

Microsoft software products will be accepted. PDF formats are preferred. ADH is not responsible for any unreadable or improperly formatted data.

Question #20:

Page 26, Section 5.2 #11, Technical Proposal Requirements – This section lists miscellaneous requested information which included the Contract & Grant Disclosure and Certification Form. On the Arkansas website, a form names Contract & Grant Disclosure and Certification Form was found. There were two versions of this form; one a pdf document that could be completed on-line and a second version in Microsoft Word that has a revised date of 8/20/07. – Which is the correct document?

Answer #20:

Use the version listed on the website

<http://www.healthy.arkansas.gov/aboutADH/Pages/GrantBidOpportunities.aspx>

Question #21:

Page 26, Section 5.2 #11, Technical Proposal Requirements – On the Contract & Grant Disclosure and Certification Form, there is a line for Taxpayer ID Name – is this the name of the company submitting the proposal?

Answer #21:

Yes.

Question #22:

Page 32, Section 5.3.3 Price, third paragraph – statement “...all inclusive rates, so that no additional charges are incurred for personnel, supervision, training, travel, administrative costs, quit kits, or other materials, postage and handling” – As clarification, the vendor will be responsible for the development of quit kit and other materials as well as the printing of said materials once approved by ADH? And, will the vendor be responsible for the maintenance of quit kits and materials, including brochures and quit cards to be distributed throughout Arkansas for promotion of the Quitline?

Answer #22:

The vendor is responsible for the development, printing and distribution of quit kit and other materials provided to callers. Materials require prior approval from ADH.

ADH is responsible for educational materials and quit cards used to promote the Arkansas Tobacco Quitline.

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Question #23:

Pages 39-67, Attachments A through G – Is only Attachment B Statement of Acknowledgement to be submitted with the proposal?

Answer #23:

Yes, B must be completed and returned with the bid proposal.

Notice: **Oral Presentations will be held in Little Rock at the Arkansas Department of Health on March 25th.** The specific time for each vendor will be determined after the bid opening. Each vendor will be advised of the time for their individual presentation by the ADH Issuing Officer.

THIS CONCLUDES THE QUESTION AND ANSWER PERIOD FOR RFP DH-15-0001.