

Exhibit 3
Nebraska Tobacco Quitline Reporting Requirements
RFP 124316 03
Nebraska Tobacco Quitline Services

The below is not an exclusive list but provides basic details of what type of information will be required within some of the reports.

I. REPORTING

Data to be provided monthly, quarterly, and yearly, with contract year-to-date.

A. QUITLINE DATA

1. Total incoming calls

- a. Method of entry
 - i. First time callers, web, text registration
 - ii. Number of fax, web, and eReferrals
 - iii. 1-855-DÉJELO-YA calls and if language line was utilized
 - iv. Unique registrants
- b. Reconnected callers

2. Caller type

- a. Tobacco user, proxy and /or provider
- b. How heard about Quitline by local health district
- c. Tobacco users by race, ethnicity, sex, age, education, language spoken
- d. Pregnancy status
- e. Tobacco users by type of tobacco
- f. Stage of readiness to quit
- g. Tobacco users by chronic conditions:
 - i. Asthma
 - ii. CAD – Coronary Artery Disease
 - iii. COPD – Chronic Obstructive Pulmonary Disease
 - iv. Diabetes (Type 1 or Type 2)
 - v. Cancer
 - vi. CHF – Congestive Heart Failure
- i. Tobacco Users by Mental Health Condition:
 - i. ADHD – Attention-Deficit/Hyperactivity Disorder
 - ii. Anxiety
 - iii. Bipolar
 - iv. Depression
 - v. Substance Use Disorder
 - vi. PTSD – Post Traumatic Stress Disorder
 - vii. Schizophrenia
- h. Enrollment in special programs
- i. Tobacco users by income and marital status
- j. Registrations by local health district (See Exhibit 5 *Nebraska Local Health Districts Map*)
- k. Participants by health plan

3. Quitline materials sent

- a. Welcome packets
- b. Email message summary
- c. Text message summary

4. Total services provided in current month

- a. Services provided to providers in current month
 - i. Technical assistance and consultation provided over the phone
 - ii. Online Healthcare provider training
 - 1. Number of completed trainings
 - 2. Number of CME/CEU certificates provided
 - 3. Training participant evaluation/satisfaction results
 - 4. Summary of health care provider participant information
 - a. Contact information including name, email address, and employer
 - b. Type of profession/specialization
 - c. Which county provider practices in
- b. Services provided to proxy callers in current month
- c. Services provided to tobacco users during month, regardless of registration date:
 - i. Single call intervention: registered, completed, materials only
 - ii. Multiple call intervention: registered, completed 1st, 2nd, 3rd, 4th, 5th calls, etc., ad-hoc calls
 - iii. Pharmacotherapy
 - 1. Number of shipments by type and quantity
 - 2. Number of unique individuals
 - iv. Incentives
 - 1. Number of shipments by type and program
 - 2. Number of unique individuals
 - v. Number of participants provided lung cancer pre-screening and education

5. Technical requirements

- a. Percentage of successful referrals (people who are referred to that complete registration)

6. Annual Quite Rate Measurements

- a. By population demographics
- b. Insurance type
- c. Program type (special population, and general program)
- d. Type of tobacco use and tobacco use patterns
- e. Health demographics
- f. By services utilized