

**SOLICITATION ADDENDUM NO. 1
QUESTIONS AND ANSWERS**

**SOLICITATION NUMBER: 124316 03
Nebraska Tobacco Quitline Services
Opening Date: May 7, 2026, 2:00 p.m. CST
Addendum Effective Date: 4/29/2026**

Questions and Answers

Following are the questions submitted and answers provided for the above-mentioned solicitation. The questions and answers are to be considered as part of the solicitation. It is the responsibility of bidders to check the State Purchasing Bureau website for all addenda or amendments.

<u>Question Number</u>	<u>RFP Section Reference</u>	<u>RFP Page Number</u>	<u>Question</u>	<u>State Response</u>
1.	N/A	N/A	Who is the incumbent, and how long has the incumbent been providing the requested services?	Current Vendor: National Jewish Health. Current Contract Start Date: July 1, 2020.
2.	N/A	N/A	To what extent will the location of the bidder's proposed location or headquarters have a bearing on any award?	None. Please review Section V. Project Description and Scope of Work in its entirety and Evaluation Criteria.
3.	N/A	N/A	How are fees currently being billed by any incumbent(s), by category, and at what rates?	The cost sheet is a similar representation of how current vendor is billing for goods and services.
4.			What estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s)?	The total paid during the last fiscal year (July 1, 2024 – June 30, 2025) was \$252,999.00
5.			What is the minimum required total call capacity?	Reference Section V. (D) (1-5)
6.			What is the minimum simultaneous inbound call capacity?	Reference Section V.(D)(5) Quitline Call Performance Standards
7.			What is the maximum hold time?	Reference Section V.(D)(5) Quitline Call Performance Standards
8.			Is there a minimum or maximum number of operators and supervisors?	Reference Section V.(D)(4) Quitline Management and Staffing
9.			What is the required degree of dedication for the call center?	Reference Section V. (D) (1-12)

10.			What is the required degree of dedication for the operators?	Reference Section V. (D) (2)(4)(5)
11.			What was your average monthly call volume over the past year?	In 2025, there was an average of 224 phone coaching calls a month and 77 phone registrations a month.
12.			What is the current number of seats for operators and supervisors at your existing call center?	The current vendor shares operators between multiple states. For staffing requirements, see reference Section V.(D)(4) Quitline Management and Staffing
13.			What is the current average wait time for phone calls?	The current wait time is under 30 seconds.
14.			What is the current average handle time for phone calls and other types of communications?	The majority of phone calls are answered within 30 seconds.
15.			What is the current average after-call work time for operators?	This metric is not currently tracked.
16.			Over the past year, what is the percentage of calls received in English versus non-English?	99% of calls were English.
17.			Over the past year, what percentage of calls received were in Spanish?	Less than 1% of calls directly to the Quitline were in Spanish.
18.			What time of day, days of the week, or times of the year do calls typically peak?	Between July 2024 and June 2025, calls peaked in August 2024, September 2024, March 2025, and April 2025.
19.			Can you please provide greater explanation of your expectations related to any required subcontracting to minority-owned, women-owned, or other types or categories of small or disadvantaged businesses? For example, what is required with the proposal, and what is required to comply during the term of the contract?	There is no mandatory requirement for subcontracting to minority-owned, women-owned, or other types or categories of small or disadvantaged businesses for this solicitation.
20.			Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable.	NE DHHS has been satisfied with the current and past vendors.
21.	N/A	N/A	When does the current Nebraska Tobacco Quitline contract expire, and can the	The current contract expires on June 30, 2026. The new

