

New York State Department of Health  
Division of Chronic Disease Prevention  
Bureau of Tobacco Control

New York State Smokers' Quitline

**QUESTIONS AND ANSWERS**

6/15/16

*All questions are stated as received in the Tobacco Control Program Bureau shared mailbox by the deadline. The Bureau of Tobacco Control (BTC) is not responsible for any errors or misinterpretation of any questions received.*

*The responses to questions included herein are the official responses by the Department to questions posted by potential applicants and are hereby incorporated into the RFP #16622 issued on May 11, 2016. In the event of any conflict between the RFP and these responses, the requirements or information contained in these responses will prevail.*

**RFP Section C.1.Scope of Work, Program Deliverable 1 – Statewide Tobacco Cessation Quitline**

**Q1a.** Page 6, What services are currently offered to state employees?

**Q1b.** Page 6, What services are currently offered to Medicaid members?

**Answer (Q1a-b):** Current Quitline services for tobacco users include primarily telephonic coaching and, for those eligible, starter kits of nicotine replacement therapy (NRT). Current services are essentially the same as those proposed in this RFP. There are no special services currently provided or expected to be provided for state employees. Medicaid members represent one of the disparate groups in NYS and should be eligible for NRT starter kits but should also be made aware of the cessation benefits available through their Medicaid insurance plan.

**Q2a.** Page 8, Does DOH have a database of smoking cessation benefits offered by health plans in order to triage callers to the appropriate services?

**Q2b.** Page 8, If DOH has a database of smoking cessation benefits offered by health plans in order to triage callers, will it be available to the new vendor during implementation?

**Answer (Q2a-b):** No, DOH does not have a database of smoking cessation benefits offered by health insurance plans.

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**Q3a.** Page 8, When triaging to cessation benefits offered through health plans, are there any health plans that have contracted with the current vendor for their offering? If so, what health plans?

**Q3b.** Page 8, Does the current vendor have any contractual relationships with health plans to offer the health plan members services? Are those services the same as what is provided to nonmembers, or is it an additional level of care?

**Q3c.** Page 8, Does the current vendor currently triage to employer based smoking cessation benefits?

**Answer (Q3a-c):** The current vendor's outside relationships with health plans and employers are not applicable for this RFP. The RFP does not require the bidder to contract with health plans and employers to provide additional services to their members/employees.

**Q4.** Page 9, Does DOH own the dedicated collect phone number for DOCCS callers in order to resporg it to a new vendor? Or should bidder expect that they will need to procure a new toll free collect phone number?

**Answer (Q4):** DOH does not own the dedicated collect call phone number for New York State Department of Corrections and Community Supervision (DOCCS) callers. It is expected that the Quitline vendor establish and maintain a dedicated collect call phone number for callers incarcerated in DOCCS facilities.

**Q5a.** Page 10. "quit rate prevalence of 20% for tobacco users who received coaching and materials only and 30% for tobacco users who received coaching, materials, and tobacco cessation medications" Is this a 6/7- month or 12-month responder quit rate at 7-days or 30-days prevalence?

**Q5b.** Page 10, RFP citation: "Upon completion of the initial 90 day transition period (if new contractor) deliver Quitline services through live Quitline specialists during the hours of operation with a wait time of less than 30 seconds, an abandonment rate of less than 5% after the 30 second threshold, and quit rate prevalence of 20% for tobacco users who received coaching and materials only and 30% for tobacco users who received coaching, materials and tobacco cessation medication. If incumbent contractor, services to begin upon contract start date." Question: **Can the DOH define what metric will be used for "quit rate prevalence"?**

**Answer (Q5a-b):** See Amendment #1, B. Section C. Detailed Specifications, 2.

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**RFP Section C.1.Scope of Work, Program Deliverable 2 – New York State Smokers' Quitsite**

**Q6.** Page 9, We understand that all content on the Quitsite needs to be in Spanish. Does DOH have resources vendors could leverage for translation, or are bidders expected to provide their own translation of all materials posted to the site?

**Answer (Q6):** The bidders are expected to provide their own translation of all materials posted to the site. It is expected the bidder will establish and maintain the Quitsite in English and Spanish. See Amendment #1, B. Section C. Detailed Specifications, 1.

**Q7.** Page 10, Does DOH own the clearinghouse of materials expected to be housed on the NYS Smokers' Quitsite?

**Answer (Q7):** Yes, the DOH owns all materials produced with contract funds.

**Q8.** Page 10, Please provide any volume related to the annual downloads and/or requests for clearinghouse information/resources. If not available, what are the top 10 most popular collateral requested?

**Answer (Q8):** DOH does not have this information.

**Q9.** Page 10, Will you share utilization volumes for your Quitsite?

**Answer (Q9):** In the first quarter of 2016, the Quitsite experienced 198,424 page views\*. This is the only Quitsite volume data that is reported to the DOH.

\* Page views: The total number of pages viewed. Multiple views to the same page are counted.

**Q10.** Page 10, How many participants using Quitsite request a call from a coach? (We recognize that this # is included in the 100,000 coaching call total)

**Answer (Q10):** DOH does not have this information.

**Q11.** Page 11, the NYS Quitline Refer-to-Quit Online a portal the healthcare community can register for in order to make an electronic referral to services?