			state confirm the intended start date of the contract associated with this project?	contract is expected to begin on July 1, 2026.
22.	VI. SOLICITATION RESPONSE INSTRUCTIONS	38	Are vendors permitted to provide a supplemental budget narrative to accompany the cost sheet template?	Yes. Budget narratives must not conflict, adjust, or change any fixed costs on the Cost Sheet. Only prices on the cost sheet will be evaluated for point allocation.
23.	Exhibit 3	1	Can the State clarify what is meant by “reconnected callers”?	Reconnected callers are participants who are re-enrolling in the program after relapse or dropping out of the program.
24.	Exhibit 3	1	Can the State clarify what is meant by “email message summary”?	A data summary of the number of automated emails sent by topic (i.e., quit date reminders, appointment reminders, support messages, etc.)
25.	Exhibit 3	1	Can the State clarify what is meant by “text message summary”?	A data summary of the number of automated text messages sent by topic (i.e., quit date reminders, appointment reminders, support messages, etc.)
26.	V. PROJECT DESCRIPTION AND SCOPE OF WORK	27	Can the State clarify whether the requirement for “two-way electronic referrals... at no cost to DHHS” applies only to ongoing referral transactions, or also includes implementation and integration costs, and whether all referral-related activities are expected to be provided at no cost?	There should be no additional cost for outgoing web, fax, live referrals, or eReferrals. However, there may be set-up costs for eReferral systems.
27.	V. PROJECT DESCRIPTION AND SCOPE OF WORK	31	Regarding the requirement “Ability to provide services to all clients, with no minimum age,” can the State clarify whether live coaching is required to be offered to participants under age 13?	Yes. DHHS expects vendors to comply with state and federal laws regarding providing services to people under the age of 13, including collecting guardian consent.
28.	V. PROJECT DESCRIPTION AND SCOPE OF WORK	31	Can the State clarify how the 90% requirement for “multiple call participants during the established appointment time” will be defined and should be measured, including what qualifies as an established appointment, whether the metric is based on completed sessions or	The appointment time is the scheduled time the participant chooses for the Quitline to call them for their next coaching call. The metric is based on outreach attempts. Missed calls are not included in the metric.

			outreach attempts, and how missed calls should be treated?	
29.	V. PROJECT DESCRIPTION AND SCOPE OF WORK	31	Can the State clarify how the 70% requirement for participants receiving a call within 48 hours of their quit date will be measured, including whether this refers to successful contact or attempted outreach, how the quit date is defined, and whether the 48-hour window includes weekends and holidays?	The quit date is established during coaching. The requirement is calculated as the percentage of participants who were called within 48 hours of their quit date. The window includes hours that the Quitline is open.
30.			Is a cost proposal narrative allowed beyond the cost sheet?	See response to Q.22
31.			How will the State evaluate optional services or innovations (e.g., AI Intake, digital coaching, youth engagement tools)?	Part II-Optional Services lists the requested services that will be evaluated. Do not edit the cost sheet. Only the three listed optional services will be evaluated.
32.			Are there priorities around emerging products (e.g., nicotine pouches, dual use)?	Youth e-cigarette use and the increasing number of Nebraskans using nicotine pouches are both of concern.
33.			How does the State define success beyond quit rates (e.g., equity, reach, system integration)?	Some more examples of success would be increasing the Quitline's reach and participant satisfaction.
34.			What challenges has the State experienced with the current Quitline model that it hopes to address?	DHHS hopes to expand the Quitline's reach, especially to rural residents and youth.
35.			How does the State envision the Quitline evolving over the next 3–5 years?	In 3-5 years, DHHS imagines that the Quitline will be more integrated into Nebraskan healthcare systems.
36.			Would the State accept pricing of additional items on the Cost Sheet? If so, how could that be added to review?	No. Do not make changes to the Cost Sheet.
37.			Could the State provide a definition of what is expected from the 600 Web Counseling sessions?	The web counseling services should meet NAQC's best practices for web services.
38.			Are there any font or style requirements?	No.
39.			Will embedded tables and graphs be accepted or	Yes, tables and graphs in your technical response are acceptable.

			should we submit as a separate addendum?	
40.			Is there a preference for which section we lead the proposal with? Should we lead with section V first or VI?	There is no preference. Responses should be well organized and communicate understanding of all requirements.
41.	V.D	27	The solicitation specifies that "recommendations may include NRT" for participants receiving counseling. Does DHHS require participants who request NRT to receive counseling?	Currently, yes, but DHHS is open to changing the requirement in the future.
42.	V.D.1.h.i	27	For "live referrals," will DHHS require the Quitline vendor to collect and report all data associated with other referrals (e.g., fax referrals), or can the vendor forego this data collection and otherwise treat the call as an intake/assessment once the healthcare providers turns the interaction over to the client/patient?	The vendor should collect the provider information as they would on a fax referral.
43.	V.D.2	28	Will DHHS consider modifications to the allowed exceptions to "live" response operations if the total annual operating time is greater than what is specified in the solicitation (e.g., through full operation on Labor Day and Memorial Day)?	Yes. The Quitline is not required to be closed on holidays.
44.	V.D.3.I.3	29	Can DHHS elaborate on the intent of the 30 calendar day registration resubmission minimum (e.g., program integrity, fraud prevention, budget conservation)?	The purpose is to minimize paying for an individual's registration multiple times. For example, DHHS should not be billed twice if a person registers online and then registers over the phone within 30 days of each other.
45.	V.D.3.I.3	29	Given the 30 calendar day registration resubmission minimum, would DHHS be amenable to limiting a participant's ability to register to twice per calendar year?	DHHS is willing to discuss this.
46.	V.D.3.II.d	29	The solicitation states that the Quitline vendor is to "provide healthcare	This is in reference to referral feedback/outcome reporting

			providers with participant information..." Can DHHS clarify that this in reference to referral feedback/outcome reporting sent securely to providers attesting to HIPAA compliance, rather than participant information shared with providers via telephone?	sent securely to providers attesting to HIPAA compliance.
47.	V.D.3.III.i	30	Can DHHS clarify if the Quitline vendor is required to notify TFN of complaints proactively submitted by participants (as opposed to reactively via evaluation responses)?	The Quitline vendor is required to notify TFN of complaints proactively and retroactively submitted.
48.	V.D.3.III.i	30	Can DHHS describe its preferred process(es) for resolving participant issues and reporting on issue resolution?	TFN should be notified in writing of the complaint and the vendor's plan to address the complaint.
49.	V.D.5.j	31	Does the denominator in the "15% of referrals" performance standard measure include duplicate referrals or referrals that the Quitline vendor is otherwise unable to initiate contact (e.g., invalid phone number)?	The denominator includes the total number of people referred, excluding duplicates, incomplete referrals, or referrals with incorrect contact information.
50.	V.D.7.k.v.2	32	Will DHHS provide the updated list of lung cancer screening providers in Nebraska, or is this expectation for the Quitline vendor to identify these providers?	DHHS may provide a list of providers, or the vendor can identify the lung cancer screening providers.
51.	V.D.8.a	32	Will DHHS facilitate CEU accreditation processes for healthcare professions licensed at the state level, or can the Quitline vendor use a broadly accepted national standard (e.g., Continuing Medical Education) in lieu of profession-specific CEUs?	The Quitline vendor can use a broadly accepted national standard.
52.	V.D.10	33	The solicitation requires the selected vendor to assist TFN or a media vendor to assure effective coordination with media promotion. Budget permitting, would DHHS be	There may be an opportunity, should the budget allow.

			amenable to integrating any amount of media services into the Quitline vendor's scope of work?	
53.	Cost Sheet	2	Can DHHS confirm that the units associated with the "Web Counseling" deliverable represent web counseling sessions completed?	The "Web Counseling" deliverable represents the per participant cost of web counseling.
54.	Cost Sheet	2	Can DHHS clarify if the units associated with the "Continuing Education Credits for Healthcare Provider Training" represent CEUs approved by an accrediting body for a single online training, individual providers receiving CEUs, or something else?	The units are for yearly fees associated with hosting the CEUs, such as reaccreditation, if needed.
55.	Cost Sheet	4	Can DHHS confirm if the cost for "Part II - Optional Services" will be considered part of the Cost referenced in the Solicitation Evaluation Criteria?	Yes.

This addendum will be incorporated into the solicitation.