**Answer (Q11):** Yes, it is expected the bidder will establish within the first 90 days of contract start date, an online referral system for health care provider organization, employers, health plans, etc. to refer tobacco users to the Quitline for services.

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**Q12a.** Page 11, What volume of referrals are made annually through the NYS Quitline Refer-to-Quitline online system?

**Q12b.** Page 11, What is the annual volume of providers requesting registration for the NYS Quitline Refer-to-Quit Online referral program/portal?

**Q12c.** Page 8, What volume of referrals are made annually through the Fax-To-Quit referral program?

**Q12d.** Pages 11, Will you please share the number of provider (fax or electronic) referrals you receive annually?

**Answer (Q12a-d):** In calendar year 2015, the Quitline received 4,014 fax referrals and 7,672 web referrals from 2,593 health care providers. The numbers and breakdown provided do not represent a commitment or guarantee by NYSDOH to utilize a specific quantity or type of service.

**Q13.** Page 11 How many of those using your Quitsite order NRT?

**Answer (Q13):** Historically, the Quitsite has averaged about 25,000 on-line NRT requests annually that require Quitline coaching services. The numbers and breakdown provided do not represent a commitment or guarantee by NYSDOH to utilize a specific quantity or type of service.

**Q14.** Page 11, Can you share the branding standards and "code" for the Quitsite header and footer or is this similar to what is on the [www.nysmokefree.com](http://www.nysmokefree.com) site currently? "Upon contract approval, DOH will provide the contractor with a DOH branding template and coding that the contractor will need to use for the Quitsite header and footer. The contractor will be responsible for applying the template and coding and then submitting for DOH approval within the first 90 days of contract start date."

**Answer (Q14):** The Quitsite header and footer are not the same as the current [www.nysmokefree.com](http://www.nysmokefree.com) site. The majority of the pages on the NYSDOH website <http://www.health.ny.gov/> do include the banners and footers that will be required. The global banner and footer include files so there is no coding needed to create them. DOH will provide an Agency Global Navigation guidance document upon contract approval.

**Q15.** Page 8, Is DOH engaged with any healthcare systems to implement HL7 referrals at this time?

**Answer (Q15):** No, DOH is not engaged with any health care provider systems to implement HL7 referrals.

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**RFP Section C.1.Scope of Work, Program Deliverable 3 – Quitline Marketing and Outreach**

**Q16a.** Page 12, Please provide an example of a past annual plan for promoting the Quitline and Quitsite to key members of the healthcare community and other stakeholders

**Q16b.** Page 12, Please provide an example of a past plan provided to position the NYS Smokers Quitline as an expert on tobacco cessation and tobacco dependence treatment systems change.

**Answer (Q16a-b):** The prior past annual plan for promoting the Quitline and Quitsite and positioning the NYS Smokers' Quitline as an expert on tobacco cessation and tobacco dependence treatment systems change are not applicable for this RFP as the requirements have changed.

**RFP Section C.1.Scope of Work, Program Deliverable 5 – Quality Improvement and Evaluation**

**Q17.** Page 14, Please provide an example of a past quality improvement plan provided to DOH.

**Answer (Q17):** The prior quality improvement plan is not applicable to this RFP as the requirements have changed.

**Q18.** Page 15, Should collection of satisfaction data follow NAQC recommendations?

**Answer (Q18):** No. DOH is not aware of NAQC (North American Quitline Consortium) recommendations for collecting satisfaction data.

**RFP Section D.2. Cost Proposal/Official Bid and Administrative Materials Requirements**

**Q19.** It appears that when a price is entered into the Input Bid page of the Attachment 6 Cost Proposal Official Bid Form the total price is rounded up on the summary of project costs sheet. Is this correct?

**Answer (Q19):** No. Please see Amendment #1, A. Attachment 6 – Revised Cost Proposal/Official Bid Form.

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**Q20.** Cost proposal bid form, The volume shown for Non-Coach Assisted Calls – Voice Messages is 6,671 however, the Coach-Assisted Calls “Call-Back Calls” – return calls in response to voice messages and referrals is 6,255.

Can you please explain the differences in these 2 line items?

**Answer (Q20):** Page 7 of the RFP states; “Voice message” calls are those where individuals request mailed information or request a coach to return their call.” Not all voice messages require a call back call. For example, a message may be left by a caller requesting mailed information be sent.

**Q21.** Page 7, We pride ourselves on offering innovated non-Coach assisted calls/interventions and would like to offer DOH a new set of services to maximize quit attempts. How should bidders represent our non-Coach assisted services in the cost proposal template as it is limited to voicemail and taped messages?

**Answer (Q21):** The DOH will not entertain any alternate proposals or costs. All applications will be scored based on responsiveness to the RFP as written.

**RFP Section D.3. Method of Award**

**Q22.** Do you have an anticipated contract award date?

**Answer (Q22):** It is anticipated that all bidders will be notified of the outcome of the procurement process prior to the anticipated contract start date stated in the Schedule of Key Events.